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Law Enforcement and the Mentally Ill

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ABSTRACT

The purpose of this study is to review issues regarding the way law enforcement deals with and interacts with mentally ill persons. The problems identified include: the amount of time used for calls relating to the mentally ill, the amount of manpower used for these calls, the use of force incidents between officers, the increased incidents with the mentally ill and the impact on the law enforcement community to deal with mentally ill persons. The methodology used for the research encompassed an in-depth survey of Texas law enforcement agencies, review of other research completed on this subject and review of mentally ill treatment centers research. The findings suggest there is a problem regarding the best approaches in dealing with a person in mental crisis. The study identifies information to support the need to change the way law enforcement deals with the mentally ill. Multiple solutions are offered, however, emphasis is given to the Crisis Intervention Training (CIT) form of response as a possible solution. In conclusion, the researcher recommends that law enforcement agencies develop and deploy a CIT team or some type of variation. According to the research, there is evidence to support the positive results from the outcome of calls where either a CIT team or trained officers responded to the mentally ill person in crisis, as compared to the same type of call not employing specialized officers or a CIT team.

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INTRODUCTION

Law enforcement personnel have been challenged by situations involving people with mental illnesses for many years. Twenty to twenty five percent of the population may be affected by mental illness (TCLEOSE, CIT Instructor training, 2004). According to Finn and Sullivan (1987), the public repeatedly calls on law enforcement officers for assistance with people who are mentally ill due to the availability of around-the-clock service. Officers are also called on due to their mobility and legal obligation for law enforcement to respond to incidents involving the mentally ill, along with their authority to detain or make necessary arrests. The time police officers spend on calls with persons who have a mental illness is disproportionate to the percentage of caseloads they represent. The dangers police officers face when responding to calls involving mentally ill individuals are increased due to the person's illness, which changes the individual's ability to understand or comprehend with normal reasoning. Police officers responding to these types of calls are often not adequately trained to resolve situations involving the mentally ill in an effective manner. As a result, police officers and mentally ill persons are at greater risk for experiencing negative consequences during these encounters (King County Executive Mentally Ill Offenders Task Force Final Report, 1997). These encounters cause great concern for both the officer and the mentally ill person due to the higher risk of possible injury to either party, often resulting from the officer's lack of knowledge with regard to effectively dealing with the situation at hand and technique officers used to handle situation.

The purpose of this research is to determine the extent to which police officers interact with people with mental illness and provide insight in addressing the problems

encountered by police officers in these situations. This research is expected to reveal the most vulnerable areas police officers face during these encounters and to suggest and support the need for additional training to overcome these susceptible areas. Furthermore, this research is expected to reveal appropriate training for officers and dispatchers, along with partnerships between various entities such as law enforcement, the judicial system and medical and mental health professionals. These entities working together to resolve these issues would benefit everyone involved.

The intended method of research includes a review of: Texas laws, police organizations, operating policies and procedures, mental health and retardation policies, and in-depth surveys from law enforcement agencies within the state of Texas. This study will contribute to previous findings including Reuland's (2004) emphasis on the growing need for specialized training for all law enforcement personnel and mental health organizations. With all parties entering into a partnership to cause a positive effect, it is proposed that the mentally ill individual will receive the appropriate assistance needed and the overall community will be safer. A survey of law enforcement agencies should further support these findings and stress the need for specialized training when working with the mentally ill.

Law enforcement will most assuredly gain from the information of this research through the documentation presented to support the need for highly-trained police officers as it relates to the mentally ill. Law enforcement will gain from a better working relationship and understanding of Mental Health Mental Retardation (MHMR) operations and facilities.

