Fitchburg State University Police Department

Subject: Mental Health Reference: **MPAC:** 41.2.7 **IACLEA:** 9.2.6	
Effective Date: February 3, 2020	**Review Date:**
By Order of: Michael J Cloutier, Chief of Police	

General Order

9.2.6

PURPOSE:

The intent of this order is to address the varying role that Fitchburg State University Police Department employees play in their encounters with people who may have psychological concerns or be in psychological distress. It is important that all members of the Department who could potentially have contact with those with psychological concerns or distress receive guidance and training to do so. While the majority of interactions between law enforcement and individuals in psychological distress are reasonably benign, there is also the possibility for more challenging incidents (e.g., altercations and armed confrontations).

As first responders, the police may often be called upon to help people obtain psychiatric care or other needed services. The Fitchburg State University Police Department recognizes that helping people who may have psychological concerns or be in psychological distress obtain the services of mental health organizations, hospitals, clinics, and shelter care facilities has increasingly become a prominent role for police, and that no single policy or procedure can address all of the situations in which personnel may be required to provide services. This General Order is intended to address the most common types of interactions with those who may have psychological concerns or be in psychological distress, and provide guidance to Department personnel in dealing with such individuals.

POLICY:

It is the policy of the Fitchburg State University Police Department to ensure that consistently provide to all University community members a high level of service. Fitchburg State University Police Department employees shall afford people who may have psychological concerns or be in psychological distress the same rights, dignity and access to police and other government and community services as are provided to all citizens.

The Americans with Disabilities Act (ADA) entitles people with mental illnesses or disabilities to the same services and protections that law enforcement agencies provide to anyone else. Individuals with disabilities may not be excluded from services or otherwise be provided with lesser services or protection than are provided to others. The ADA calls for law enforcement agencies to make reasonable adjustments and modifications in their policies, practices, or procedures on a case-by-case basis.

PROCEDURE:

I. BACKGROUND

1. While many people with psychological concerns manage symptoms successfully with the use of Medications, and other effective treatments, others that do not have access to mental health services, fail to take their medications, or do not recognize the severity of their symptoms, can experience psychological difficulties.

2. When anyone with a psychological concern comes into contact with the Police Department, for whatever reason or circumstance, Department personnel must take extra caution to ensure that the person's rights are not violated and that he/she understands what is occurring during the interaction. Some individuals may not have educational or communication comprehension levels sufficient to fully understand the basic Miranda rights. Simply reading the rights to someone with these types of disabilities, and having the individual acknowledge that they understood may not be sufficient.

3. Officers and civilian employees must ensure that people with a psychological concern receive the necessary assistance to access services. This may require time and patience beyond what is normally provided.

4. People with a mental illness may also be suspects or arrestees and require detention, transport, and processing. Employees must familiarize themselves with the proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a psychological concern.

5. Officers and civilian employees must recognize that the behavior of people with certain psychological concerns may resemble those of people who have ingested substances such as alcohol or drugs. Individuals may appear as though they are on a substance or intoxicated but rather have not taken their prescribed medication for their psychological concern.

II. PSYCHOLOGICAL CONCERNS

1. It has been estimated that ten percent of the population of the United States has some type of mental illness.

2. Any of the various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

III. MEMORY IMPAIRED PERSONS

1. Dementia (e.g., Alzheimer's disease) causes intellectual deterioration in adults severe enough to dramatically interfere with occupational or social performance.

2. These disorders are not only found in older people. The youngest diagnosed case is age 22, however most victims are people in their 40's and 50's when diagnosed. Many people with dementia have a tendency to wander, mentally and physically, sometimes in an attempt to return to their past. The rate of deterioration differs from patient to patient.

3. Establishing a level of communication with memory-impaired persons is essential in order to render assistance. Caution should always be exercised when an officer encounters memory-impaired persons.

4. An important function of the officer is to assist with the reuniting of memory impaired victims with family members or primary care providers in a timely fashion, utilizing available resources.

IV. COMMON SYMPTOMS (IACLEA: *9.2.6.a*)

1. Although officers are not in a position to diagnose psychological concerns, officers should be alert to symptoms common to such illnesses.

2. Symptoms of psychological concerns may vary, but they often have thoughts, feelings, or behavioral characteristics, that may result in an inability to cope with the ordinary demands of life.

