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Improving Police Officer Responses to Persons with Mental Illnesses: A Review of the Literature

Portland State University. Criminology and Criminal Justice Senior Capstone

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Introduction

Addressing mental illness in the American criminal justice system is necessary in order to ensure both citizens and officers are safe. According to Centers for Disease Control and Prevention (2011), published studies show approximately 25 percent of all adults in the U.S. have a mental illness and nearly 50 percent of adults in the U.S. will develop at least one mental illness during their lifetimes. The U.S. Department of Justice's Bureau of Justice Statistics also indicates nearly 25 percent of state prisoners and jail inmates with a mental health problem have three or more prior incarcerations (as cited in Glaze & James, 2006). This fact equates to a significant amount of interaction between police and persons with mental illness. It is fortunate there are growing volumes of literature on the study of persons with mental illness and their interactions with police officers. With this report, we reviewed 47 articles focusing on ways of improving police responses to persons with mental illnesses. We have organized the results of our literature review into five sections: Definitions and Prevalence, Characteristics of Those Affected, Typical Problems, Better Practices and Implications for Policy. It is our sincere hope the information provided will be useful in the ongoing development of policy and training, as well as the ongoing distinctions and successes for the Portland Police Bureau.

Definition and Prevalence

Diagnostic and Statistical Manual of Mental Disorder IV (DSM IV) lists the categories of mental disorders as major depressive disorders, manic disorders, and psychotic disorders. Common symptoms include, but are not limited to, delusions, hallucinations, persistent anger or irritability, diminished ability to concentrate or think, and psychomotor agitation or intellectual disabilities (Glaze & James, 2006, pp. 1-2).

In 2012, the estimated number of adults with mental illnesses in the U.S. to be 43.7 million. This represents 18.6 percent of the U.S. adult population. The same source indicates that 9.6 million adults, or 4.1 percent of the adult population, have *serious* mental illnesses. Rates of mental illness are higher for women and for adults between the ages of 26 and 49 years. Of the population of adults with mental illnesses, 19.2 percent (8.4 million) also have substance use disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013, pp.1-2). The same source also reports co-occurring disorders are higher among families whose income falls below the poverty level and those without health insurance (SAMHSA, 2013, p.48). The use of illicit drugs among adults with any mental illness is higher (26.7 percent) than adults with no mental illness (13.2 percent), regardless of drug type (marijuana, cocaine, hallucinogens, inhalants, heroin, non-medical prescriptions) (SAMHSA, 2013, p.41).

Law enforcement officers typically encounter persons with serious mental illnesses, as a matter of course. They interact with them as victims, witnesses, or suspects of a crime; and sometimes as subjects of calls for assistance or as dangerous to themselves/others. Results from a 2014 study found 92 percent of participating officers reported having responded to at least one mental health crisis within the prior month (Davidson, 2014, p.2). When a person experiencing a mental health crisis is perceived to be dangerous, communities often lack the resources capable

of providing appropriate alternatives, so officers have few options other than to make an arrest (Davidson, 2014, p.2).

Sometimes use of force is required with persons who have not been properly identified as having mental health issues. While it is important to ensure persons with mental illnesses are properly identified as such, one must also know how properly to handle situations once such an identification is made. This includes identifying types of mental illnesses and correlating accurate and effective responses, while assessing future danger to the public (Abracen, Gallo, & Looman, 2015, p.2).

Several studies suggest there is a significant amount of physical force used by officers towards persons with mental illnesses. White, Ready, Riggs, Dawes, Hinz, and Ho (2012) analyzed 400 police–citizen encounters, in which a suspect died after deployment of a Taser device. Of the deceased, 19.7 percent were described as suffering from mental illnesses, while 54 percent involved drug and alcohol use. Medical examiner reports showed nearly 90 percent of cases where a person, also exhibiting signs of mental illness, involved either illicit drugs or evidence of chronic drug use. The combination of factors was found to increase the probability of active resistance against police officers during encounters (81.3 percent nonlethal; 7.1 percent potentially lethal) and suggested, say the researchers, that mental illnesses and coexisting issues of drug and alcohol use increased the likelihood of resistance and fatality in police confrontations (White et al., 2012, pp.96-101).