REVIEW OF LITERATURE

The rapid rate of closing of psychiatric hospitals in Texas in the 1980s caused an increased number of calls police officers were required to respond to involving mentally ill people. (Shannon & Benson, 2005). The number of police responses to calls regarding emotionally disturbed people in New York City in 1980 was 20,843 and rose to 64,424 by 1998 (Psychlaws.org; Briefing Paper, 2005). According to Torrey and Zdanowic (1998), states are responsible for the care of severely mentally ill persons. With the policy of deinstitutionalization by the states, the states have shifted the responsibilities to the counties where these individuals reside. However, this responsibility failed when money was not provided to set up staffed centers to deal with the mentally ill clients. (Clay, 2000). Additionally, Clay (2000) emphasizes, when the states' monies for community mental health centers fail to materialize; the medications needed for mentally ill clients become unavailable. This often causes mentally ill people to go without their required medications and can cause some individuals to become alcoholics and drug addicts in an effort to alleviate their symptoms of mental illness. Cordner (2006) stresses, "It is important to recognize at the outset that mental illness is not, in and of itself, a police problem, it is a medical and social services problem" (p.1). Police officers are not trained to deal with a mentally ill person or the situation surrounding the mentally ill person. This creates a dangerous situation for both the police officer and the mentally ill person. (Treatment Advocacy Center Briefing Paper, 2005). In a study released by Regional Organized Crime Information Center (ROCIC) on September 2001, Ron Honburg stated, "You can't expect an officer to be a psychiatrist, their learned responses may escalate an already tenuous situation" (p. 3).

The aforementioned statement further illustrates the underlying issue regarding interactions between law enforcement and the mentally ill community.

According to the Texas Health and Safety Code, chapter 573, part of the problem regarding issues involving the mentally ill is due to the ineffective treatment laws that require a person to be a danger to themselves or others before they can be treated over their objections. The law only allows police officers to intervene by forcing a mentally ill person into treatment regardless of their objections after the situation has substantially deteriorated. In these cases, using force can increase when that person is being taken into custody due to lack of training in de-escalation tactics. Also, an increased officer response team can create the wrong atmosphere, hindering what could result in a positive resolution. An increased officer response team harms the community as it is a drain on manpower allocations for the rest of the citizens. The police officers are faced with a difficult situation when getting involved with the mentally ill person, by this point, their mental capacity has usually deteriorated to a dangerous condition. In these cases, the likelihood for the use of force, injury or death to either individual increases as a direct result of the deteriorated mental condition of the mentally ill individual (Briefing paper; The Treatment Advocacy Center 2005). Police officers are trained to quickly deal with situations and to resolve the immediate problem so they can be available for the next call. The same command and control techniques officers use to take a criminal suspect into custody usually escalates the contact with the mentally ill person into a violent contact. In situations surrounding mentally ill persons, the officer's training is inadequate with respect to de-escalation tactics and or alternative uses of force which can lead to the injury or death of the individuals involved (Nelson 2005). In 1998,

thirteen percent (13%) of law enforcement officers were more likely to be killed by a person with mental illness, as compared to eleven percent (11%) of law enforcement officers being killed by assailants with prior arrests for assaulting police or resisting arrest. (Brown & Langan, 1999). Persons with severe mental illness are killed by police in justifiable homicides at a rate four (4) times greater than the general public. (Brown & Langan, 2001). A study involving 430 shootings by Los Angeles County Deputies between 1987 and 1997 revealed indicators that determined the shooting was “suicide by cop” for eleven percent (11%) of the 430 studied police shootings with thirteen percent (13%) of those fatal. (Callender, Huston & Anglin, 1998).

Part of the problem regarding handling the mentally ill is the lack of properly trained dispatchers to get sufficient information surrounding a call that would indicate it involved a mentally ill person. (Law Enforcement News, 2002). Another issue is police officers are not properly trained to effectively deal with the mentally ill person once they arrive at the scene. (Law Enforcement News, 2002). Additionally, the lack of partnerships between law enforcement and mental health facilities regarding the timeliness of attention and acceptance of the mentally ill person hinders proper treatment and the timeliness of that treatment. Officers often spend many hours waiting for mental health facilities to diagnose and accept the mentally ill person, only to release the person back to the community without follow-up treatment. (Treatment Advocacy Center-ROCIC, Law Enforcement and the Mentally Ill, 2001). With the mental health facilities treating and releasing the mentally ill person back out on the streets, often the officer must respond and deal with the mentally ill person again. Subsequently, the

officer is more likely to arrest the person and let the criminal justice system handle the problem. (Pribble, 2005).

Most law enforcement agencies have developed a policy for the handling of a mentally ill person or Special Operating Procedures (SOP) within the past few years because of the growing incidents of released mentally ill persons and call involvement by the agencies. The early policies only minimally addressed what to do on these types of calls. The early policies advised officers to respond, detain the individual and take the person to a mental health facility if they were trying to harm themselves. Simply stated, the early policies re-enforced the idea that a long-term resolution was not a law enforcement problem. The later policies were developed after partnerships were forged between law enforcement and mental health facilities. These policies did expand on ideas developed from these partnerships and recognized the positive effect on the agency and mentally ill individual if law enforcement de-escalated the situation and supported treatment for those who needed it. Helping obtain treatment for those in crisis from the agencies offering treatment or assistance could be considered a supportive act initiated by law enforcement.

