Waltham Police Department
CHAPTER 99
RESPONDING TO PERSONS WITH MENTAL ILLNESS

General Order #: GO-01 2009
Effective Date: 01/2009, 04/2017, 08/2020, 03/2023, 06/2024, 10/2024
Accreditation Standard #'s: 1.1.3, 41.2.7, 41.4.6, 74.2.1

POLICY: [1.1.3], [41.2.7]

Reaction to the mentally ill person covers a wide range of human response. People afflicted with mental illness are ignored, laughed at, feared, pitied and often mistreated. Unlike the general public, however, a police officer cannot permit personal feelings to dictate their reaction to the mentally ill person. The officer's conduct must reflect a professional attitude and be guided by the fact that mental illness, 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. It shall be the policy of the Waltham Police Department that these principles, as well as the following procedures, be followed when interacting with the mentally ill.

1. PROCEDURES:

a. RECOGNITION AND HANDLING:

1. In order to handle a situation properly, an officer must be able to recognize an individual with a mental illness. **[41.2.7-2A]**

2. Factors that may aid in determining if a person is mentally ill or mentally deficient are: **[41.2.7-2C]**

a. Severe changes in behavioral patterns and attitudes.

b. Unusual or bizarre mannerisms.

c. Loss of memory.

d. Hallucinations or delusions.

e. Hostility and/or distrust of others.

f. Marked increase or decrease in efficiency.

g. Lack of cooperation and tendency to argue.

h. One-sided conversations.

3. These factors are not necessarily, and should not be treated as, conclusive. They are intended only as a framework for a proper police response. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs might also be suffering from a mental illness.

4. If an officer believes they are faced with a situation involving an individual with a mental illness, the officer should not proceed in haste, unless there is some type of exigency.

b. <u>CONSIDERATIONS</u>:

1. An officer should be deliberate and take the time for an overall look or view at the situation.

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

3. An officer should call for and await assistance. It is advisable to seek the assistance of professionals such as doctors, psychologists, psychiatric nurses, mental health clinician and clergy, if available.

4. It is not necessarily true that mentally ill persons will be armed or resort to violence. However, this possibility should not be ruled out and because of the potential dangers, the officer shall take all precautions to protect everyone involved.

5. It is not unusual for such persons to employ abusive language against others. An officer must ignore verbal abuse when handling such a situation.

6. Avoid excitement. Crowds may excite or frighten an individual with a mental illness. Groups of people should not be permitted to gather or should be dispersed as quickly as possible.

7. Reassurance is essential. An officer should attempt to keep the person calm and quiet. The officer should show that they are a friend and that they will protect and help. It is best to avoid lies and not resort to trickery.

8. An officer should, at all times, act with respect towards an individual with a mental illness. Do not talk down to such a person, or treat such a person as child-like. Mental illness, because of human attitudes, carries with it a serious stigma. An officer's response should not increase the likelihood that an individual with a mental illness will be subject to offensive or improper treatment.

2. TAKING A MENTALLY ILL PERSON INTO CUSTODY:

a. An individual with a mental illness may be taken into custody if:

1. They have committed a crime.

2. They pose a substantial danger of physical harm to other persons by exhibition of homicidal or other violent behavior, or they pose a very substantial risk of physical impairment or injury to themself (for example, by threats or attempts at suicide) or they are unable to protect themself in the community.

3. They have escaped or eluded the custody of those lawfully required to care for the individual.

b. In an emergency situation, if a physician or qualified psychologist 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 mental illness or mental deficiency, 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 (M.G.L. CH. 123, Sec. 12 (a)). **[74.2.1-2D]**

c. Although any person including a police officer, may petition a district court to commit a mentally ill person to a facility for a three-day period if failure to confine that person would cause a likelihood of serious harm (M.G.L. CH. 123, Sec. 12 (e)), generally, a police officer should be the last person to initiate such proceedings. Three-day commitment proceedings under section 12 (e) of Chapter 123 should be initiated by a police officer only if all of the following procedures have been observed: **[74.2.1-2D]**

1. Determination has been made that there are no outstanding commitment orders pertaining to the individual; and

2. Every effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings; and

3. The officer has received approval from the Officer-In-Charge.

d. 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. The police may return such persons who are absent for less than six months. 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. CH. 123, Sec. 30). **[74.2.1-2D]**

e. Whenever police take an individual with a mental illness into custody, the appropriate mental health officials 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 they 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. CH. 123, Sec. 22. **[74.2.1-2D]**

f. If an officer makes application to a hospital or facility and is refused, or if they transport a person with a commitment paper (section 12 paper) signed by a physician, and that person is refused admission, the officer should ask to see the administrative officer on duty to have them evaluate the patient. If refusal to accept the mentally ill person continues, the officer shall not abandon the individual, but shall take measures in the best interest of that person and, if necessary, take the mentally ill person to the station. Notifications of such action shall immediately be given to the Officer-in-Charge, who can notify the Department of Mental Health. **[74.2.1-2D]**

g. At all times, an officer should attempt to gain voluntary cooperation from the individual. **[74.2.1-2D]**

h. Any officer having contact with an individual with a mental illness shall keep such matter confidential, except to the extent that revelation is necessary for conformance with Departmental procedures regarding reports or is necessary during the course of official proceedings.

i. Whenever an individual with a mental illness is a suspect and is taken into custody for questioning, police officers must do the following: **[41.2.7-2C]**

1. Be particularly careful in advising the subject of their Miranda rights and eliciting any decision as to whether they will exercise or waive those rights.