3. While a single symptom or isolated event does not necessarily indicate mental illness, professional help should be sought if symptoms persist or worsen. The following may be useful in recognizing warning signs of mental illness:

    a. Social Withdrawal
        i. Sitting and doing nothing.
        ii. Withdrawal from family, friends; abnormal self-centeredness.
        iii. Discontinuance of activities such as occupations and hobbies.

iv. Decline in academic or athletic performance.

b. Depression
   i. Loss of interest in once pleasurable activities.
   ii. Expressions of hopelessness, helplessness, inadequacy.
   iii. Changes in appetite, weight loss or sometimes gain.
   iv. Excessive fatigue and sleepiness, or an inability to sleep.
   v. Pessimism; perceiving the world as "dead".
   vi. Thinking or talking about suicide.

c. Psychosis
   i. Inability to concentrate or cope with minor problems.
   ii. Irrational statements. Poor reasoning, memory, and judgment. Expressing a combination of unrelated or abstract topics. Expressing thoughts of greatness, (e.g., person believes he/she is God). Expressing ideas of being harassed or threatened, (e.g., CIA monitoring thoughts through TV set).
   iii. Peculiar use of words or language structure. Nonsensical speech or chatter. Word repetition – frequently stating the same or rhyming words or phrases. Extremely slow speech. Pressured speech – expressing urgency in manner of speaking.
   iv. Excessive fears or suspiciousness. Preoccupation with death, germs, guilt, delusions and hallucinations.

d. Inappropriate / Excessive Expression of Feelings
   i. Hostility from one formerly passive and compliant. Argumentative, belligerent, unreasonably hostile. Threatening harm to self or others. Overreacting to situations in an overly angry or frightening way.
   ii. Indifference, even in highly important situations. Lack of emotional response.
   iii. Inability to cry, or excessive crying.
   iv. Inability to express joy.
   v. Inappropriate laughter. Reacting with opposite of expected emotion, (e.g. laughing at auto accident).
   vi. Atypical nonverbal expressions of sadness or grief.

e. Atypical Behavior
   i. Hyperactivity or inactivity or rapidly altering between the two. Talking excitedly or loudly. Manic behavior, accelerated thinking and speaking.
   ii. Deterioration in personal hygiene and appearance.
   iii. Bizarre clothing or makeup, inappropriate to environment (e.g. shorts in the winter, heavy coats in the summer).
   iv. Involvement in automobile accidents.
   v. Drug or alcohol abuse.
   vi. Forgetfulness and loss of valuable possessions.

vii. Attempts to escape through geographic change, frequent moves, or hitchhiking trips.
viii. Bizarre behavior – staring, strange postures or mannerisms, lethargic, sluggish movements, repetitious or ritualistic movements.
ix. Decorations – Inappropriate use of household items, (e.g. aluminum foil covering windows).
x. "Pack ratting" waste matter/trash – accumulation of trash, e.g. hoarding string, newspapers, paper bags, clutter, etc.
xi. Unusual sensitivity to noises, light, colors, clothing.
xii. Changes in sleeping and eating habits.

f. <u>Cognitive Impairments</u>
i. Disorientation to time, place, or person. Confusion, incoherence or extreme paranoia.
ii. Inability to find way in familiar settings.
iii. Inability to solve familiar problems.
iv. Impaired memory for recent events.
v. Inability to wash and feed oneself, urinary or fecal incontinence. Presence of feces or urine on the floor or walls.
vi. The degree to which these symptoms exist varies from person to person according to the type and severity of the mental illness. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual. Often, symptoms of mental illness are cyclical, varying in severity from time to time. Duration of an episode can also vary from weeks to months for some, and many years or a lifetime for others.

V. COMMON ENCOUNTERS

1. Fitchburg State University police officers should be prepared to encounter a individual in psychological distress at any time.

2. Common situations in which such individuals may be encountered include but are not limited to, the following:

   a. **Disturbances:** Disturbances may develop when caregivers are unable to maintain control over a persons with psychological concerns engaging in self-destructive behaviors.

   b. **Wandering:** Individuals with mental challenges may be found wandering aimlessly.

   c. **Strange and bizarre behaviors**: Repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment.

d. **Offensive or suspicious persons:** Socially inappropriate or unacceptable acts such as ignorance of personal space, annoyance of others, inappropriate touching of oneself or others, are sometimes associated With the individual in psychological distress who may not be fully conscious of acceptable social behaviors.