According to a ROCIC report entitled, Law Enforcement and the Mentally Ill (2001), due to similar previous situations and a tragedy in 1987, the Memphis Police Department began a task force which ultimately led to the development and finalization of Crisis Intervention Training and formation of a specialized police unit called “CIT”. CIT officers are officers on regular patrol with the specialized training so they can respond and deal with a mentally ill person with other officers assisting the CIT officer. The purpose for the specialized training is to provide their police officers with the best

tools available for dealing with a mentally ill person. The Memphis Police Department only uses a volunteer pool of officers with at least five years of experience. The training also includes the police dispatchers so they know the type of questions to ask of the person calling for help to know to send the CIT officer to that call. The multi-disciplined training program is forty hours long, which includes role playing, face-to-face conversations with consumers (mentally ill persons), de-escalation tactics, and alternative uses of force tactics and equipment.

The CIT training program brings together different levels of support and assistance for the mentally ill person and develops and maintains a working partnership between law enforcement courts and the mental health facilities. With law enforcement and other mental health facilities working together, the consumer (mentally ill person) obtains the needed treatment, while the officer(s) involved in the call develop(s) a positive relationship with the consumer, their family members and the mental health facility. (Final Report, King County Executive Mentally Ill Offender Task Force Final Report, 1997). This positive relationship builds trust within the community and the people who need help.

The CIT training and the statistical evidence that suggests harmful incidents between law enforcement and consumers is reduced (as reported by numerous reports and studies), having caused many agencies to start their own programs. Some are modeled after the Memphis Police Department program, with others looking at the progress being made in Florence Police Department in Florence Alabama. A CIT training program brings together different levels of support and working partnerships

between police, mental health facilities, the judicial court system and the community. (Beasley, 2000).

Numerous studies have been conducted which support the need for a different method and tactic used by police, mental health facilities, courts and the community to properly and safely deal with a mentally ill person. (National Institute of Justice Journal, Police Discretion and Mentally Ill Persons, 2000). The U.S. Department of Justice has funded grants for quality studies to find solutions for positive ways for law enforcement to deal with a mentally ill individual. (Community Oriented Policing Services No 40-,2006), and (Criminal Justice/Mental Health Consensus Project, 2002). These articles and publications identify problems and provide statistics regarding mentally ill persons and their interaction with law enforcement community. This research offers possible solutions for properly dealing with current identified problems of interactions between law enforcement and mentally ill persons. The statistics from programs already implemented by other law enforcement agencies supports the findings. CIT training and partnerships between law enforcement, courts, mental health facilities, and the community, were developed as a direct result of the studies and the affects on communities dealing with the mentally ill. The concerns the studies referred to were ones regarding the amount of time officers spent on the call, the aftermath of what happens when the mentally ill person does not receive treatment, and the injuries or deaths involved in these calls.

As of September 2005, the State of Texas passed Senate Bill 1473 requiring police chiefs to establish a program on de-escalation and crisis intervention techniques for interactions with persons with mental illness. This bill also requires all officers to

complete this training program within two years. This change in state law further supports the studies and statistics given by all the articles, (COPS 2006, NIJI 2005), and reports identifying there is a problem with the way law enforcement currently deals with the mentally ill. The new law supports alternative ways to deal with the mentally ill by the mandated training for de-escalation and crisis intervention.

METHODOLGY

The purpose of this research is to determine the extent to which police officers interact with people with mental illness and provide insight into effectively addressing the problems encountered by police officers. This research is expected to reveal the most vulnerable areas police officers face during these encounters and to support additional training to overcome these areas. Furthermore, this research is expected to reveal effective training for officers and dispatchers along with creating partnerships between various entities such as law enforcement, the judicial system and medical and mental health professionals working together in an effort to resolve the issue.

There are several different models of police responses to the mentally ill according to Deane, Steadman, Borum, Vesey & Morrissey which include: 1) police-based, specialized police response which utilizes officers with specialized mental health training to respond to the person having the mental crisis; 2) police-based, specialized mental health response which uses mental health professionals to assist the officers in the field as they help those in crisis; 3) mental health-based, specialized mental health response which sets up a partnership between law enforcement and mental health crisis teams to treat the needs of the mentally ill person. (Borum, et. al, 1998).