Characteristics of Those Most Affected

Those affected by disorders of the mind may exhibit a variety of characteristics. As stated previously, SAMHSA (2013) statistics indicate rates of "any mental illness" (AMI) were highest for adults between the ages of 26 and 49 (21.2 percent of those affected) and females were more likely than males to have AMI, within the past year (22.0 percent vs. 14.9 percent) (p.10). In 2012, adults with AMI were more likely to be living below the federal poverty line (26.8 percent) and tended to be covered by Medicaid or the Children's Health Insurance Program (SAMHSA, 2013, p.11), rather than private insurance. Ethnicity was found to be a factor, as well. Rates for adults were as follows: Asians 13.9, Hispanics 16.3, Blacks 18.6, Whites 19.3, Bi-racial 20.7, and American Indians and Alaskan Natives 28.3 (SAMHSA, 2013, p.10).

The condition of begin homeless and mental instability also coexist more often, than not. According to The U.S. Department of Housing and Urban Development (USHUD), most adults in permanent sheltered housing have substance abuse issues, suffer from mental disorders, or both. These are the most common disabling conditions, affecting 43 percent of individuals and 35 percent of adults in families (U.S. Department of Housing and Urban Development {USHUD], 2011, p.48). An increase in homelessness of young adults has been attributed to a lack of mental health services. In such situations, individuals, who would have previously been steadied by mental health agencies, are now alone, experiencing both mental health problems as well as experiencing homelessness. Those without housing are more likely to be adult males, non-elderly, African-American, and disabled individuals (USHUD, 2011, p.17). Lack of permanent housing is a serious issue for females, as well. The link between homelessness, child abuse, post-traumatic stress, and substance use is strong (Asberg & Renk, 2015, pp.169-170).

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With growing numbers, attention towards the issue is rising. Ballard and Teasdale (2014) examined arrest rates between those exhibiting mental disorders and those who do not. They found when individuals with mental illnesses are provided extra time to convey their situations, along with the "calm" required to do so, risks of arrest may be lessened. It is important for officers to understand as they interact with such individuals. "These two findings coupled together suggest that disordered citizens lack the ability to adequately communicate their situations to the police officers who respond to those incidents" (p.17).

White et al. (2012) examined Taser related deaths from 2001-2008 in police-citizen encounters and found the four states with the highest Taser-related deaths were California (75), Florida (57), Texas (32) and Ohio (20). The overall majority of total deaths involved 392 males between the ages of 21 and 40, from which almost 20 percent were identified as mentally ill. Most of the deceased tested positive for drugs or evidenced chronic drug or alcohol use. They were also more likely to resist arrest prior to death (pp.96-101).

"Suicide by Cop" (SbC) occurs when persons deliberately demonstrate behaviors causing officers to engage in use of immediate deadly force. Mental illnesses, drugs, and alcohol are key indicators of SbC. Primary SbC indicators include verbal, behavioral, and planned intent for such an outcome. From indicators gathered from summaries of events from officers involved, family/friends, or notes describing the individual's intentions, Lord (2014) found typical SbC victims were married, white males, older than 34 years. Most threatened or used lethal force towards officers/others; 64 percent exhibited behavioral indicators; 22.5 percent verbalized their intentions; and 12 percent used all three key indicators. More than 25 percent were reported to have previously attempted suicide (pp.85-86).

Typical Problems

One of the biggest problems affecting law enforcement encounters with person with mental illnesses has been the phenomenon of deinstitutionalization – the returning of those who formerly would have been mental hospital patients their communities. During the 20th century, many laws and mental health practices changed, leading to the closing of most state and psychiatric hospitals. This pushed masses of persons with disorders into homeless shelters, or onto the streets where police interactions have become more frequent and recurring. While the frequency at which those with mental illnesses came into contact with officers increased, training in dealing with such people did not. In addition, as public attitudes changed, causing society to shift away from institutionalizing people with mental illnesses, so the belief that the "problem" belonged to someone else. One of the unfortunate outcomes has been that since the 60s, when deinstitutionalization began, adequate community-based services have never been provided. Mental health systems, therefore, have seemingly failed in many jurisdictions. Police officers often find arrest is the only immediate solution available to problems, creating the effect of criminalizing mental illnesses (Cordner, 2006, pp.7-8).

