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Reducing Risk and Improving Results of Police Interactions with the Mental Ill

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ABSTRACT

Due to current trends in the treatment of mental health related issues, a greater number of individuals with mental illness are living and working in the community. These changes have drastically increased the number of contacts between individuals suffering from mental illness and local law enforcement officers. This is an extremely relevant issue to contemporary law enforcement agencies because of the amount of resources that are consumed, as well as, the level of danger that is associated with law enforcement encounters and the mentally ill. The purpose of this research is to explain the current mental health issues as they relate to law enforcement and to identify ways in which any given community can address these issues. The cross training of police officers in mental illness can reduce risks and improve the results of police interactions with the mentally ill. Another important aspect of this training is the building of collaborative relationships with local mental health professionals. Depending on the resources that are available in the community, this collaboration could be constructed in a variety of ways from collateral duty assignments to full time positions.

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INTRODUCTION

With the formation of deinstitutionalization, decreased involuntary commitment statute and a decline in inpatient mental health treatment programs, "a larger number of individuals with mental illness are living in the general population" (Lurigio, Smith, & Harris, 2008, p. 295). This has caused a significant increase in the number of interactions between law enforcement and individuals suffering with mental illness. Due to the nature of the complaints received, the local police agency may be the only community agency that is utilized in crisis situations involving persons that are experiencing a mental health issue. Police officers regularly act as the primary gatekeepers to both the mental health system and the criminal justice system (McLean & Marshall, 2010). In these situations, the responding officer must make a determination if the individual conduct is due to a mental issue or criminal in nature. At this point, the officer must direct the individual to the appropriate facility (Barillas, 2012). This task is generally accomplished with little to no mental health training. This is a tremendous safety issue for the individual, the officer, and the community.

According to the Americans with Disabilities Act (2010), approximately ten million individuals are confined in jails each year in the United States alone. An estimated "10 to 15 percent of these detainees have a severe mental disability" (Lamb, Weinberger & Gross, 2004, p. 108). This only accounts for the number of mentally ill who are arrested. The amount of encounters with the mentally ill, with no enforcement action taken by the police, could easily double, if not triple, these figures.

It is estimated that the "number of mentally ill individuals in the criminal justice system is three times higher than that of the general population" (Lyons, 2007, p. 15). It

has also been found that up to 40% of those suffering with a mental illness will be arrested in their lifetime (Vermette, Pinals, & Appelbaum, 2005). Barillas (2012) found that police officers spend about 10% of their time dealing with mentally ill individuals resulting in 60% of officers responding to at least one mental health related call a month. Other numbers suggest that officers have about 40 encounters with mentally ill individuals a year resulting in roughly four interactions a day for departments as a whole (Coleman & Cotton, 2010). Due to these societal changes, police officers are now finding themselves functioning as first responders and front line mental health workers in the care and management of the acutely mentally ill (McLean & Marshall, 2010).

The staggering numbers of encounters with individuals with mental illness have a tremendous impact on departmental budgets (Coleman & Cotton, 2010). When the police are left without community health collaboration, officers are sometimes required to spend an entire shift working with a single individual in crisis. This not only takes this officer from his other duties, it also requires the department to pay overtime to cover the other duties of the officer. With recent economic downturns and shrinking budgets, this is becoming more and more difficult (Cordner, 2006).

The policing profession should be proactive in managing this mental health crisis. A possible solution would be to provide greater cross training in mental issues and to build collaborative relationships with mental health professionals. When considering the need for cross training police officers in mental health issue, first a look at some of the barriers/breakdown in the collaboration process with police officers and the mental health field is needed. Frequently police officers feel that policing and mental health have conflicting rolls (Barillas, 2012). Some would argue that this mentality is

embedded in the traditional model of policing, but the modern police agencies are better intergraded. While this may be true, to a certain extent, a consideration needs to be given to the number of officers and agencies that would not agree. This is very important in order to take full advantage of current community resources, increase harmonization of treatment, and to stimulate a collaboration of community resources (Alegria, Perez, & Williams, 2003). In order to accomplish this goal the policing profession should provide greater cross training in mental health issues and work collaboratively with mental health professionals.

POSITION

Cross training police officers in mental health would assist them in recognizing and understanding mental health issues and would improve the service that is provided to the community. Despite the staggering number of mentally ill encounters with police, officers receive minimal or no training on how to effectively manage mentally ill individuals. Before 2005, there were no mandates for mental health training for police officers. Since 2005, the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) requirements an 8 hour Crisis Intervention Training (CIT) course for basic police officers. This course is only required for basic police officers, meaning that the majority of tenured police officers could never receive this training and newer officers could possibly only receive this training once or twice in their entire career (TCLEOSE, 2013). This course, while helpful, is not all-inclusive and can be considered remedial, at best. Eight hours of training every two years is insufficient considering the unpredictability of these encounters as well as the number of hours officers spend

working calls that involve issues with mentally ill individuals is considered. Frequently police officers leave this course being more confused than when they began.