Another form of response from law enforcement in Texas is the design, training of personnel and deployment of a Crisis Intervention Team. CIT, although police based, encompasses the partnership between law enforcement, mental health facilities, community out reach centers, and the court system. The purpose of this response is so the first responding officer has the training to deal with the mentally ill person at the scene and obtain a safe, positive outcome of the call. Then the officer can obtain effective and correct treatment for this person through the mental health facilities or mental health professionals to maintain a positive resolution to the crisis.

The author hypothesizes that properly trained police officers in the techniques of de-escalation and intervention as well as dispatcher training in obtaining correct information will reduce the amount of time officers spend on calls, reduce the risks involved in these types of calls and assist in obtaining needed treatment for the mentally ill person. This will reduce the safety issues between officers and the mentally ill person and develop a positive and safer resolution for the officer, mentally ill person and the community as a whole.

The method of inquiry will be an in-depth survey of law enforcement agencies within the State of Texas. By comparing current year calls to the previous year's calls, the author expects to support the fact that officers are responding to more calls involving mentally ill persons. This should support the fact more time is spent on this type of call by comparing a call involving a mentally ill person to a call not involving a mentally ill person. This will support the idea that the amount of officers used for the call is disproportionate for the call type, by comparing a call involving a mentally ill person to a call not involving a mentally ill person. The survey also proposes to support

the idea that the safety for the officer and mentally ill person is heightened due to the limited ability of the person's reasoning by the amount of the uses of force reports generated for a call involving a mentally ill individual compared to a call not involving a mentally ill individual. Moreover, the author hopes to support the consensus which suggests that if the mentally ill person does not obtain the needed treatment from the mental health facilities, the overall safety for the officer, mentally ill person and community is lessened by the deteriorated situation.

The thirty-three item survey consists of questions which will be designed to give current and past information to support the author's original research question and hypothesis. The author will survey large metropolitan agencies, Dallas, Houston, Austin, to gain a large example size. The researcher will follow up with rural agencies to see if the effects will be the same or different due to the logistics of treatment and manpower allocations. One hundred surveys will be distributed to law enforcement agencies within the state of Texas. The information gained by the survey and the findings will be analyzed and calculated to give numerical support for the author's hypothesis.

FINDINGS

Feedback from the author's survey instrument was not considered suitable based upon the ten agencies that actually responded. In the author's quest to gain information, the author discovered that most law enforcement agencies did not capture information in a manner to complete the survey. The survey instrument was rewritten and resubmitted with ten agencies, or ten percent, returning the surveys.

Law enforcement is designed and guided by statutes to enforce the laws of the state. The laws are designed to protect persons and property with police officers'

enforcement, which does not educate officers to be a social worker. Most police departments have changed their policing practices to a form of Community Oriented Policing or Problem Oriented Policing as communities request and sometimes require law enforcement to take on different rolls for the betterment of the community. This change in policing facilitates a better partnership between the community and the citizens. The communities have repeatedly called police to help with mentally ill people because police are mobile and have an obligation to respond. The amount of officer interaction with a mentally ill person increases everyday because of de-institutionalization and mental health facilities telling people to call the police when the situation has deteriorated and has become dangerous. (Treatment Advocacy Center; Regional Organized Crime Information Center, 2001).

Although most Texas police departments are now training their staff to effectively assist the mentally ill person, the training is having a positive effect on the officers and the community. Although the agencies surveyed stated they did not capture an actual numerical statistic for a mentally ill person call, they did indicate their calls involving a mentally ill person have increased. The officers are receiving a minimum of sixteen hours of training in verbal de-escalation techniques, Crisis Intervention Training (CIT) and different techniques to physically detain mentally ill persons. To further CIT training, departments are investing in and training on less than lethal weapons and detention techniques to give the officers more options to use in the field. Dispatchers are being trained in questioning techniques, which gives them the ability to obtain information that would indicate whether or not the call involves a mentally ill person so the correct type of officer is dispatched.