2. Consult the Department policy and procedure on Custodial Interrogation of Juveniles, Ch. 44, Sec. 2-H. It may be useful to incorporate the procedures

established for interrogating juveniles when an officer seeks to interrogate a suspect who has a mental illness.

3. Before interrogating a suspect, who has a known or apparent mental condition or 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 contained in the Miranda warnings.

4. Determine 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 the subject in understanding their Miranda rights and in deciding whether or not to waive any of those rights in a knowing, intelligent and voluntary manner.

j. If an individual with a mental illness is reported lost or missing, police should consult and comply with the Departmental policy and procedure on Missing Persons, Ch. 48.

k. An officer who receives a complaint from a family member of an alleged individual with a mental illness who is not an immediate threat, or is not likely to cause harm to themselves or others, should advise such family member to consult a physician, mental health professional, or some other relevant resource.

l. Once an officer takes custody of an individual with a mental illness who is likely to cause serious harm to themselves or others, the officer should only release the person to a proper mental health facility. Occasionally, the facility to which an officer transports an individual with a mental illness will either refuse to admit them entirely, or will direct the officer to another mental health facility. Officers should contact the Officer-In-Charge for specific instructions in such cases.

3. IN-HOUSE CLINICIAN: [41.2.7-2B], [41.4.6]

The Waltham Police Department works in conjunction with the in-house clinicians. The following collaboration is in effect:

a. Representative(s) hired by the City of Waltham as well as the Edinberg Center will work out of the Waltham Police Station on a full-time basis. They will follow up on all reports referred to them.

b. The clinician will be available to assist on calls during their working hours. If a clinician is unavailable and needed on scene, Officers may still contact a clinician through Advocates which is available 24/7. Advocates staff will either respond or provide advice.

c. The Waltham Police Department will provide copies of reports that may in any way deal with psychological issues or situations in which an officer feels the clinician should be made aware. The clinician will review all reports provided or referred to them and determine what, if any, action will be taken.

d. The Department has implemented an online incident reporting system called the Critical Incident management System (CIMS). Reports forwarded to the in-house clinicians and entered into this database by the clinicians and shared with other agencies in the partnership.

IN-HOUSE CLINICIAN RESPONSIBILITIES:

a. Attend roll call at the assigned police department

b. Receive and respond to pending assignments.

c. Accompany officers on patrol for portions of the work shift.

d. Develop and maintain effective relationships with all members of the police department.

e. Perform evaluations of clients in acute crisis (including suicide/homicide assessments, mental status exams, evaluation of support networks and resource availability) and provides short-term intensive crisis intervention with the client.

f. Conduct on-scene evaluations in locations such as homes, schools, shelters, and other community settings.

g. Screen clients for admissions to hospitals, diversionary programs, and Crisis Stabilization Unit.

h. Present level of care assessments to managed care companies, hospitals, and other agencies that offer appropriate services for client.

i. Provide follow-up services to individuals who have had an emergency encounter

j. Coordinate and collaborate with community stakeholders

k. Educate the community regarding jail diversion services

l. Document thoroughly, legibly, and promptly, all client interventions; maintain accurate client records in accordance with regulatory, departmental, and agency standards.

m. Complete all necessary paperwork and billing documentation.

n. Collect data and submit reports as required by assigned police station's Jail Diversion contract with Department of Mental Health and by other funding sources as applicable.

o. Enter all evaluations completely on computer.

p. Attend and participate in meetings as directed, including monthly Edinburg Center Emergency Services staff meetings and care coordination and planning meetings with the assigned police agency and community providers.

q. Provide quality customer service to clients, families, other providers, funding sources, etc.

r. Participate in quality management initiatives.

s. Provide orientation, training, and supervision of other Jail Diversion Clinicians at assigned police station.

t. Provide training to officers in the assigned police agency on topics that include, but are not limited to, basic crisis intervention strategies, signs and symptoms of mental illness, and suicide risk and prevention.

u. Conduct proactive outreach to identify people in the assigned community who are in need of mental health or other support services.

v. Other job duties as assigned.

4. TRAINING: [41.2.7-2E, F]

All entry level personnel will be trained in the Orientation Program and will have refresher training at least every two years. The training will include educational awareness regarding the mental health system, common psychiatric illnesses, medications, common clinical definitions, and methods by which police should deal with these individuals, as well as additional available resources.