
	<h1>South Hadley Police Department</h1>	<p>POLICY NO. 14</p>
<h2 style="color: red;">Persons with Mental Health Issues</h2>		<p>DATE OF ISSUE: 08/22/2019</p>
<p>ISSUING AUTHORITY:</p>  <p>----- Chief of Police</p>		<p>EFFECTIVE DATE: 08/22/2019</p> <p>REVISED DATE: 03/14/2023</p> <p>REVIEW DATE: 03/14/2025</p>

I. GENERAL CONSIDERATIONS AND GUIDELINES

Reaction to a person with a mental health condition covers a wide range of human response. People affiliated with mental health conditions are ignored, ridiculed, feared, pitied and often mistreated. Unlike the general public, however, a police officer or civilian employee cannot permit personal feelings to dictate his/her reaction to those who struggle with their mental health and wellness. His/her conduct must reflect a professional and empathetic attitude and be guided by the fact that mental health issues, standing alone, does not permit or require any particular police activity. Individual rights are not lost or diminished merely by virtue of a person's mental condition. These principles, as well as the following procedures, must guide personnel when his/her duties bring him/her in contact with a person with a mental health issues.

II. POLICY

It is the policy of the South Hadley Police Department that:

- A. Officers and all employees shall accord all persons, including those with a mental health condition, all the individual rights to which they are entitled.
- B. Officers and applicable personnel shall attempt to protect a person with a mental health condition from harm and shall refer them to agencies or persons able to provide services where appropriate.

III. RECOGNITION AND RESPONSE

- A. An officer must be able to recognize a person who has a mental health condition if he/she is to handle a situation properly. **[41.2.7 (a)]**
 1. Factors that may aid in determining if a person has a mentally health condition are:
 - Severe changes in behavioral patterns and attitudes.
 - Unusual or bizarre mannerisms.
 - Loss of memory.
 - Hallucinations or delusions.
 - Hostility to and distrust of others.
 - Marked increase or decrease in efficiency.
 - Lack of cooperation and tendency to argue.

- One-sided conversations.
2. These factors are not necessarily, and should not be treated as conclusive. They are intended only as a framework for proper police response. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs might also have a mental health condition.

If an officer believes he/she is faced with a situation involving a person with a mental health condition, he/she should not proceed in haste unless circumstances require otherwise. If a civilian employee should encounter a person with a mental health condition, he/she should summons a police officer to deal with that person. [41.2.7 (c)]

B. The Officer or affected employee should:

1. Be deliberate and take the time required for an overall look at the situation. He/she should be empathetic and use active listening skills to develop a rapport with the individual.
 2. Ask questions of persons available to learn as much as possible about the individual. It is especially important to learn whether any person, agency or institution presently has lawful custody or is responsible for oversight and treatment of the individual, and whether the individual has a history of criminal, violent or self-destructive behavior.
 3. Call for and await assistance when appropriate. It is advisable to seek the assistance of Center for Human Development (CHD – public number is 833-243-8255) or other mental health professionals when necessary. [41.2.7 (b)].
 4. Persons with a mental health condition are no more likely than other members of the public to be armed or resort to violence. However, this possibility should not be ruled out and because of the potential dangers, the officer should take the necessary precautions to protect everyone involved.
- C. It is not unusual for such persons to employ abusive language against others. Employees must ignore verbal abuse when handling such a situation.
- D. Avoid excitement. Crowds may excite or frighten a person with a mental health condition. Groups of people should not be permitted to form or should be dispersed as quickly as possible.
- E. Reassurance is essential. Personnel should attempt to keep the person calm and quiet. He/she should attempt to show that he/she is not a threat and that he/she will protect and help the individual. It is best to avoid lies and not to resort to trickery.
- F. An officer should at all times act with respect towards a person with a mental health condition. Do not “talk down to” such person or treat such a person as “child-like.” A person with a mental health condition, because of human attitudes, carries with it a serious stigma. An officer’s response should not increase the likelihood that a person who is in crisis or has a mental health condition will be subjected to offensive or improper treatment.