Another issue, of increasing concern, is the inability of those with mental illness to control their actions during confrontations by police. Individuals who resist arrest are considered to pose a threat. This increases the likelihood responding officers will use force compared to those who do not. One problem lies in the tendency for individuals with mental disorders to engage in trigger behaviors as a result of their illnesses – frequently stemming from inadequate care, lack

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of access to medication, or illicit drug and alcohol use, or "all of the above. Johnson (2011) found the use of severe force on suspects who are mentally unstable to be significantly more likely than on other suspects to be due to violent, sporadic, and uncontrolled behaviors. When other legal factors of force were simultaneously controlled in certain instances, there was no longer evidence that such suspects were treated differently, simply because of their classifications as persons who were mentally unstable (pp.141-142).

Kerr, Morabito, and Watson (2010) examined police encounters with this population in Chicago. When the number of calls within each category of use of force was broken down, their research indicated that on average, officers used verbal warnings, commands and persuasion more than any other types of coercion. Use of any weapon was rare and no firearm use was reported (p.8). According to an Australian study focusing on use of force between 1995 and 2008, 7.2 percent of calls to the police addressed persons who appeared mentally ill. Use of force occurred only in cases where the suspect was determined likely to use weapons, or had made threats of bodily harm to the police or themselves. In addition, it was found law enforcement personnel had prior knowledge of mental health status in less than 20 percent of the cases and that in a large portion of the calls a prior history of violence, or contact with police existed (Kesic, Thomas, & Ogloff, 2013, p.326). Without the proper education regarding the signs and or symptoms of mental illnesses, police are seldom prepared for the types of action needed, indicating great need for more training and different practices, so as to achiever more positive outcomes.

Better Practices for Prevention

With the increasing number of incidents involving persons who are mentally ill throughout the country, the Crisis Intervention Team (CIT) model was formed. This specialized training was intended to educate police and give them the tools they need when interacting with a person experiencing a psychiatric episode, as a victim, a witness, subject of a call for assistance, suspected offender, or danger to themselves or others (Davidson, 2014, pp.16-21).

Agencies with resources to train specific CITs have shown positive results when responding to persons with mental illness, in large part because the individuals were properly identified. Mandating CIT training for all police officers results in officers having some form of specialized training to handle persons with mental illness. The training also aids in dealing with individuals with low verbal abilities or those in acute trauma states (Ballard & Teasdale, 2014, p.18). CIT training has been found effectively to improve officers' knowledge and self-efficacy in dealing with this population, along with significantly increasing officers' positive perceptions towards the use of verbal de-escalation techniques (Davidson, 2014, p.15). Morabito et al. (2012) state, "Our research suggests that CIT training may lead to different responses from trained officers in encounters with people with mental illness who exhibit seemingly resistant behavior. CIT officers may be able to recognize resistant demeanor as symptoms of a mental illness and thus implement de-escalation techniques" (p.71).

CIT programs focus the bulk of the training on the CIT members, but, in some cases, they also provide basic training to all officers. A study of the CIT team in Akron, Ohio, revealed the implementation and training of CIT teams has led to an increase in the number of police

transports to evaluation and treatment facilities (as opposed to jails). In addition, more of the transports have become voluntary (Teller, Munetz, Gil, & Ritter, 2006, pp.236-237).

A key to the success of the Akron CIT program is forming partnerships to have a collaborative approach in addressing mental illness. Interagency collaborations and utilizing community-based alternatives to arrest are the highest recommended practices for police interactions with persons with mental illness (Akins, Burkhardt, & Lanfear, 2014, p.10; Cordner, 2006, p.20; Helms, Gutierrez, & Reeves-Gutierrez, 2015, p. 22). Collaboration is not only a policy intervention, but also an overarching philosophy which informs and facilitates various possible interventions (Akins et al., 2014, p.10). Cordner (2006) recommends police use a liaison to collaborate with the mental health community and the various agencies involved to enhance incident responses, coordination, and prevention (p.21). The liaison should specialize in justice-involved mental health cases and work to develop protocols to address common situations that arise from incidents with persons with mental illness (Cordner, 2006, p.21; Akins et al., 2014, p.10).

