



# Responding to Individuals with Mental Health Conditions

**General Order Number: 10.2**

**Effective Date: July 9, 2024**

## **POLICY:**

The Brookline Police Department strives to provide compassionate, appropriate responses to people with mental health conditions. People with mental health conditions are more vulnerable and are at greater risk of discrimination than the general public and are particularly vulnerable to misreading or misinterpretation of their actions and behaviors by police during a crisis or a stressful situation. It shall be the policy of the Brookline Police Department that the following procedures be followed when interacting with people with mental health conditions.

For purposes of this Policy, individuals with mental health conditions may include (i) individuals with a defined mental illness, such as schizophrenia, bipolar disorder, disruptive behavior disorders, post-traumatic stress disorder, (ii) individuals experiencing a temporary mental crisis, and (iii) individuals on the autism spectrum or experiencing similar learning or behavioral conditions.

## **PROCEDURES:**

**1. AMERICANS WITH DISABILITIES ACT:** The Americans with Disabilities Act (ADA) entitles people with mental health conditions to the same services and protection that law enforcement agencies provide to anyone else.

**2. TREATMENT OF PERSONS:** All Brookline Police Department employees, sworn and civilian, shall treat persons suspected of experiencing mental health conditions with dignity and respect. Officers will utilize their training and experience in the area of mental health to communicate appropriately and, if necessary, deescalate situations.

**3. HEALTH RECORDS:** Any mental health records received by the Department shall be treated as a non-public record.

## **4. RECOGNITION:**

**A. ASSESSMENT:** An officer must be able to recognize an individual with a mental health condition who is in mental health crisis if the officer is to respond to a situation properly. In recognition of this fact, officers will receive training, at a minimum, every two years that will assist them in determining if an individual has a mental health condition or other special mental health needs.

1. Factors that may aid in determining if a person is in or approaching a state of mental health crisis include:
  - a. Severe changes in behavioral patterns and attitudes
  - b. Unusual or bizarre mannerisms
  - c. Loss of memory
  - d. Disconnection from reality, e.g., hallucinations or delusions
  - e. Hostility toward others
  - f. Difficulty with cooperative interactions
2. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs may also experience a mental health condition.
3. Public Safety Dispatch Personnel are typically the primary sources for identifying calls for service which may involve assisting someone with a mental health condition. However, officers responding to a call for service may learn this information upon investigating a particular call. Typical calls for service of this nature may involve, but are not limited to:
  - a. "Medicals"
  - b. Traumatic Incidents
  - c. Sudden Deaths
  - d. Attempted Suicides
  - e. Well-Being Checks
  - f. Disturbing the Peace/Disorderly Conduct
  - g. Trespassing/Refusing to Leave Property
  - h. Suspicious person

**B. INTERACTION:** If an officer believes the officer is faced with a situation involving a person with a mental health condition, the officer should not proceed in haste unless circumstances require otherwise.

1. An officer should be deliberate and take the time for an overall look at the situation.
2. Dispatchers will ensure that they obtain detailed and descriptive information from a caller to determine if a police response is warranted. With an awareness that people may present atypically, responding officers will utilize the information in their observations to determine if an interaction is needed based on the totality of the circumstances.
3. An officer should ask questions of the individual in question as well as others on scene 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 of the

individual, and whether the individual has a history of criminal, violent or self-destructive behavior.

4. Officers will coordinate with the department-affiliated clinician as needed to provide integrated response and/or follow-up to meet the needs of community members with mental health conditions. Officers may request assistance from officers or civilian staff with specialized roles. Officers may also utilize department staff with language skills in order to best accommodate the communication needs of the individual in crisis. The department's comfort dog can also be utilized.

5. Officers are encouraged to collaborate with community resources as available and appropriate, such as mental health providers, religious leaders, school representatives or other community services that may be able to provide assistance.

6. A person with a mental health condition may use abusive language toward others. An officer must understand that some mental health conditions make individuals prone to swearing.

7. If possible, officers should try to create a calm environment for interaction with the individual.

8. Clarity in the least threatening way possible is helpful. An officer should attempt to keep the person calm by reassuring the person that the officer is there to assist, protect and help. Introducing yourself by name can, at times, humanize the interaction and have a mitigating effect on a situation involving someone in a mental health crisis.

9. An officer should at all times act with respect toward the individual with a mental health condition. Use the person's preferred name, if known. Mental health conditions, because of human attitudes, carry a serious stigma. An officer's response should convey respect, compassion, and professionalism.

