MELROSE POLICE DEPARTMENT		Department Manual: Policy No. 1.20
Subject: **Mental Health Crises**		
MASSACHUSETTS POLICE CREDITATION STANDARDS REFERENCED: 41.2.7		GENERAL ORDER
Effective Date: December 16, 2025	Issuing Authority *Kevin Faller* Kevin Faller Chief of Police	

I. PURPOSE

Dealing with individuals who are suspected to be mentally ill is always difficult as it carries the potential for violence and requires an Officer to make difficult judgments. Given the unpredictable and sometimes violent nature of the mentally ill, Officers should take care to never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness. The following guidelines are provided to assist Officers in determining whether a person's behavior is indicative of mental illness and dealing with mentally ill people in a constructive and humane manner.

II. POLICY

It is the policy of the Melrose Police Department that:

- Officers shall accord all persons, including those with mental illness, all the individual rights to which they are entitled; and
- Officers shall attempt to protect mentally ill persons from harm and shall refer them to agencies or persons able to provide services where appropriate.

III. DEFINITIONS

Mental Illness – For purposes of admission to an inpatient facility under Section 12, "Mental Illness" means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, and capacity to recognize reality or ability to meet the ordinary demands of life. Symptoms caused solely by alcohol or drug intake, or developmental disabilities do not constitute a serious mental illness.

Likelihood of Serious Harm – (1) A substantial risk of physical harm to the person as manifested by evidence of, threats of, or attempts at suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person as manifested by evidence that such person's judgment is so affected that he/she is unable to protect him/her-self in the community and that reasonable provision for his/ her protection is not available in the community.

Section 12 or "Pink Slip" – Refers to an involuntary commitment to an emergency mental health facility pursuant to M.G.L c. 123 §12.

Crisis Intervention Team (CIT) – CIT is comprised of Officers who are specially trained in the area of mental health.

Emergency Service Provider (ESP) – The emergency service provider for the City of Melrose is **Eliot Community Human Services**. They can be reached 24 hours a day by calling their hotline at (800) 988-1111.

IV. PROCEDURE

A. **Dispatching of Personnel**

1. A minimum of two officers should be dispatched to incidents involving people experiencing crises.
2. Whenever possible, a CIT trained officer will respond to calls involving individuals suspected of experiencing crises. They will remain the primary reporting officer.
3. If available, the Patrol Supervisor (S80).
4. ***Upon request of the officers on scene***, medical personnel will be dispatched to the location or asked to stage in an immediate area.

B. **Recognition of People Experiencing a Mental Health Crisis 41.2.7 (2a)**

i. 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;
3. Loss of memory;
4. Hallucinations or delusions;
5. Hostility to and distrust of others;
6. Marked increase or decrease in efficiency;

7. Lack of cooperation and tendency to argue;
8. One-sided conversations.

ii. These factors are not necessarily and should not be treated as conclusive. They are intended only as a framework for proper police response. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs may also be experiencing a mental health crisis.

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

iv. If an officer believes (s)he is faced with a situation involving a person experiencing a mental health crisis, (s)he should not proceed in haste unless circumstances require otherwise. **41.2.7(2c)**

1. An officer should be deliberate and take the time required for an overall evaluation of the situation.
2. An officer should ask questions of people 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 and clergy, if available. **41.2.7(2b)**
4. It is not necessarily true that people experiencing mental health crises will be armed or resort to violence. However, this possibility should not be ruled out and because of the potential dangers, the officer should take all precautions to protect everyone involved.
5. Reassurance is essential. Officers should attempt to keep the person calm and quiet, to show friendliness, and the desire to protect and help. It is best to be honest, avoid trickery, and to be alert to the potential for violent behavior.
6. At all times, an officer should attempt to gain voluntary cooperation from the individual.
7. The primary reporting officer will complete an Incident Report (OF) within IMC after all interactions with people suspected of experiencing a mental health crisis whether the individual was committed voluntarily, involuntarily, or not at all.

C. **Non-Urgent Calls for Service**

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

themselves or others, should advise such family member to consult a physician or mental health professional. Such referrals may include:

i. **Melrose Wakefield Hospital** – 585 Lebanon Street – (781) 979-3000
ii. **Eliot Community Human Services** – (800) 988-1111
iii. **MA Behavioral Help Line** – (833) 773-2445
iv. **Suicide Help Line –** dial **988**
    1. **Veterans Crisis Line:** Dial 988 and press 1.
    2. **LGBTQI+ Crisis Line:** Dial 988 and press 3.
v. **Hey Sam:** Text 439-726 for peer support for teens (9 a.m.–midnight).

D. **Emergency Aid Doctrine**

Warrantless entry into a home is lawful in order for officers to render emergency aid to an injured person in the home or to protect someone in the home from imminent injury.

1. Two Requirements:
    a) There must be objectively reasonable grounds to believe an emergency exists:
        (1) injury sought to be avoided must be immediate and serious
        (2) existence of potentially harmful circumstance will not be enough
    b) The actions of the police must be reasonable under the circumstances

E. **Overall Goal**

The overall goal is to undertake the least intrusive intervention consistent with public, suspect, and officer safety.

1. **Referral** – many non-dangerous calls involving a person experiencing crisis are best handled by supporting the wishes of the parent(s), if a juvenile, or of the mentally impaired adult in question, and encouraging professional intervention.

2. **Mental health detention for evaluation** – If the person experiencing the crisis is a danger to themselves or a serious threat to others, the officer may decide to initiate a mental health evaluation pursuant to M.G.L. c. 123, § 12.

