

	Policy and Procedures		Chapter (41-14)
	Subject: <p style="text-align: center;">Dealing with Persons suspected of suffering from Mental Illness</p>		
	Issuing Authority: Robert Bongiorno Chief of Police		Effective Date: December 12, 2019
	Signature: <p style="text-align: center;">On File</p>		

Policy

When dealing with persons suspected of suffering from mental illness we 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 Bedford Police Department that these principles as well as the following procedures be followed when dealing with a person suspected of suffering from mental illness.

Training¹

All employees (sworn and non-sworn) will receive training in dealing with mentally ill persons. Police Officers will receive this during entry-level training in the Police Academy and our Field Training Officer Program. Civilians will be given this training by the Bedford Police Department.

All employees will receive refresher training in dealing with mentally ill persons at least every three years through roll call.

¹ 41.2.7 (d) (e)

Recognition²

Mental illness is often difficult for even trained professionals to define in a given individual. Officers are not expected to make judgments of mental or emotional illness, but rather to recognize behavior that is potentially destructive and/or dangerous to self or others.

The following generalized signs and/or symptoms of behavior may be the result of mental illness or other potential causes such as reactions to narcotics, alcohol, or temporary emotional disturbances that are situational motivated. Officers should evaluate the following and related symptomatic behaviors in the total context of the situation when making judgments about an individual's mental state and the need for intervention absent the commission of a crime.

Degree of Actions: Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

Appropriateness of Behavior: An individual who demonstrates extremely inappropriate behavior for a given context may be mentally ill.

Extreme Rigidity or Inflexibility: Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

Related Symptomatic Behavior: In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

- ***Abnormal memory loss*** related to such common facts as name and home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease); ·
- ***Delusions and the belief in thoughts or ideas that are false***, such as (delusions of grandeur, ("I am Christ.") or paranoid delusions, ("Everyone is out to get me."), etc.); ·
- ***Hallucinations of any of the five senses*** (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.); · the belief that one suffers from extraordinary physical maladies that are not possible (e.g., persons who are convinced that their heart has stopped beating for extended periods of time, etc.);
- ***Extreme fright or depression.***

² 41.2.7 (a)

**Determining
Danger**

While not all mentally ill persons are dangerous, some may represent danger under certain circumstances or conditions. Officers may use the following indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself/herself, the officer, or others:

- ***The availability of any weapons*** to the suspect;
 - ***Statements by the person*** that suggest to the officer that the individual is prepared to commit a violent or dangerous act (such comments may range from subtle innuendoes to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence);
 - ***A personal history*** that reflects prior violence under similar or related circumstances (the Officer may know the person's history from prior interaction or others may be able to provide such information);
 - ***The amount of control that the person demonstrates*** is significant, particularly the amount of physical control over emotions of rage, anger, fright, or agitation;
 - ***Signs of a lack of control*** include:
 - Extreme agitation;
 - Inability to sit still or communicate effectively;
 - Wide eyes, and rambling thoughts and speech;
 - Clutching one's self or other objects to maintain control;
 - Begging to be left alone;
 - Offering frantic assurances that one is all right, may also suggest that the individual is close to losing control.
 - ***The volatility of the environment*** is a particularly relevant factor that Officers must evaluate (agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account); and
 - ***The failure to act on a threat of violence prior to arrival of the Officer does not guarantee that there is no danger***, but it does in itself tend to diminish the potential for danger.
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Dealing with the Persons Suspected of Suffering from Mental Illness³

Should the Officer determine that an individual may be mentally ill and a potential threat to himself/herself, the Officer, or others, or that law enforcement intervention is required for humanitarian reasons, the following actions may be taken:

- ***Request a backup officer***, and always do so in cases where the individual will be taken into custody;
 - ***Take steps to calm the situation***; where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual; avoid physical contact, if no violence or destructive acts have occurred, and take time to assess the situation;
 - ***Move slowly and do not excite the disturbed person*** (provide reassurance that the police are there to help and that he/she will be provided with appropriate care;)
 - ***Break the speech pattern of victims who talk non-stop*** by interrupting them with simple questions, such as asking their birth date or full name;
 - ***Communicate with the individual in an attempt to determine what is bothering them*** (relate your concern for their feelings and allow them to vent their feelings, where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person;)
 - ***Avoid threatening*** the individual with arrest or physical submission, as this may create additional fright, stress, and potential aggression;
 - ***Ask them if they are taking any medications*** and, if so, the types prescribed;
 - ***Avoid topics that may agitate the person*** and guide the conversation toward subjects that help bring the individual back to reality; and · always attempt to be truthful with a mentally ill individual (if the subject becomes aware of a deception, he/she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger).
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³ 41.2.7 (c) + Interviews (This Policy)

Interviews⁴

Officers should be aware that persons experiencing delusions, paranoia, or hallucination might still be able to accurately provide information outside their false system of thoughts, including details related to observations they made or statements they heard.

The interview should be conducted in a setting free of people or distractions. If possible, only one officer should interview victims. The interview should be simple and brief, and the officer should be patient and offer encouragement when conducting the interview.

Non-Emergency Referrals⁵

If an Officer has interaction with, or otherwise becomes aware of a person who may be mentally ill, but does not need immediate care, he/she will contact the appropriate mental health advocates agency.

The Officer will give the intake person all necessary information and make arrangements for an intervention by a trained counselor from their office.

Contact numbers for 24-hour mental health facilities are also available by logging onto <http://www.mass.gov/eohhs/gov/departments/dmh/>

- Click on 'DMH offices'.
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Incident Type

- Any incident involving or probably involving a mental health issue, whether or not a referral is made, shall have the following incident type added to the incident for additional review and statistical data:
 - JDP Referral
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⁴ 41.2.7 (c) + Dealing (This Policy)

⁵ 41.2.7 (b)

Involuntary Admissions

In an emergency situation, an officer may restrain and apply for hospitalization of a person if he/she believes failure to do so would create a likelihood of serious harm by reason of mental illness (*MGL c.123 s.12a*).

Police Officers are immune from civil suit for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the Officer acts in accordance with MGL c.123, s.12.

Police Officers may make application to a district court jurisdiction for a four-day commitment to a facility of a mentally ill person, whom the failure to confine would cause a likelihood of serious harm. Four day commitment proceedings under MGL c.123, s.12e should be initiated by a police officer only if all of the following procedures have been observed:

- Determination has been made that there are no outstanding commitment orders pertaining to the individual;
- Every effort has been made to enlist Emergency Medical Services and/or an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings.

No person shall be admitted to a facility under MGL. c.123, s.12, unless he/she, or his/her parent or legal guardian in his/her behalf, is given an opportunity to apply for voluntary admission and was informed of the right to apply for voluntary admission and the period of hospitalization under Section 12 may not exceed four (4) days.

Once a decision has been made to take an individual into custody, do it as quickly as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area, and restrain the individual if necessary. However, using restraints on mentally ill persons can aggravate their aggression. Officers should be aware of this fact, but should take those measures necessary to protect their safety.

Custody

Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual with referrals on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

A mentally ill person may be taken into custody if:

- He/she has committed a crime;
- He/she poses a substantial danger of physical harm to other persons by exhibition of homicidal or other violent behavior, or he/she poses a very substantial risk of physical impairment or injury to himself/herself (for example, by threats or attempts at suicide), or he/she is unable to protect himself/herself in the community. Threats or attempts at suicide should never be treated lightly. Please see Involuntary Admissions below; or
- He/she has escaped or eluded the custody of those lawfully required to care for him/her.

At all times an Officer should attempt to gain voluntary cooperation from the individual.

Dealing with Persons suspected of suffering from Mental Illness Policy Information

History

December 12, 2019 – Replaces the Dealing with Persons suspected of suffering from Mental Illness Policy (Chapter 41-14) issued on November 30, 2018.

November 30, 2018 – Replaces the Dealing with Persons suspected of suffering from Mental Illness Policy (Chapter 41-14) issued on May 11, 2013.

May 11, 2013 – New Policy.

Review Date

This Policy is scheduled for review every two years and updated as necessary.