## **5. TAKING SOMEONE WITH A MENTAL HEALTH CONDITION INTO CUSTODY:**

A. An individual with a mental health condition that is a mental illness under M.G.L. c. 123, s. 12 ("Section 12") may be taken into custody if:

1. The individual has committed a crime that is an arrestable offense, or;

2. The individual poses a substantial danger of physical harm to other persons by exhibition of homicidal or other violent behavior or poses a very substantial risk of physical impairment or injury to self (for example, by threats or attempts at suicide) or is unable to protect the self in the community. Under these circumstances, an officer may write Section 12 paperwork to transport the individual to a hospital for a mental health evaluation as detailed in section 5C below, or;

3. The individual has escaped or eluded the custody of those lawfully required to care for the individual.

4. Whenever police take a person with a mental health condition into custody, the appropriate mental health officials should be contacted.

A. 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 the individual should be taken. 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 M.G.L. c.123, s. 22.

B. Upon receipt of an order of transport to the hospital under Section 12(a) from a physician, advanced practice registered nurse, qualified psychologist or licensed independent social worker, the communications center will dispatch EMS and two Patrol Officers with a copy of the order of transport to the hospital. The person who is the subject of the order will be transported in accordance with the standards of the Crisis Intervention Team. In all cases, CIT officers shall inform the receiving facility staff of the circumstances under which the individual was taken into custody. This may involve providing details of the incident, knowledge of the individual's mental health history and behavior, and the department's history of interactions with the individual. This information may be shared in-person, via telephone or by providing a written summary or report (in addition to a Section 12 "Pink Slip").

C. If a physician, advanced practice registered nurse, qualified psychologist or licensed independent clinical social worker is not available, a police officer, who believes that a failure to hospitalize a person would create a likelihood of serious harm by reason of a mental illness under Section 12, may restrain such person and apply for the hospitalization of such person for a three-day period at a public facility, or a private facility authorized for such purpose by the Massachusetts Department of Mental Health (Section 12 (a)). The officer's application to hospitalize triggers an order of transport to a hospital where medical personnel will decide whether the subject should actually be admitted. The transport of the subject to the hospital is to be carried out using the same protocol detailed above in part B for clinician-initiated orders of transport.

D. Although "any person," including a police officer, may petition a district court to commit a person with a mental illness to a facility for a three-day period if failure to confine that person would cause a likelihood of serious harm (Section 12 (e)), generally, a police officer should initiate three-day commitment proceedings under Section 12 (a) only in an emergency situation and 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; and
2. Effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker, or family member to initiate the commitment proceedings; and
3. Although not required by law, the officer is encouraged to consult with a ranking officer, if available.

E. If a patient or resident of a facility of the Massachusetts Department of Mental Health is absent without authorization, the superintendent at 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. Such persons who are absent for less than six months may be returned by the police. This six-month limitation does not apply to persons who have been found not guilty of a criminal charge by reason of insanity nor to persons who have been found incompetent to stand trial on a criminal charge (M.G.L. c. 123, s. 30).

F. If an officer attempts to transport an individual with a mental health condition to a hospital or facility to receive an appropriate evaluation and such care is denied, the officer should ask to see the administrative supervisor on duty to have the facility evaluate the patient. If an officer has difficulty identifying a facility that will accept the individual for a mental health evaluation, the officer shall not abandon the individual, but shall take measures in the best interest of that person and, if necessary, take the person with a mental health condition to the station. Notifications of such action shall immediately be given to the Commanding Officer - Platoon on Duty, who can notify the Department of Mental Health. The CIT coordinator should be contacted for consultation if needed.

G. During court hours, any person under arrest is brought directly to court. The court then facilitates mental health evaluation and/or transfer to emergency mental health treatment for that person if needed.

H. If a person is already under arrest and is being held as a detainee at the police station outside of court hours, and the Commanding Officer determines that the person needs treatment due to a mental health condition that cannot wait for the court to open:

1. If the person needs immediate medical attention, the police shall transport the person to the closest available hospital emergency department for stabilization and clearance. Once the person is medically cleared, the following steps should be taken.

2. If the person does not need immediate medical attention, or a person who needed medical attention has been stabilized and cleared via step 1 above, the Commanding Officer shall contact the Boston Emergency Service Team (BEST) to respond to the police station to perform a mental health evaluation and initiate proceedings in accordance with M.G.L. c. 123, section 18.