3. **Arrest for criminal offense** – Even the mentally ill are subject to arrest on a criminal charge. Officers are free to use their discretion and not pursue criminal charges if the situation is better served by providing mental health interventions instead. A summons can always be sought post event.

F. **Taking a Person Experiencing Crisis into Custody**

Protection from civil liability – Ch.123 §22 clearly states that officers are "immune from civil suits for damages for restraining, transporting, or applying for, or admitting any person to a facility". To operate under the protective blanket of §22, officers should always, as an important precaution, document their interactions and activities with people experiencing crises. **Responding officers will document these interactions and activities in an Incident Report within IMC**.

NOTE: The immunity provision does not protect officers against cases of unreasonable or cruel actions.

G. **Transport to a Treatment Facility**

1. Officers are given explicit authority to transport people experiencing crises – Under G.L. c. 123, s. 21, this grant of authority covers all police functions contemplated by Chapter 123, including voluntary and involuntary transfers between police, correctional and mental health facilities. If necessary, the statue permits restraints to be applied for up to 2 hours prior to examination. Minors may be placed in restraints for up to 1 hour, at which point they must be examined.

2. Generally, a person who is to be transported to a hospital for a mental health evaluation pursuant to M.G.L. c. 123, § 12 will be transported by ambulance.

3. A police officer may transport a subject in a police vehicle equipped with a protective barrier if, in the opinion of the officer, the subject poses a threat due to violence, resisting, or other factors. Authorization from a supervisor should be sought prior to transport.

4. Officers shall conduct a pat frisk for weapons or objects that could be used to cause harm before a patient is placed in the ambulance and transported to the hospital. The pat frisk shall be conducted for patients who are seeking mental health treatment voluntarily or involuntarily.

5. At his/her discretion, or upon the request of emergency medical personnel, an officer may ride in the rear compartment of the ambulance in which the subject is being transported. Authorization from a supervisor should be sought prior to such action.

H. **Use of Force**

Officers shall be bound by use of force requirements consistent with department policy **4.13 – Use of Force**. For any incident in which any level of force is used in placing a subject in custody for a mental health commitment, Officers will document the incident per department policy **4.14 – Use of Force Reporting**.

I. **Police Questioning**

Whenever a person experiencing a mental health crisis is a suspect and is taken into custody for questioning, police officers must be particularly careful in advising the subject of his/her Miranda rights and eliciting any decision as to whether (s)he will exercise or waive those rights. Policy **2.02 – Criminal Investigations, § XIII Interviews and Interrogations**, should be consulted.

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 subject'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," 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 his/her Miranda rights and in deciding whether or not to waive any of those rights in a knowing, intelligent and voluntary manner. **41.2.7(2d)**

J. **Confidentiality**

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.

V. INVOLUNTARY COMMITMENT – M.G.L. Ch 123 § 12

A Section 12(a) refers to an involuntary commitment to an emergency mental health facility for an evaluation pursuant to M.G.L. c. 123, § 12(a). Police Officers are authorized to submit an Application for an Authorization of Involuntary Hospitalization based on a “likelihood of serious harm”. G.L. c. 123, s1 defines this as:

1. **Danger to self** – The person presents a substantial risk of physical harm to him/her-self based on any threats or attempts to commit suicide or to cause him/her-self serious bodily harm; or

2. **Danger to others** – The person presents a substantial risk of physical harm to other persons based on evidence of violent behavior or evidence that others have been placed in reasonable fear of being seriously harmed; or

3. **Inability to protect self** – The person presents a very substantial risk of self-injury because his/her judgment is so affected that he/she is unable to protect him/herself in the community and that reasonable provisions for his/her protection are not available in the community.

Note – The likelihood of serious harm must be the result of mental illness, which the Department of Mental Health defines as "a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet ordinary demands of life, but shall not include alcoholism or substance abuse". 104 CMR 27.05

1. Upon determining an individual is experiencing a mental health crisis, the Officer will request emergency medical services be dispatched to his/her location.

2. Whenever possible, the Officer should complete the Application for an Authorization of Involuntary Hospitalization on-scene, prior to the transportation of the subject.

3. The reporting Officer will complete an Incident Report detailing the interaction.

4. A copy of the completed Application for an Authorization of Involuntary Hospitalization will be uploaded as an attachment to the Incident Report.

5. A Section 12 has no expiration date. As a matter of best practice, if a Section 12 is outstanding for more than 48 hours prior to being served, the issuing authority should be re-contacted in order to confirm that Section 12 remains the best course of action for the subject named on the order.

VI. SECTION 12 – DCJIS REPORTING REQUIREMENT

A. To comply with changes made to M.G.L c.123 § 36C, effective October 2, 2024, a law enforcement agency that applies for or is involved in the restraint and application for hospitalization of a person pursuant to subsection (a) or (b) of section 12 shall transmit the incident log or report number and the person's name and identifying information, including the person's social security number and date of birth, to the department of criminal justice information services.

B. Dispatch personnel will be required to satisfy this reporting requirement. To enter such a Section 12 Notification:
   1. In CJISweb, navigate to: Manage State Files → MIRCS Section 12 → Enter MIRCS Section 12 Case Record and complete the form.
   2. The document reporting the completion of this requirement shall be provided to the primary reporting officer.

C. The Officer in Charge will be responsible for ensuring the successful completion of the required CJIS reporting and the subsequent upload of the confirmation as an attachment to the Incident Report.

VII. TRAINING

All Department personnel will be trained on this policy at entry level and receive refresher training at least every two years through a re-issue of this policy and other material made available and/or at the MPTC annual in-service training. **41.2.7 (2e, 2f)**