VI. RESPONSE TO PEOPLE WITH PSYCHOLOGICAL CONCERNS

1. Persons with mental illness may be easily upset and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.

2. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.

3. The following guidelines detail how to approach and interact with people who may exhibiting unusual behavior as a result of mental or emotional impairment, and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. While protecting their own safety, the safety of the person with psychological concerns and others at the scene, the officer should:

   a. Speak calmly: Loud, stern tones will likely have either no effect or a negative effect on the individual.

   b. Use non-threatening body language: assume interview stance with hands just below chest.

   c. Eliminate commotion: Eliminate, to the degree possible, loud sounds, bright lights, sirens, and crowds, moving the individual to a calm environment, if possible.

   d. Look for personal identification: Medical tags or cards often indicate mental illness and will supply a contact name and telephone number.

   e. Call the caregiver: The caregiver is often the best resource for specific advice on calming the person and ensuring officer's safety until the contact person arrives.

   f. Prepare for a lengthy interaction: Mentally ill individuals should not be rushed unless there is an emergency.

   g. Repeat short, direct phrases: Too much talking can distract the individual in psychological distress and confuse the situation.

   h. Be attentive to sensory impairments: Many mentally ill individuals have sensory impairments that make it difficult to process information. Officers

should not touch the person unless absolutely necessary, use soft gestures, avoid quick movements, use simple and direct language, and not automatically interpret odd behavior as belligerent.

i. In many situations and particularly when dealing with someone who is lost or has run away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.

j. Be aware of different forms of communication. Individuals with psychological concerns often use signals or gestures instead of words or demonstrate limited speaking capabilities.

k. Work to avoid becoming frustrated or angry with the individual, and maintain a safe distance.

l. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there are a range of options officers should consider when selecting an appropriate disposition. These options include the following:
   i. Refer or transport the person for medical attention if he or she is injured or in danger.
   ii. Outright release.
   iii. Release to care of family, caregiver or mental health provider.
   iv. Refer or transport to substance abuse services.
   v. Assist in arranging voluntary admission to a mental health facility if requested.
   vi. Transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action.
   vii. Arrest if a crime has been committed.

VII. INTERVIEW AND INTERROGATION

1. Officers attempting to conduct an interview with an individual with psychological concern or in psychological distress where the individual's ability to understand Miranda Rights is in question they should consider consulting with the Worcester County District Attorney's Office, to determine if the person understands their Miranda rights.

   a. If an officer cannot contact the District Attorney's Office, officer should use similar guidelines as an officer would in providing Miranda to a Juvenile (Interested Adult).

2. If the individual with psychological concerns is a witness, officers should:

   a. Not necessarily interpret lack of eye contact or strange actions as indications of deceit.

b. Use simple and straightforward language.

c. Do not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions; and recognize that the individual might be easily manipulated and highly suggestible.

VIII. CUSTODY

1. If an individual in mental, emotional, or psychological distress is taken into custody, officers will make a reasonable effort to use the least restraint possible and protect the arrestee from self-injury, while taking all necessary safety precautions. The overall circumstance and the person's potential for violence will determine if handcuffs will be used as a temporary measure to prevent injury to the individual or officer.

2. In a misdemeanor incident where an individual is apparently psychological concern, officers may seek non-arrest resolutions, the most desired resolution being voluntary admission to an appropriate mental health facility. However, when public safety is at issue, officers will follow MGL, Ch. 123; § 12 (a), in which the officer may facilitate transport of the detainee to an emergency room by ambulance for evaluation when there is a need for such hospitalization pursuant to MGL Ch. 123, § 12(b).

IX. VOLUNTARY ADMISSION

The three following scenarios would indicate minimal officer involvement:

1. Persons who appears to be in need of psychiatric evaluation and does not appear to pose an imminent danger to themselves or others should be referred to a mental health facility. (A family member or other responsible person is often available to assist the disturbed person in seeking such treatment and should be provided with the information necessary to secure the needed help.)

2. Persons who have been or are under the care of a private physician, should be referred to the physician if possible.

3. Persons who voluntarily agree to psychiatric evaluation, will be taken to the UMass Memorial Health Alliance Hospital if applicable, or another appropriate facility.