According to the surveyed results, most police departments are using a type of police-based specialized police response, like the CIT, to respond to calls involving a mentally ill person. This allows the department to maintain their manpower allocations intact with the CIT officers being assigned to their patrol units that would respond to the call. This is a benefit to the department, mentally ill person and community because of the quickness of the response while maintaining officers to respond to other calls at the same time. The CIT trained officer would respond with other officers to assist. The CIT trained officer is in charge of the call and will make the decisions, within policy, to resolve the call safely with the mentally ill person obtaining the treatment they need. This reduces the time used for the call, the amount of manpower used for the call and a positive outcome for the entire situation. The officer trained to deal with the mentally ill person has the ability to resolve the situation more peaceably, which reduces the incidents or amount of force used. The agencies surveyed (with CIT officers) indicate their use of direct force while dealing with a mentally ill person has decreased. All agencies surveyed indicate that the time spent on calls involving a mentally ill person is disproportionate compared to the same type of call not involving a mentally ill person. The agencies that responded to the author's survey that had a form of CIT trained officers indicated that the manpower used for a call involving a mentally ill person was reduced.

Police departments are meeting with and generating partnerships with mental and medical health facilities. Once a better working relationship is established between the departments and health facilities, the time the officers spend in waiting areas of emergency rooms with the mentally ill person is reduced. According to Castro (2003)

with Galveston County Sheriff's Department, the waiting time in an emergency room of a hospital with a person in mental crisis in 1999 was five to seven hours which dropped to two to four hours in 2002 as a result of their implemented CIT program. According to the Allen Police Department, the usual time officers waited with a mentally ill person in the emergency room in 2000 was six to nine hours, which has dropped since forging a partnership with different facilities. In the case where a person has harmed themselves, the wait could be as long as five hours but cases where the person needed simple mental evaluation and treatment, the wait is usually one hour. Most North Texas police departments have forged a better working relationship with the facilities that treat the mentally ill. This gives the agencies the ability to obtain a faster response from these facilities and get treatment faster for the mentally ill person. One such relationship that benefits the officer and mentally ill person is the relationship with Life Path Systems. Life Path Systems is part of MHMR with people who want to assist both the police and mentally ill. During Life Path Systems normal business hours, if an officer responds to a mentally ill person call and that person only needs to be evaluated and placed back on medication, the Life Path Systems representative will take custody of the person and get them the necessary treatment. Partnerships with other facilities have been forged for the betterment of the community. These partnerships positively affect the mentally ill individual by getting the person in crisis treated. Some health facilities have designated or opened a mental health triage type waiting area. This gives a faster response for both the assistance and treatment of the mentally ill person. This helps law enforcement by reducing the amount of time officers spend waiting for a medical or mental health response.

The relationship forged with the law enforcement agencies has opened the door, in some cases, for better treatment and in some cases treatment in general for persons with mental illness. These facilities are now communicating with each other to assure treatment for the mentally ill person. In cases where there is an issue in which the person might need more or longer treatment than the facility can offer, the person is given information to get treatment from a different facility. In some areas, outreach community centers are offering rides to and from these other treatment locations as part of the overall partnership.

As part of the training for Crisis Intervention and forming partnerships between different entities, the judicial system is involved. In the North Texas area a mental court has been established for the purpose of ensuring prolonged treatment with follow up with these individuals. This court works within the scope of attempting to set a better path of continued contact with the mentally ill, treatment and giving in some cases, court ordered treatment, to those who refuse treatment. The court uses their authority to view criminal cases involving a mentally ill person and deal with the person accordingly with (in some cases) a treatment-based sentence.

Police departments across the state are creating mentally ill person policies and training their officers on the policy to further the departments desire to safely help the mentally ill individuals in need. The policy gives a wide range of how helping the mentally ill person in a mental crisis should be accomplished. In most cases, this policy is a new policy and is just now being designed and implemented. These policies further the partnerships between all entities involved and set forth guidelines to maintain this

important partnership. The policies define the goals of the agencies to help those in crisis while keeping the community safe.

DISCUSSION/CONCLUSIONS

Law enforcement personnel have been challenged by situations involving people with mental illnesses for many years. According to Finn and Sullivan (1987), the public repeatedly calls on law enforcement officers for assistance with people who are mentally ill, due to the: availability of around-the-clock service, mobility and a legal obligation to respond, authority to detain or arrest. (Reuland, 2004). The dangers police officers face when responding to calls involving mentally ill persons are increased due to the person's illness which changes the person's ability to understand. Police officers responding to these types of calls are often not properly trained to effectively resolve situations involving the mentally ill. As a result, police officers and mentally ill persons are at a greater risk of suffering negative consequences during these encounters. (King County Executive Mentally Ill Offenders Task Force Final Report,1997). These encounters cause greater concern for both the officer and the mentally ill person due to the higher risk of injury to either party due to lack of knowledge or understanding of how to effectively deal with the situation faced by the officer.

