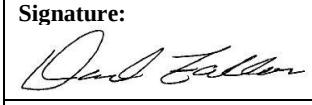
Somerville Police Department	TYPE: GENERAL ORDER	POLICY NUMBER: 100
	Subject: **Responding to the Mentally Ill**	
	Issuing Authority: **David Fallon, Chief of Police**	Signature:  Number of Pages: **Page 1 of 7**	Effective Date: **April 8, 2015**
Accreditation Standards (5th Edition) 41.2.7	☐ New ☒ Revised ☐ Amended	

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Purpose

Reaction to the mentally ill covers a wide range of human response. People afflicted with mental illness are sometimes ignored, laughed at, feared, pitied, and often mistreated. Unlike the general public, a police officer cannot permit personal feelings to dictate his/her reaction to the mentally ill. 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. These principles, as well as the following procedures, must guide an officer when duties bring the officer in contact with a mentally ill person.

Policy

It is the policy of the Somerville Police Department that officers shall accord all persons, including those with mental illness, all the individual rights to which they are entitled, and that officers shall attempt to protect mentally ill persons from harm and shall refer them to agencies, or persons, able to provide appropriate services.

Definitions

Cambridge Somerville Emergency Services Program (CSESP): CSESP is one of 17 emergency services programs in the state, and provides 24-hour response to adults and youth in need of crisis intervention for both mental health and substance abuse concerns.

Section 12 or "Pink Paper: Refers to the involuntary commitment to an emergency mental health facility pursuant to M.G.L. Chapter 123, Section 12.

Jail Diversion Program (JDP): The department's in-house program designed to provide an alternative to arresting those with mental illness.

Procedures

1. Recognition and Handling [41.2.7(a)] Checklist_Chapter_41

A. An officer will be trained to better recognize a mentally ill person if the officer is to handle a situation properly. Factors that may aid in determining if a person is disturbed are:

1. Severe changes in behavioral patterns and attitudes
2. Unusual or bizarre mannerisms and/or appearance
3. Distorted memory or loss of memory
4. Hallucinations or delusions
5. Irrational explanation of events
6. Hostility toward and distrust of others
7. Fear of others and paranoia
8. Marked increase or decrease in efficiency
9. Lack of cooperation and tendency to argue
10. One-sided conversations
11. Lack of insight regarding his/her mental illness

These factors are objective and should not be considered all inclusive. They are intended only as framework for proper police response. It should be noted that a person exhibiting signs of excessive intake of alcohol or drugs may also be suffering from mental illness.

2. Situations Involving Mentally Ill Individuals

A. If an officer believes he/she is faced with a situation involving a mentally ill person, the officer should not proceed in haste unless circumstances require it, instead:

1. An officer should be deliberate and take the time required for an overall review of the situation.

2. An officer should ask questions of persons available, to learn as much as possible about the person. It is especially important to learn whether any person, agency, or institution presently has lawful custody of the person, and whether the person has a history of criminal, violent, or self-destructive behavior.

3. An officer should call Cambridge Somerville Emergency Services Program (CSESP) for assistance because it is advisable to seek the assistance of professionals like doctors, psychologists, psychiatric nurses. The number for CSESP is: 800-981-4357. CSESP is staffed 24/7/365.

4. An officer should use the resources provided by our on-site representative of the JDP

3. Key to Interacting with the Mentally Ill

According to CSESP, establishing a partnership is the key to successfully interacting with people in mental crisis. Try to:

A. Introduce yourself and offer reassurance that the incident can be resolved
B. Avoid expressing anger, impatience, frustration, or irritation
C. Indicate a willingness to help
D. Use reassuring statements like, "Let's try to work this out."
E. Give the person your full attention
F. Maintain eye contact, but do not stare
G. Use the person's name frequently
H. Understand that a rational discussion may not take place
I. Ignore any nonsensical talk or questions
J. Assume the person has a real concern
K. Allow the person to vent
L. Have patience, back off a bit and wait them out, retain a calm demeanor
M. Wait for a pause, show empathy
N. Speak in a calm voice, continue to lower your tone and volume during conversation
O. Speak slowly, simply, and briefly
P. Avoid giving rapid orders or shouting
Q. Listen to what the person is saying
R. Listen for underlying feeling or emotions
S. Validate their feelings and concerns
T. Begin your conversation with open-ended questions like, "How are you?"