4. If a student voluntarily agree to crisis interventions, Officers should contact the Fitchburg State University Office of Counseling Services to see if they are available to speak with the student.

    a. If intervention is after hours, the on call counselor may be consulted by phone.

X. INVOLUNTARY ADMISSION - MGL Ch123 § 12(a)(b)

1. A higher level of law enforcement intervention will be required when officers encounter the following scenarios:
   a. The person is imminently dangerous to self or others.

   b. The person is unable to care for themselves, (unable or refuses to accept intervention which would meet minimum needs for food, clothing, shelter or physical well-being).

   c. The person is suffering substantial physical deterioration and shows an inability to function if not treated immediately.

2. Officers can respond with the most appropriate of the following alternatives for involuntary admissions to a secure medical facility:

   a. Police officers, who have personally observed the actions of the individual and have reason to believe that the person is in clear and imminent danger of causing personal harm to him/herself or others, shall ensure the individual is evaluated. The normal procedure will be to have the officer complete an application for involuntary hospitalization ("pink paper") as well as have the person transported by the Fitchburg Fire Department and/or MedStar.

      i. Ambulance personnel normally will make the determination of which hospital the patient is ultimately transported to considering hospital status, medical injuries etc.
      ii. Ambulance personnel should be informed of the observations of the officer that lead to the evaluation request.
      iii. Based on the demeanor of the patient and patient's report with the officer(s), police and ambulance personnel should work together to determine the best course of police involvement in the transport.
         a) Ex. The police may ride in the rescue, follow the rescue to hospital or not be involved in the transport.

   b. The officer must complete an incident report detailing the circumstances of the event(s) they observed, which led to the involuntary admission evaluation. A copy of the application for involuntary hospitalization should also be included in the case file.

   c. If the involuntarily transporting for emergency psychiatric evaluation is a student of the university, officers need to:
      i. Call the UMass Health Alliance Hospital desk nurse and advise them of the facts leading up to the involuntary hospitalization, and any statements made by the individual indicating self-harm, harm to others, or delusional statements.

ii. Call the UMass Health Alliance Hospital Clinical Social Worker at (978) 798-3350 and advise we are sending a student to the Emergency Room for a mental health evaluation. Include the student's name and date of birth on the message.

XI. AVAILABLE RESOURCES *(IACLEA:9.2.6.b)*

1. ON CAMPUS

a. Fitchburg State University Office of Counseling Services – 978-665-3152, located Hammond 317
   i. Monday - Friday: 8:30 a.m. to 5:00 p.m.

b. CARE Team (Community Assessment and Risk Evaluation) - The Fitchburg State CARE Team consists of a number of administrators at the University who jointly evaluate circumstances in which students may be in danger or are not functioning well. There is a method by which members of the community (including law enforcement personnel) can submit reports (www.fitchburgstate.edu/care).

c. Resident Director or Professional Staff on Call

d. Employee Assistance Program (EAP)
   i. Fitchburg State employees can access an employee assistance program (EAP) run by the Commonwealth. EAP provide assessment and referral.
      a) The EAP can be accessed by calling 1-800-451-1834 or;
      b) https://www.advantageengagement.com/1112/login_company.php Username: FITCHBURGSTATE, Password: EMPLOYEE

2. OFF CAMPUS

a. UMass Health Alliance Hospital 60 Hospital Rd, Leominster, MA 01453 Emergency room: Open 24 hours Phone: (978) 466-2000

b. Samaritans Suicide Prevention Hotline Phone: 508.999.7267 Website: http://samaritanshope.org

c. The National Alliance on Mental Illness of Massachusetts (NAMI Mass) Website: http://www.namimass.org/

XII. TRAINING *(IACLEA 9.2.6.C)*

1. In order to prepare personnel who, during the course of their duties, may have to deal with persons with psychological concerns in an appropriate manner, the Fitchburg State University Police Department shall provide entry level personnel with training on this subject, and will provide refresher training at least every two (2) years.

a. Newly hired personnel shall receive training in department procedures set forth in this General Order as part of the Field Training Program.

b. Refresher training for all personnel will include, but not be limited to: Policy review during staff meetings, roll call training and in-service programs.

XIII. Appendix

1. Commonwealth of Massachusetts Department of Mental Health Application for and Authorization of Temporary Involuntary Hospitalization form (Sec 12 form)

Approvals:

Chief of Police

02/03/2020

Date