IV. TAKING A PERSON WITH A MENTAL HEALTH CONDITION INTO CUSTODY

- A. A person with a mental health condition may be taken into custody if:
1. He/she has committed a crime.
 2. The officer has a reasonable belief, under the circumstances, that he/she poses a substantial danger of physical harm to himself/herself or other persons. Threats or attempts at suicide should never be taken lightly.
 3. He/she has escaped or eluded the custody of those lawfully required to care for him/her.
- B. At all times an officer should attempt to gain voluntary cooperation from the individual.
- C. Whenever police take a person with a mental health condition into custody the appropriate community mental health resources should be contacted. They should be informed of the individual's condition and their instructions sought on how to properly handle and, if necessary, restrain the individual, and to what facility he/she should be taken. If the person has attempted to harm him/herself, threatened suicide, expressed that he/she have thoughts of harming him/herself the officer shall notify a Superior Officer, who shall ensure that the person is evaluated by an appropriate mental health official, and if the person is a detainee, the booking officer shall enter him/her into CJIS as a Q5 suicide risk. [41.2.7 (b)]
- D. Any officer having contact with a person with a mental health condition shall keep such matter confidential except to the extent that revelation is necessary during the course of official proceedings, or for conformance with departmental procedures regarding reports.
- E. Whenever a person with a mental health condition or disability is a suspect in a criminal offense and is taken into custody for questioning, police officers must be particularly careful in advising the subject of his/her *Miranda* rights and eliciting any decision as to whether he/she will exercise or waive those rights. The Department policy- **Interrogating Detainees and Arrestees** should be consulted.
- F. In addition, it may be very useful to incorporate the procedures established for interrogating juveniles when an officer seeks to interrogate a suspect who has a mental health condition or disability. Those procedures are set out in the Department policy- **Handling Juveniles**.
1. Before interrogating a suspect who has a known or apparent mental health condition or disability, police should make every effort to determine the following:
 - a. The nature and severity of that condition or disability;
 - b. The extent to which it impairs the subject's capacity to understand basic rights and legal concepts (such as those contained in the *Miranda* warnings); and
 - c. Whether there is an appropriate "interested adult," such as a legal guardian or legal custodian of the subject, who could act on behalf of the subject and assist him/her in understanding his/her *Miranda* rights and in deciding whether or not to waive any of those rights in a knowing, intelligent and voluntary manner. [41.2.7 (c)]

- G. Once an officer takes custody of a person with a mental health condition who is likely to cause serious harm to him/herself or others, he/she should only release the person to a proper facility. Occasionally, the facility to which an officer transports a person with a mental health condition will either refuse to admit him/her entirely or will direct the officer to another facility. The officer should contact a Superior Officer for specific instructions in such cases. [72.5.4]

V. INVOLUNTARY EMERGENCY ADMISSIONS

Definitions:

- A. **Mental Illness:** *For the purposes of admission to an inpatient facility under Section 12, “Mental Illness” means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life. Symptoms caused solely by alcohol or drug intake, organic brain damage or intellectual disability do not constitute a serious mental illness.*

A Police Officer is authorized to complete a **COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH APPLICATION FOR AN AUTHORIZATION OF TEMPORARY INVOLUNTARY HOSPITALIZATION M.G.L. Chapter 123, Section 12 (a)**

The Application Pursuant to 12 (a) is commonly referred to as a “**Section 12**”.

B. Section 12 Admissions

- 1. Although an officer has the statutory authority to sign a Section 12(a) application for commitment in certain situations, it is always advisable to contact our Emergency Services Provider, which is currently the Center for Human Development (CHD) to have this function performed. This should be an officer’s initial approach.