The purpose of this research is to determine the extent to which police officers interact with people with mental illness and provide insight into varied means of safely addressing the various problems encountered by police officers in these situations. This research is expected to reveal the most vulnerable areas police officers face during these encounters and to support additional training to overcome these areas. Furthermore, this research is expected to reveal whether or not proper training for

officers and dispatchers will resolve some of the problems. The author's research is expected to show the value of partnerships between law enforcement, the judicial system, medical health and mental health professionals working together to resolve the issues. The author hypothesizes that properly trained police officers in techniques of de-escalation and intervention and dispatcher training for obtaining correct information will reduce the amount of time officers spend on calls. It will reduce the risks involved in these types of calls and obtain needed treatment for the mentally ill person. This will reduce the safety issues between officers and the mentally ill person and develop positive and safer resolution for the officer and mentally ill person and the community as a whole.

Departments who train their dispatchers and officers in a form of crisis intervention techniques will reduce the negative incidents between the responding officers and the mentally ill person. As part of this training, the departments seeking other means to subdue a person in mental crisis is less likely to have an incident in which an officer or mentally ill person is injured. The training will allow officers to have the knowledge of how to deal with a person in a mental crisis safer and maintain the safety of the community by not allowing the situation to escalate. Police departments, who approach this issue with the foresight to invite the mental and medical health communities into the situation and work as a team to resolve the issue, will gain faster and better assistance from the health care community. This is a benefit for the department in many ways, involving less waiting time for the officer and increased treatment opportunities for those needing treatment. This should result in fewer times

an officer needs to respond to the same location and fewer incidents of an officer or a mentally ill person being injured.

The findings support a form of crisis intervention training for dispatchers and officers. The proper training provides the knowledge needed to properly deal with the person in crisis and should establish a partnership between the entities that would be involved. The overall idea of training and partnerships forged with all involved equates to the mentally ill person receiving treatment, which reduces the overall involvement of law enforcement. The findings support the author's hypothesis proposing that the training and partnerships have a positive effect for all parties. There is a reduction in time used and amount of manpower for these types of calls. Ideally, there would be a reduction in the use of force incidents between officers and persons in crisis and there would be better, in some cases, prolonged treatment for the mentally ill person. As a direct result of the training due to implementation of actions and partnerships to reduce the cause and effects of these types of calls, the safety for the community is increased.

The limitations hindering the author's research were several. Most agencies do not capture statistics specifically surrounding a call for service involving a mentally ill person unless it was a suicide. The information gathered during the survey was, in most cases, an officer's personal knowledge of events that was supported by documented information on those sited incidents. The research is supported by the accounts given by officers interviewed and by contact made to department statistical personnel. The research is supported by the survey issued by the author and by the supporting documents and research from other research groups sited.

The author's research is relevant to law enforcement regarding the correlation between properly trained officers and calls involving mentally ill individuals. The correlation lies between the: number of times officers respond, amount of officers responding, length of time spent on the call, incidents involving force during the call, ability to create a positive impact and end result. The positive resolution of calls involving persons in a mental crisis, due to the agencies' use of properly trained personnel and a CIT type of program, is a benefit for the agency and community.

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Law Enforcement Survey

The effects of mentally ill person calls for service on your agency.

Objective: To accurately gather needed data and information to properly conduct research in this specific area so a proper solution to a possible issue can be formed and needed changes or training, if any, within a police organization can be implemented.

General definition for mental illness: An illness, disease or condition that either substantially impacts a person's thought, perception of reality, emotional process, judgment or grossly impairs a person's behavior, as manifested by recent disturbance behavior.

Professional definition of mental illness: Mental illness is diagnosed based on behaviors and thinking as evaluated by a Psychiatrist, Psychologist, Licensed Professional Counselor, Licensed Social Worker, or other qualified professionals using a tool known as the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, most commonly called the "DSM-IV". (American Psychiatric Association, Updated, 1999)

Agency Name: _____

Your answers should be compromised of statistics from your department from 1994 to 2004.