Before a person becomes a police officer, they are required to spend months in a basic law enforcement academy learning the different segments of the law. This process allows for the officer to have a great deal of understanding of the law and how it is applied in the real world. Once the officer completes the academy they must then complete a field training program to receive a basic police officer certification (TCLEOSE, 2013). This process involves little to no training in mental health issues. With such little emphasis placed on mental health issues, the officer could come to the conclusion that the criminal component is the most important segment to law enforcement and to society.

With such deficient training in mental health issues, the mentally ill individual may appear to be intoxicated on drugs or alcohol (Lamb, et al. 2004). This lack of training, combined with anxiety levels, could lead to an escalation of force and possible injury to the suspect and/or the officer. These encounters could also lead to litigation that is expensive and time consuming; not to mention the negative reaction of the community and the disservice to the individual.

If the police were able recognize that the person was presenting signs of mental illness, the officer may still believe that the person meets the culpability for a criminal offense and make an arrest. The arrest of the individual may be even more desirable for the officer has had a negative encounter with mental health professionals. Often time's mental health professionals question the police judgment and refuse to admit the individual, or release them after a brief time (Lamb, et al. 2004).

This leaves the police officers believing deviant behavior can be dealt with more effectively in the criminal justice system (Lamb, et al. 2004). Officers can also believe that once in the criminal justice system the offender can be evaluated by the court or the jail. Officers are able to justify this decision on the belief that they are better protecting the community by holding the mentally ill criminally accountable (Lamb, et al. 2004).

By expanding the training mandates to include a more in-depth knowledge on the signs, symptoms, and treatment of mental illness law enforcement can better protect and serve the community. The criminal justice system must also educate officers in legal issues as well as de-escalation techniques (Watson & Fulambarker, 2012). This shift could be simplified by integrating and collaborating training mental health professionals into the policing profession.

While programs such as Crisis Intervention Teams (CIT) are the predominant model in the United States, they are still not the norm for police agencies in large states such as Texas. According to the National Alliance on Mental Illness (NAMI) (2013), out of the 254 counties in Texas, only nine counties (Collin, Dallas, Smith, Sutton, Williamson, Travis, Harris, Bexar and Brazos) have an operating CIT program. These teams are comprised of specially trained police officers and mental health providers that are designed to improve the community's response to individuals experiencing mental health crisis (NAMI, 2013).

COUNTER POSITION

With ever shrinking budgets it has become more difficult than ever to provide useful training to today's police officers. Due to budget cuts and manpower shortages police agencies struggle to provide the minimum mandates, much less provide

specialized training. These issues often compound for agencies with fewer officers and smaller budgets. While training programs are a valuable component of a police officer's educational process, the majority of an officer's knowledge comes from on-the-job experience.

It is true that most police agencies are experiencing the pressure of society's economic downturn. However, a consideration must be given to the price to society of not providing mental health training to police officers. Once this issue is measured, it becomes much easier to justify the expense of training such a training program. A great number of police agencies have encounter the negative effects with high profile incidents dealing with the mental ill in the community and have been held accountable for failing to provide police training in mental health issues (Pfeiffer, 2007).

The regularity of police encounters with individuals suffering with mental illness has increased dramatically over the past 50 years (Cordner, 2006). While some have argued over the reasons, the fact remains that these encounters can and have ended in preventable ways. According to Cordner (2006), "mentally ill individuals are four times more likely than non-mentally ill individuals to be gravely injured by the police" (p. 5). In a five year time frame Los Angeles Police Department alone, were involved in the shooting of 37 mentally ill citizens, killing 25 (Cordner, 2006). These incidents allows for the training cost to be put into a true perspective.

Opponents of this training change could state that there are current programs in existence that provide quality mental health training to police officers. Texas police training programs have been put into place years ago to help improve the education of officers in metal health issues. TCLEOSE currently mandates continuing education in

Crisis Intervention Training (CIT) for basic police officers to maintain their police officers licenses with the state (TCLEOSE, 2013). These programs have been successful in providing information that allows officers to make a more educated decision on the corrective action involving a person in a mental health crisis. In addition to this mandated training, TCLEOSE also offers a 40 hour mental health police officer certification (TCLEOSE, 2013). This certification expands on the basic course and provides the officer with a more in-depth overview of mental illness and how it relates to policing.

