BRAINTREE POLICE DEPARTMENT
Policy and Procedure

MENTAL HEALTH

2019-66

Date of Issue: 04/29/2019 Review Date: Revised:	Issuing Authority: Chief Mark Dubois
Certification Standards: Accreditation Standards: **41.2.7 a-e** Optional Accreditation Standards:	

Policy Statement **41.2.7**

The members of this Department understand that mental illness, standing alone, does not permit or require any particular police activity. Also, 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 an officer when his/her duties bring him/her in contact with a mentally ill person.

Recognition and Handling of Mentally Ill Persons **41.2.7 a c**

An Officer or employee needs to be able to recognize a mentally ill individual if they are to handle a situation properly. Below is a list of factors that may aid in determining if a person is mentally ill. These factors are not necessarily conclusive and are intended only as a framework for proper police response: **[41.2.7 a c]**

- Severe changes in behavioral patterns and attitudes
- Unusual or bizarre mannerisms
- Loss of memory / disorientation
- Hostility to and distrust of others
- Lack of cooperation and tendency to argue
- Known history of mental illness
- Unresponsiveness to social cues

- Distracted/inattentive behavior
- Impaired judgment
- Substance intoxication
- Grandiosity- exaggerated self-appraisal
- Rapid, hard to interrupt speech
- Suicidal statements, hopelessness, or irrational guilt
- Paranoia
- Responding to voices/ one-sided conversations

Officers should ask questions of persons available to learn as much as possible about the individual. It is important to learn whether any person, agency or institution presently has legal guardianship of the individual, and whether the individual has a history of criminal, violent or self-destructive behavior. Officers should also ask whether the person has any current treatment providers, prescribed medications, recent compliance with medications, substance abuse issues, and history of self-injuries or suicidal behavior.

Officer should take necessary precautions against physical harm to themselves or others when dealing with mentally ill persons. It is not unusual for such persons to employ abusive language against others. Officers must ignore verbal abuse when handling such situations.

An Officer who receives a complaint from a family member of an allegedly mentally ill person 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 or mental health professional.

Any Officer having contact with a mentally ill person 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.

Mental Health Contact and Crisis Team Response Request **41.2.7 b**	Aspire Health Alliance 460 Quincy Ave Quincy, MA 24 hour basis 7 days a week:1-617-774-6036 Day time 1-800-528-4890 Fax 1-617-786-9894

The Aspire Health Alliance Crisis Team is available to investigating Officers for advice, referrals and emergency responses. This will include persons detained in the station in custody, interviews or interrogations. The Crisis Team may also be requested to respond to an outside location or residence when the responding officer or

supervisor believes their expertise is needed. **[41.2.7 b]**

Taking Mentally Ill Persons into Custody **41.2.7 c**

A mentally ill person may be arrested/ taken into custody if he or she: **[41.2.7 c]**

- Has committed a crime.
- Poses a substantial risk of physical harm to other persons by exhibiting homicidal or other violent behavior, or poses a substantial risk of physical impairment or injury to him/herself (for example, by threats or attempts at suicide), or is exhibiting gross impairment of judgment, and is unable to protect him/herself in the community.
- Has escaped or eluded the custody of those lawfully required to care for him/her. 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. The police may return such persons who are absent for less than six months.
- When an Officer possesses a commitment order pursuant to MGL c.123 § 12 (a) commonly referred to as a "pink paper" or "Section 12."

Officers may not make a forcible entry into a person's dwelling to execute an involuntary civil commitment order (MGL c. 123 § 12) unless they have a:

- Warrant of Apprehension, or
- A civil commitment order per G.L. c. 123 § 12 and exigent circumstances.

NOTE: A Warrant of Apprehension is preferred if it appears that the committal paper (G.L. c. 123 § 12) will not be voluntarily complied with and force is necessary to take the person into custody.

Emergency Situations: Section 12(a) or "Pink Slips" **41.2.7 c**

In an emergency situation, request JDP Clinician to be on-scene to advise. If the JDP clinician is not available, Officers should attempt to reach the individual's physician or qualified psychologist. If they are not available, Officers should contact Aspire Health Alliance Crisis Team.

An Officer who believes that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness may apply for temporary involuntary hospitalization through a Section 12(a). Section 12(a) authorizes transport and the use of restraint of the individual, but only if necessary for the safety of the person being

transported or of others **[41.2.7 c]**

Commitment proceedings under section 12(a) of Chapter 123 may be initiated by a Police Officer if the following procedures have been observed:

- Determination has been made that there are no outstanding commitment orders pertaining to the individual; and
- A reasonable effort has been made to enlist an appropriate physician, psychiatrist, psychologist, licensed independent clinical social worker, or the Aspire Health Alliance Crisis Team to initiate the temporary involuntary hospitalization (Section 12(a); and
- The Officer has received approval from the Shift Commander.

All mental health calls require a report to be written and if transported to a hospital or facility Officers also need to fill out the ***Law Enforcement Communication Form*** (not necessary if sectioned). White copy goes with the patient at transport for the receiving hospital or facility and yellow copy should be entered into the external reference file.

In Custody Questioning **41.2.7 c**

Whenever a mentally ill or mentally challenged person is suspected of a crime and is taken into custody for questioning, Officers must be careful in advising the subject of his Miranda rights and eliciting any decision as to whether he/she will exercise or waive those rights. It may be useful to incorporate the procedures established for in custody questioning of juveniles when an officer seeks to question a juvenile suspect in custody who is mentally ill or mentally challenged. **[41.2.7 c]** Review policy: ***Juveniles***.