Overall, police and communities should tailor strategies specific to their available resources, targeting limited resources to make the largest impact. For example, communities with very limited treatment resources would be better served by diverting only the highest risk persons with mental illness. Large communities with more substantial resources may benefit from using them to divert more individuals into community or residential treatment programs (Akins et al., 2014, p.12).

Implications for Policies and Training

Although it is an issue that has been repeatedly highlighted, the importance of effective partnerships between the police and mental health services cannot be overstated. Research suggests the primary influence on arrests of PMIs is the ease of available communication and linkage with mental health resources. Reduction of injuries and increased voluntary transports to the hospital may result from this interaction between training, treatment availability, and the ease of partnership (Watson, Morabito, Draine, & Ottati, 2008, p.366).

CIT trained officers appear to be the best line of defense in improving relations between law enforcement and those affected by mental illness. CIT trained officers are more likely to divert individuals experiencing crises to outside mental health services. Diverting an individual in a mental health crisis from police contact and/or jail ensures proper mental health treatment for the individual and results in lowered costs to the criminal justice system (Heilbrun, DeMatteo, Yasuhara, Brooks-Holliday, Shah, King, DiCarlo, Hamilton, & LaDuke, 2012, p.361). Along with the increased likelihood of diverting individuals to a mental health service during crises, CIT officers are also less likely to use force upon initial contact (Heilbrun et al., 2012, p.361). Research also demonstrates that CIT trained officers continue to use less force for an increasingly resistant demeanor compared to their non-CIT trained counterparts (Morabito et al., 2012, p.71).

There does appear to be a difference in the effectiveness of CIT training and the resources available in the given community. Research supports that CIT programs work best in conjunction with support and participation of the community mental health services. Therefore,

communities with more resources available to individuals with mental illnesses are less likely to reach a crisis point, while communities underserved by mental health services are more likely to reach a crisis point, resulting in a higher likelihood of use of force by officers (Morabito et al., 2012, p.73).

As a future course of action, departments should consider CIT training for both police officers and correctional officers, with training specifically tailored to the unique challenges of their respective jobs. In an ideal situation, more jurisdictions will adopt the new training program, with as many officers participating as possible. At minimum, jurisdictions would benefit from a voluntary CIT training program (Davidson, 2014, p.24). In addition to increasing the number of CIT trained officers, training should reflect the target population, what constitutes a CIT-worthy incident, and who is in need of the training (Taheri, 2014, pp.16-17).

Training focused on risk assessment and management should be routinely offered and subsequently practiced, as well. For example, officers who do not maintain a safe distance during interactions with people, allowing for a tactical and safe retreat, are more likely to use/escalate force. Results also show the importance of training addressing the general misconceptions regarding potential threats people who appear to be mentally ill pose (Kesic et al., 2013). Another article revealed that attitude and personal feelings towards mental illness affected officers' handling of calls which involved persons with a mental illness. Attitudinal change would have a greater chance if police officers had a powerful intervention, which equipped them with the training, resources, and interagency support required to undertake this invaluable community service (Godfredson, Ogloff, Thomas, & Luebbers, 2010). Utilizing training which steers perception of PMIs may be useful in guiding officers' initial approach and reducing the chance of negative outcomes.

Conclusion

Law enforcement officers everywhere are finding themselves coming into contact with individuals with various mental illnesses, at much higher rates than ever before. Deinstitutionalization and an overall lack of mental health services in many cities may be a significant factor for increased interactions between PMIs and the police. Considering that law enforcement officers are some of the first responders to the situations, it is imperative that updated information is utilized in the creation of future training, as well as the implementation of new policies and procedures.

Research suggests there are challenges regarding the identification of persons with mental illness among law enforcement. This has led to a lack of safety for both the officers and the people with whom they are interacting, and improper treatment of persons with mental illness, once contact has been made. Through our research we found that CIT training has a significant positive impact on proper identification of mental illness, de-escalation techniques, and connecting persons with mental illness to resources rather than incarceration. Some of the key factors to success in improving the interaction between people with mental illness and law enforcement are to provide and employ the proper training for law enforcement personnel, recognize mental health symptoms, and effectively partner with the available mental health services.

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