- C. While it is always preferable to attempt to get a Section 12 from CHD, a mental health professional, or physician, the department recognizes that this is not always practical or safe. A Police Officer can complete a Section 12(a) in an emergency, if no physician or other mental health professional is available, and the officer believes that failure to hospitalize the person will result in a likelihood of serious harm by reason of mental illness. For purposes of initiating an initiating a Section 12(a) **Likelihood of Serious Harm** is defined as:

- 1. A substantial risk of physical harm to the person himself/herself as manifested by evidence of threats of, or attempts at suicide or serious bodily harm; and/or
- 2. A substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; and/or
- 3. A very substantial risk of physical impairment or injury to the person himself/herself as manifested by evidence that such person’s judgment is so affected that he/she is unable to protect himself/herself in the community and the reasonable provisions of his/her protection is not available in the community.

- D. Whenever the above criteria are met, and an officer is required to use physical force to gain control of a person with mental illness (as defined in this policy) the officer should complete a Section 12, Commonwealth of MA Department of Mental Health Application for an Authorization of Temporary Involuntary Hospitalization **M.G.L. Chapter 123, Section 12 (a)**.
- E. Police officers may make application to a district court jurisdiction for a three-day commitment to a facility of a mentally ill person, whom the failure to confine would cause a likelihood of serious harm. Three-day commitment proceedings under M.G.L. Ch. 123 §12(e) should be initiated by a police officer only if all of the following procedures have been observed:
 - 1. Determination has been made that there are no outstanding commitment orders pertaining to the individual;
 - 2. Every effort has been made to enlist Center for Human Development (CHD) and/or an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings; and
 - 3. The officer has received approval from a Superior Officer.
- F. Normally, a person who is to be transported to a hospital for a mental health evaluation pursuant to M.G.L. Ch. 123 §12 will be transported by ambulance. Officers may also escort or accompany ambulance personnel if in the opinion of a police officer the person poses a threat due to violence, resisting, or other factors. **With the approval of the shift supervisor, an officer may transport a person directly to the (CHD) Center of Human Development located at 1109 Granby Rd in Chicopee or to a hospital in a departmental vehicle.**
- G. Police officers are immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the officer acts pursuant to the provisions of Chapter 123.

VI. ESCAPES FROM MENTAL HEALTH FACILITIES

- A. In accordance with M.G.L. Ch. 123 §30, if a patient or resident of a facility of the Massachusetts Department of Mental Health is absent without authorization, the superintendent of the facility is required to notify the state and local police, the local district attorney and the next of kin of such patient or resident.
- B. Such persons who are absent for less than six months may be returned by the police.
- C. Persons who have been found not guilty of a criminal charge by reason of insanity or persons who have been found incompetent to stand trial on a criminal charge and have escaped from a mental health facility may be returned directly to the facility they escaped from, regardless of the length of absence.
- D. Taking a subject into custody for return to a mental health facility shall not be considered an arrest. The subject may be turned over directly to the employees of the facility.

VII. LOST OR MISSING

- A. If a person with a mental health condition or disability is reported lost or missing, police should follow protocols described in the Department policy- **Missing Persons**.
- B. Officers may additionally refer the family of the missing person to the National Alliance for the Mentally Ill (NAMI)/Homeless or Missing Persons Service which operates an emergency hotline to assist all families and friends who have a missing relative or friend. The Information Helpline telephone number is **1-800-950-NAMI (6264)**, and the web site is www.nami.org. Additional NAMI numbers that may also be provided to family members:
- NAMI Massachusetts: 1-617-580-8541
 - NAMI of Western MA: 1-413-786-9139
- C. **COMPLAINTS WITH NO IMMEDIATE THREAT:** An officer who receives a complaint from a family member of an alleged person with a mental health condition who is not an immediate threat or is not likely to cause harm to him/herself or others, should advise such family member to consult a physician, mental health professional, or a local mental health agency for advice.

VIII. TRAINING [41.2.7 (d & e)]

- A. All entry level employees will receive training upon hire, regarding the interaction of agency employees with persons suspected of suffering from a mental health condition. This training will be documented for sworn personnel within Academy training records and within the field training manual for the review of this policy. Civilian training will be documented by a written review of this policy and/or the attendance at specific trainings.
- B. Additionally, a review of this policy and applicable training curriculum (in service, specialized or roll call) will be conducted no less than every 3 years for all personnel and this training will be documented in the training file.