Before interrogating a suspect who has a known or apparent mental condition or disability, officers should try and determine the nature and severity of the condition and its impact on that suspect's ability to knowingly, intelligently and voluntarily waive his/her Miranda rights.

Arrest Bail Available **41.2.7 c**

If an Officer arrests a mentally ill person who is unable to be safely contained at the holding facility and charges are such that bail is available: **[41.2.7 c]**

- Arrange for bail by a bail commissioner.
- Once bailed, voluntarily transport the person by ambulance to the hospital for proper screening and placement.
- If the person will not be treated voluntarily and an effort has

been made to enlist an appropriate physician, psychiatrist, psychologist, or social worker to initiate the commitment, the officer may initiate a Section 12(a) and transport to the hospital for a mental health evaluation.

If the person is in custody, but is threatening self-harm or presenting with concerning psychiatric symptoms, Officers may contact Aspire Health Alliance, the JDP Clinician for consultation, or request evaluation at the station.

In the event the Emergency Department to which an officer transports a mentally ill person will either refuse to admit them entirely or will direct the officer to another Emergency Department. Officers should contact the Commanding Officer for specific instructions in such cases.

Transport should be made by ambulance unless an emergency or exigency exists, at which time, the Shift Commander shall approve such transport.

Review policy: **Restraint Chair and Prisoner Booking/Processing**

Detainment for Criminal Offenses (Unable to Bail)
Need for Crisis Mental Health Eval Section 18a
41.2.7 c

The following is to be followed when a person is being held in the station holding facility prior to arraignment, but is in need of assessment for in-patient psychiatric hospitalization due to unsafe behaviors and court is not in session **[41.2.7 c]:**

- Contact the JDP Clinician or Aspire Health Alliance Crisis Team and request that they respond directly to the station and evaluate the prisoner. If they determine that the person, cannot be safely housed in the police department, then:
- The Crisis Team will contact the MA state approved Designated Forensic Psychologist who will complete their evaluation and determine the appropriate locked in-patient placement for the detainee.
- If the individual requires hospitalization, contact clerk of the district court and request a Jenkins Hearing.
- Once an in-patient bed has been located, the DFP will contact the judicial response system on-call judge. The police should be prepared to provide the judge with the following information: the charges and a listing of any default warrants (if any) outstanding.
- The on-call judge may issue an order committing the detainee to a specified, locked, in-patient facility pursuant to G.L c. 123 § 18, until court is in session. On the designated court day, the detainee will need to be transported to court by Braintree Police

Department or the NCSD.

Training
41.2.7 d e

Training will be provided to newly sworn Officers and newly hired Dispatchers during field training orientation period as well as a refresher training at least every three years. Civilian employees that may have direct contact with mentally ill persons during the course of their duties shall also receive training.

Training Video link attached **[41.2.7 e]**
http://www.bing.com/videos/search?q=mental+illness+police+training+videos&qpvt=mental+illness+police+training+videos&FORM=VDRE

Department of Mental Health Southeast Regional Area

Howard Baker-Smith, Area Director
165 Quincy Street
Brockton, MA 02302
Phone (508) 897-2000
Fax (508) 897-2024
TTY (508) 897-2102
Andrea Keddie, Assistant: (508) 897-2032

Quincy Site Office
Quincy Mental Health Center

Towns Served: Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth

Mona MacKinnon, Quincy Site Director
460 Quincy Avenue, 4th Floor
Quincy, MA 02169
Phone: (617) 984-1000
Fax: (617) 984-1040
TTY: (617) 984-1041

Emergency/Crisis 24-hr: Aspire Health Alliance Emergency Service Program
Colleen Babson, LMHC, LMFT, Director of Emergency Services
460 Quincy Avenue, 3rd Floor
Quincy, MA 02169
Phone: (617) 774-6036 or 1-800-528-4890
Fax: (617) 479-0356

LAW ENFORCEMENT COMMUNICATION FORM

Name: _____

DOB: _____

❑ Male ❑ Female ❑ Transgender

❑ Section 12 ❑ Voluntary

Living Situation:

❑ Own home ❑ Friend/Family ❑ Homeless
❑ Shelter ❑ Group Home

State of Home:

❑ Neat ❑ Average ❑ Messy
❑ Vandalized ❑ Hoarding ❑ Uninhabitable

Observations: *(Appearance, speech, eye contact, oriented person/place/time)*

❑ Poor Sleep
❑ Too much Sleep
❑ Not Eating
❑ Poor Hygiene

_____
_____
_____
_____
_____

Behavioral Issue: *(Explain)*

❑ Suicide attempt
❑ Suicidal thoughts
❑ Homicidal thoughts
❑ Auditory Hallucinations
❑ Self harm/cut
❑ Bizarre behavior
❑ Aggressive
❑ Visual Hallucinations

_____
_____
_____
_____
_____

Medical History: *(History of Hospitalizations, Suicides, Self Harm, Detox...Explain)*

Taking Medications
❑ Yes ❑ No

Subtance Abuse
❑ Yes ❑ No

❑ Hospitalizations _____
❑ Suicides _____
❑ Self Harm _____
❑ Detox _____

Stressors:

❑ Loss/Death ❑ Financial ❑ Relationship
❑ Employment ❑ Housing ❑ Legal
❑ Veteran/PTSD

(Explain) _____
_____
_____

Comments:

_____
_____
_____
_____
_____

Contact/Reported by: _____ *Department:* _____ *Date:* _____