It is not unusual for people to employ abusive language against others. An officer must ignore verbal abuse when handling a situation like this.

4. Avoid excitement

A. Crowds may excite or frighten the mentally ill person. Groups of people should not be permitted to form, or should be dispersed as quickly as possible.

B. Reassurance is essential. An officer should attempt to keep the person calm and quiet. The officer should attempt to show that he/she is a friend who will protect and help. It is best to avoid lies and deception.

C. An officer should at all times act with respect towards the mentally ill person. Do not be condescending to the person or treat the person as a child. A person with mental illness may be both highly intelligent and act irrationally. Mental illness, because of human attitudes, carries with it a serious stigma. An officer's response should not increase the likelihood that a person with a mental illness will be subjected to offensive or improper treatment.

5. Who to Call for Help

A. Call Cambridge Somerville Emergency Services Program (CSESP) 800-981-HELP (4357). CSESP describes itself as the "door to crisis mental health and substance abuse services." They are one of 17 emergency services programs in the state who provide 24-hour response to adults and youth in need of crisis intervention for both mental health and substance abuse concerns. Experienced master's level clinicians, psychiatrists, family partners, certified peer specialists, advanced practice nurses, registered nurses, and mental health workers comprise the team.

B. CSESP delivers services in the community (e.g., homes, schools), at the Urgent Care Center located at 660 Broadway, Somerville. The Center is capable of providing 3 to 5 day overnight stay for those at least 18 years old. The Center can provide referrals, psychiatric evaluation, crisis intervention, and peer-to-peer support. The Urgent Care Center is open Monday through Friday from 7 a.m. to 11 p.m. and weekends from 11 a.m. to 7 p.m. To reach them, call: 800-981-4357. Do not bring people there—call first.

C. CSESP also has "Mobile Crisis Intervention" services known as MCI is the youth-serving (under 21) component of their program. MCI provides a short-term service that is mobile, onsite, face-to-face therapeutic response to youth and family caregivers experiencing a behavior heath crisis. They provide up to 72 hours of intervention and services.

6. Somerville Police Jail Diversion Program (JDP)

The program is designed to provide alternatives/diversion from arrest and to reduce police encounters for individuals encountering law enforcement with mental illness, developmental challenges, and/or substance use. The program is staffed by:

A. Clinician – Cheryl Delafano x 7345, cdelafano@police.somerville.ma.us. Cheryl is located in the Training Office and works Monday 9am to 2pm, Tuesday 9 a.m. to 4 p.m., and Friday 9 a.m. to 4 p.m. Cheryl is available to provide assistance to police staff (officers and dispatch) to assist in directing individuals toward appropriate care. Cheryl can be accessed during office hours to respond to related incidents, evaluate and assess individuals, and make referrals. Cheryl can also provide outreach and follow-up on individuals/incidents that would be better served through community supports.

B. Program Coordinator – Patty Contente x 4325, pcontente@somervillema.gov. Patty is located at City Hall Annex. Her role is to provide training and coordinate quarterly community stakeholder meetings aimed at enhancing community partnerships to better serve individuals impacted by mental illness, developmental disabilities, and substance abuse. Patty can be called in urgent matters to assist with responses when Cheryl is not available. Her phone number is in the Rolodex.

7. Detaining the Mentally Ill Person

A mentally ill person may be taken into custody if**:**

A. The person has committed a crime.

B. The officer has reasonable belief, under the circumstances, that he/she poses a substantial danger of physical harm to themselves or other persons.

C. The person has escaped or eluded the custody of those lawfully required to care for him.

At all times, an officer should attempt to gain voluntary cooperation from the person.