1) What were the number of your calls for your agency each year;

A call is described as any logged contact (dispatched or on view) or traffic stop,

1994_____ 1995_____ 1996_____ 1997_____

1998_____ 1998_____ 1999_____ 2000_____

2001_____ 2002_____ 2003_____ 2004_____

2) What were the number of your calls involving mentally ill persons each year;

A call is described as any logged contact (dispatched or on view) or traffic stop,

1994_____ 1995_____ 1996_____ 1997_____

1998_____ 1998_____ 1999_____ 2000_____

2001_____ 2002_____ 2003_____ 2004_____

3) On calls involving mentally ill persons, is the amount of time spent on this call increased, decreased or the same compared to the same type of call involving a non-mentally ill person?

Increased *Decreased* *Same*

4) On calls involving mentally ill persons, is the amount of manpower used to deal with the call increased, decreased or the same compared to the same type of call involving a non-mentally ill person? *Increased* *Decreased* *Same*

5) How many calls resulted in an arrest of the mentally ill person for a crime? _____

6) How many calls resulted in commitment to a mental health facility? _____

7) How many calls resulted in the officer obtaining other assistance for the mentally ill person to resolve the problem without further police action(s)? _____

8) Did you have any officers injured during any call as a direct result of dealing with a mentally ill person? Yes_____ No_____

9) In what contact being made was the officer injured;

(a) Making initial contact_____

(b) Traffic stop _____

(c) Disturbance call _____

(d) Attempted suicide call _____

(e) Other types of call _____, Indicate call type _____

10) If an officer was injured;

(a) How many with a minor injury such as a scrape, bruise, or laceration not needing stitches? _____

(b) How many were major injuries needing medical treatment resulting in stitches, broken bones and time off from work? _____

(c) How many were severe needing extended hospital stays? _____

(d) How many officers were mortally wounded? _____

11) Were any mentally ill persons injured? Yes_____ No _____

If yes; (a) How many with a minor injury (i.e. a scrape, bruise, or laceration not needing stitches) _____

(b) How many with a major injury and needed medical treatment (i.e. requiring stitches, setting of broken bones) _____

(c) How many were severe injuries and needed extended hospital stays _____

(d) How many were fatal _____

12) In what contact being made was the mentally ill person injured;

(a) On initial contact with an officer _____

(b) On a traffic stop _____

(c) On a disturbance call _____

(d) During attempted suicide _____

(f) Other type of call _____

13) Are your patrol officers' the personnel who would encounter these types of calls and ultimately take care of the call? Yes _____ No _____

If not, who would?

14) Does your department offer specialized training to officers to deal with mentally ill persons?

Yes____ No _____

If yes, how is this training provided and how often?

Are these trained officers considered a specialized unit with the one task to answer mentally ill person calls or regular patrol officers assigned to your patrol unit?

Specialized unit _____ Patrol Unit _____

15) In the same types of call or contact that officers have with none mentally ill person's verses calls or contacts with mentally ill persons, are the injuries to the officer(s) or person(s) contacted; the same _____, increased _____, decreased _____.

16) Do your dispatchers have specialized training to understand the difference in situation and obtain needed information for calls involving mentally ill persons to properly relay the information to the responding officers? Yes____ No ____

17) Dose your agency have a mental health policy or procedure that outlines how officers are to interact or deal with mentally ill persons they come into contact with? Yes _____ No ____

If yes, what year was the policy developed and implemented? _____

18) Dose this policy give clear procedures to follow on how to deal with a mentally ill person when the situation is out of a normal range of contact (i.e. disturbance, off medications, attempting suicide)?

Yes _____ No _____

19) Dose the policy give officers the ability to deviate from policy for the best interest of the mentally ill person or situation resolution (i.e. call family member to take custody, call MHMR to take custody, other)? Yes _____ No _____

20) Do you monitor the calls involving persons whom are mentally ill to ensure your procedures are working for the betterment of your agency and the mentally ill person?

Yes _____ No _____

If yes, describe your monitoring device.

21) Does your agency capture and record, for statistical purposes, calls involving mentally ill persons in its own category to support departmental policy changes, departmental training needs or manpower allocation for calls involving mentally ill? Yes _____ No _____

22) Is there anything you would change to enhance your department's ability to respond and deal with issues surrounding persons who are mentally ill?

23) Is there anything you would change to enhance your officer's ability to deal with mentally ill persons to reduce injuries, if any, to themselves or persons contacted?

Thank you,

_____

Sergeant Richard L. Deggs

Allen Police Department

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