It is true that mental health training for police officers exists and that they have progressed significantly in recent years, but they have failed to educate a large percentage of officers. The training mandate that was implemented by TCLEOSE targeted new officers and it failed to train veteran officers. This flaw could undermine the attempt to uproot the traditionalist mindset and values that are occurring in the informal training environment inside each police department (Stojkovic, Kalinich & Klofas, 2012).

Opponents could state that it is also very difficult to establish a working relationship between police and mental health professionals. Commonly, each profession (law enforcement and mental health) will have differing beliefs on the proper procedure in dealing with a person with mental illness. Police officers have reported feeling dissatisfaction when dealing with the mental health profession (McLean & Marshall, 2010).

This is particularly true when officers have experienced long waiting periods in psychiatric emergency facilities, only to have the subject released (Hollander, Lee,

Tahtalian, Young, & Kulkarni, 2011). Repeated mental health detentions with unproductive outcomes leave the officer feeling as though they were ineffective (McLean & Marshall, 2010).

These disappointing outcomes could interfere with a collaborative relationship with the two professions. Police are familiar with the criminal justice system and are aware that if a mentally ill individual is referred to the criminal justice system, the subject will receive treatment while incarcerated. This belief only strengthens the point of cross training. Cross training will insure that the person receives treatment and it also protects society simultaneously (Lamb, et al., 2004). When both professions are aware of the duties, requirements, and restraints of each profession, the unsuccessful detentions and negative sentiments can be eliminated before they begin.

RECOMMENDATION

Improving the cross training of police officers would better prepare police officers in dealing with mental health crisis. Being able to recognize signs and systems of someone experiencing a mental health crisis would allow the officer to better determine the corrective action that needs to be taken. Improved mental health training would also teach police officers de-escalation techniques that would prevent unnecessary use of force incidents.

Cross training police officers would not only improve officer safety and decrease civil liability, but it would also improve safety and prevent victimization of the mentally ill individual, their family, as well as the entire community. Creating a collaborative team of mental health professionals and trained police officers would maximize the utility of

existing resources, improve management of treatment, and improve the entire community (Alegria, et al., 2003).

Mental health training and community collaboration can be implemented in a verity of ways depending on the resources available to any given community. Understanding that smaller jurisdictions do not have the resources to commit police or mental health personnel to a specialized unit, other procedures and programs could be introduced that will still improve collaboration with community resources and improve the quality of service provided.

One way of organizing a Crisis Intervention Team (CIT) program would be to make this a collateral duty of the personnel assigned (Coleman & Cotton, 2010). This would be very similar to the way that most rural Special Weapons and Tactics (SWAT) teams operate. The officers can be assigned to regular duties such as traffic units, criminal investigation, or even routine patrol duties. This would allow them to be readily redeployed when called upon.

Another program that could be utilized is a joint mobile response team (JMRT) or a mobile mental health team. These programs allow for a joint or co-response of police and mental health professionals to calls for service involving a mental health crisis. This program is the predominant program used in most Canada organizations (Coleman & Cotton, 2010). The collaborated response allows for the police to provide safety and security to the situation, while the mental health professional provides an immediate and more accurate psychological assessment of the individual's psychiatric needs and/or criminal detention by the police (Coleman & Cotton, 2010).

Some rural communities do not have the manpower to create special mental Health programs because of a lack of manpower or a local mental health authority. These issues would make the above two options impractical. However, another program exists that could be utilized. This program is a joint mental health committee that is comprised of police officers, mental health nurses, counselors, social workers, or other mental health professionals (Coleman & Cotton, 2010). These committees could meet monthly or quarterly to discuss current trends and problems that have been discovered.

The committees would be able to work toward a solution to the problems that have been experienced and could work toward a beneficial decision to the group and the community. The collaborative involvement would help to strengthen the working relationships between police departments and mental health professionals. By taking a systems approach to a known problem, the community's resources are better utilized and are able to work toward a common goal (Alegria, et al., 2003).

Societal changes have altered the duties of the modern day police officer. In order to prepare the officer to fulfill their duty the policing profession must be willing and able to train all law enforcement officers in every facet of the position (Barillas, 2012). This includes cross training police officers in mental health issues. By adding minimum training requirements to all police officers, not just basic officers, will improve the quality of service to the community and provide safety to the officer and individuals suffering from mental illness.

The creation of collaboration efforts of police and mental health professionals is important in improving the quality of service to the community regardless of the makeup.

Different variations of these programs are already in place across the nation and can easily be adaptive to any community regardless of size or number of resources. This will allow for a simple implementation that will improve community service without straining an already exhausted budget.

The research in this paper has identified the need for improved cross training of police officers in mental health issues. Though some believe that these issues are being properly addressed, the policing profession has room to improve in knowledge and ability. The implementation of new programs has proven to be effective and the needed information is readily available. Understanding that each area has different resources at their disposal, several different programs are available depending on the area.

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