8. M.G.L. Chapter 123, Section 12 **Petitions "Pink Paper"** [41.2.7(b)] Checklist_Chapter_41

A. In an emergency situation, if a physician or qualified psychologist is not available, a police officer, who reasonably believes under the circumstances that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness, may restrain such person and apply for the hospitalization of such person for a 3-day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health. The process of doing this is often referred to as filing a "pink paper" because in the past, the paper filed was pink in color.

B. Although "any person," including a police officer may petition a district court to commit a mentally ill person to a facility for a 3-day period if failure to confine that person would cause a likelihood of serious harm, generally, a police officer should be the last person to initiate such proceedings.

C. Three-day commitment proceedings under M.G.L. Chapter 123, Section 12 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 person.

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

8. Warrantless Entry to Execute a Section 12

Officers may effect a warrantless entry to execute a Section 12 application for temporary hospitalization provided:

A. They are in actual or constructive possession of the Section 12 application.

B. The entry is of the residence of the subject of the Section 12 application.

C. The Section 12 application was issued by a qualified physician, psychologist, or psychiatric nurse in an emergency situation and the subject refused to consent to an examination.

D. The warrantless entry is made within a reasonable amount of time after the Section 12 application has been issued.

E. If any of the above criteria are not met, and unless exigent circumstances are present, a warrant shall be obtained prior to any entry of a residence to execute a Section 12 application.

9. ESCAPES FROM MENTAL HEALTH FACILITIES

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 the patient or resident. The police may return the person who is absent for less than six months to the facility from which they were absent without authorization. This six-month limitation does not apply to people who have been found not guilty of a criminal charge by reason of insanity or to people who have been found incompetent to stand trial of criminal charges.

10. Taking Into Custody

A. Whenever police take a mentally ill person into custody, the appropriate mental health officials should be contacted. They should be informed of the person's condition and the officer should seek instructions on how to properly handle and, if necessary, restrain the person, and to what facility the person should be taken.

B. If an officer makes an application to a hospital or facility and is refused, or if the officer transports 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 hospital or facility supervisor to have the facility supervisor evaluate the patient.

C. If refusal to accept the mentally ill person continues, the officer shall not abandon the person, but shall take measures in the best interest of that person and, if necessary, take the mentally ill person back to the police station, until he/she can be released to a competent party who will take responsibility for that person. Notification of this action shall immediately be given to the Shift Commander, who shall report this to the Deputy Chief in charge of Operations. The Shift Commander will report this to the Regional Director of Legal Medicine at the Department of Mental Health, at 617-626-9200.

D. 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. Chapter 123, Section 22**.**

11. Interrogating Mentally Ill Suspects [41.2.7(c)] Checklist_Chapter_41

A. Whenever a mentally ill or mentally deficient person is a suspect and is taken into custody for questioning, police officers must be particularly careful in advising the person of their Miranda rights and eliciting any decision as to whether the person will exercise or waive those rights. It may not be obvious that the person does not understand these rights. See policy on Interviews and Interrogations.

B. It may be useful to incorporate the procedures established for interrogating juveniles when an officer seeks to interrogate a suspect who is mentally ill or mentally deficient.

C. Before interrogating a suspect who has a known or apparent mental condition or disability, police should make every effort to determine the nature and severity of that condition or disability, the extent to which it impairs the person's capacity to understand basic rights and legal concepts such as those contained in the Miranda warnings, and whether there is an appropriate "interested adult," like a legal guardian or legal custodian, who could act on behalf of the person and assist in understanding those Miranda rights and in deciding whether or not to waive any of those rights in a knowing, intelligent, and voluntary manner.

12. Confidentiality

Any officer having contact with a mentally ill person shall keep the 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.

13. Training

Sworn and civilian personnel, who deal directly with the public, shall receive training in dealing with the mentally ill persons during entry-level training. All employees will receive refresher training in handling the mentally ill no less than once every three years. [41.2.7(d)(e)] Checklist_Chapter_41