3. If the BEST Team believes the person does not need hospitalization, the normal procedures for processing prisoners in police custody are followed, i.e., a bail hearing and if the prisoner does not make bail, a Jenkins probable cause for retaining custody hearing. No further mental health protocol is involved.

4. If the BEST Team believes the person does need hospitalization, the BEST Team contacts a Department of Mental Health Forensic Psychologist for evaluation.

5. If the Forensic Psychologist does not agree that the person should be hospitalized, the normal procedures for processing prisoners in police custody are followed as in step 3 above. No further mental health protocol is involved.

6. If the Forensic Psychologist determines that the person does need hospitalization:

a. First the normal procedures are done for determining whether a prisoner should remain in custody, as in step 3 above -- a bail hearing followed by a Jenkins hearing if the person does not make bail.

b. If the person is released from custody through these procedures, the M.G.L. c. 123, section 18 protocol no longer applies, but police have the option of seeking the person's admission to a regular (i.e., non-forensic) psychiatric hospital via the Section 12 protocol explained in section A.2. above.

c. If the person remains in custody following the bail and/or Jenkins hearings:

- The Forensic Psychologist calls the on-call judge to sign a civil commitment to a forensic psychiatric unit under M.G.L. c. 123, section 18, conducts a bed search for an open forensic bed, and coordinates admission.

- The police transport the person to the forensic psychiatric unit determined by the Forensic Psychologist.
- The person will remain at the forensic psychiatric unit until the next court day, at which time the police will provide transportation for the person to the court of criminal jurisdiction. The court will then facilitate next steps as needed.

I. At all times, an officer should attempt to gain voluntary cooperation from the individual. However, cooperation does not always eliminate the need for a commitment paper. Consideration must be given to the fact that an individual who is cooperative "on-scene" can refuse treatment at any time, including prior to an evaluation being completed.

J. Any officer having contact with a person with a mental health condition shall keep such matter confidential, except to the extent that disclosure is necessary for conformance with departmental procedures regarding reports or is necessary during the course of official proceedings.

K. Whenever an individual with a mental health condition is a suspect and is taken into custody for questioning, police officers must do the following:

1. Be particularly careful in advising the subject of the right to protection against self-incrimination during custodial interviews (Miranda rights) and eliciting any decision as to whether the person will exercise or waive those rights.
2. Before interrogating a suspect who has a known or apparent mental health condition, including a cognitive disability, the officer should make every effort to determine the nature and severity of that condition or disability, and the extent to which it impairs the subject's capacity to understand basic rights and legal concepts such as those expressed in the Miranda warnings.
3. Determine whether the subject has a legal guardian who could act on behalf of the subject and assist the subject in understanding the Miranda rights and in deciding whether or not to waive any of those rights in a knowing, intelligent, and voluntary manner. If the subject has no guardian, an officer may ask the subject whether there is another adult who the subject would like to have present to assist in understanding the rights.

L. If a person with a mental health condition is reported lost or missing, police should consult and comply with the departmental policy and procedure on "Missing Persons."

M. An officer who receives a complaint from a family member of a person with a mental health condition who is not an immediate threat or is not likely to cause harm to self or others, may assist such family member in accessing resources available to support the family member and/or the individual about whom the family member is concerned, such as the Behavioral Health Access Line, Boston Emergency Services Team, or other local services.

**6. USE OF FORCE:** The Department places the highest value on the life and safety of our officers and the public. The dignity of all persons and the sanctity of human life shall be considered in all interactions with those who may be experiencing a mental health condition. Officers will only use force that is reasonable and necessary, and this force must be proportionate to the situation. Where circumstances permit, officers should look for ways to de-escalate a situation to reduce the need for force or to reduce the level of force that may be needed in any particular case.

**7. TRAINING:** All sworn personnel and non-sworn personnel who deal directly with the public (dispatchers, records personnel, parking enforcement personnel, etc.), shall receive entry level training on recognizing and responding to calls involving people with a mental health condition. All sworn personnel will complete a 40-hour crisis intervention training (CIT). All sworn personnel and emergency dispatchers will complete an 8-hour mental health first aid for public safety training. All sworn personnel and all non-sworn personnel who deal directly with the public, shall also receive refresher training on recognizing and responding to calls involving people with mental health conditions every two years as part of regularly scheduled in-service training as required by the department. This shall also include a review of this general order and any relevant legal updates.