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Mental Health Issues Facing Law Enforcement

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ABSTRACT

Much of the research refers to mentally ill persons as consumers, so that is what they will be referred to as in this paper. Currently, many law enforcement agencies use crisis intervention teams to respond to calls for service involving consumers. Kerle (2015) stated that crisis intervention teams are a valuable tool for helping move consumers away from the criminal justice system and delivering them to mental health workers. Kerle (2015) expressed that the goal of their program was to teach law enforcement officers methods designed to reduce use of force when dealing with mentally ill persons. Crisis intervention teams have now spread across the country. These teams have been the way police have adjusted to dealing with consumers since the deinstitutionalizing of mental illness.

Police across the United States are typically the first called to deal with mental health issues when things get out of control. Crisis intervention teams are a good resource, but, at times, their response to a scene may be delayed. To combat this delay and provide help to those consumers in need, police officers must be trained to handle situations involving consumers. To accomplish this goal, each officer should be trained in the same manner, thus ensuring that any call for service involving mentally ill persons will have people respond with proper training. Each officer should be required to attend a mandatory 40-hour mental health course during their academy training.

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INTRODUCTION

Law enforcement officers, in one way or another, have always had dealings with mentally ill persons. Mentally ill persons come in all shapes and sizes and just because someone has money, that does not mean they can escape the illness. That is not to say that all mentally ill persons are suffering from the same disease or mental illness. Many mentally ill persons, in addition to their mental illness, also abuse alcohol and drugs. There are also high percentages of mentally ill persons who commit crimes and have been handled by the criminal justice system. Finn and Stalans (2002) stated, "It is estimated that mental health calls account for about 5-10 percent of all calls for police service" (p. 279). That is a large percentage of calls to deal with on a regular basis. Hails and Borum (2003) expressed that "law enforcement officers often feel inadequately equipped or supported to deal with the crises involving consumers and many times become frustrated in the time-consuming attempt to provide them with access to professional assistance" (p. 53). It was clear to law enforcement that some training needed to be developed to help officers deal with consumers. With the additional training, the officers on the street would be better equipped to help steer those consumers in need to programs specifically designed to help mental health patients.

Crisis intervention teams came about as a response to critical incidents involving consumers in which the consumers were killed by law enforcement officers. The main incident that caused the change of focus happened in 1987 in Memphis, Tennessee. Kerle (2015) reported that police had shot and killed a man who was wielding a knife and threatening to kill himself. The local Memphis citizens did not like what they were

seeing and demanded police reform their tactics. In addition, Kerle (2015) stated that "The Memphis crisis intervention team training ultimately resulted in a decline in the use of deadly force and resultant reduction in injuries for the mentally ill and officers" (p. 4). Another incident happened in Topeka, Kansas where a 45-year-old man who had been suffering with schizophrenia for 25 years was shot and killed by police. Topeka also developed a crisis intervention team program (Kerle, 2015).

The focus of this paper is on how law enforcement deals with mentally ill persons. Lord, Bjerregaard, Blevins, and Whisman (2011) stated that officers do not feel adequately prepared to "identify and appropriately respond to mental illness and [are] often are not familiar with the types of resources available in the community to help them handle these situations, [so] they are forced to make decisions on how to handle these cases" (p. 389). Police should have a uniform response to calls for service involving mentally ill persons. To accomplish this goal, each officer should be trained in the same manner, thus ensuring that any call for service involving mentally ill persons will have people respond with proper training. This will reduce injuries to law enforcement personnel and to the mentally ill persons.

In addition, this will help officers recognize what the appropriate disposition for the calls should be. Jails across the United States are filled with mentally ill persons. Lord et al. (2011) stated that many of these consumers are at risk for recurrence of their symptoms after they are released from jail, and they risk higher recidivism. By properly training law enforcement personnel and bridging the gap with medical facilities that specialize in mental health, many mentally ill persons can be filtered away from the criminal justice system and into treatment facilities designed to help those suffering from

mental illness. Lord et al. (2011) stated that “jail presents only a temporary solution to the problem, as the underlying source of the behaviors, the mental illness, typically is not addressed, causing the consumers condition to worsen” (p. 390). Law enforcement should mandate its personnel be trained as mental health peace officers.

POSITION

Law enforcement should mandate mental health training for peace officers because the safety of all those responding to cases involving the mentally ill can be improved by training all law enforcement officers as mental health peace officers. Lord et al. (2011) expressed that there is a perception of heightened risk in encounters involving consumers – both to the officer and the consumer. On a typical call for service, time is an important factor with regard to police work. When a person calls the police, they expect them to arrive and handle the situation in a timely manner. Depending on an agency’s call load, the officers are also expected to clear the call as fast as they can and move on to the next call. When dealing with these consumers, though, it is best to be patient. Once the officers arrive on the scene, it could be a routine call for service or it could evolve into something different. Every time a call for service comes to the dispatchers, they do the best they can to ascertain pertinent data for the responding officers. This does not always include information regarding a suspect’s or victim’s mental health.

Once an officer arrives on the scene, it will be necessary for them to judge the people they are in contact with based on what they can see and hear. This is where the additional mental health training truly proves beneficial. If they determine that someone has a mental impairment and they are a danger to themselves or others, it is important

for officers to gain control of the person. Waiting for a crisis intervention team will take time, and time is valuable. By having people on the scene who already have the training, the risk of something going wrong from the arrival of the first officers on the scene is reduced. This, in turn, reduces the risk that someone will get hurt. Jurkanin (2007) stated that it is the law enforcement officer who is often the first to contact the mentally ill individual and not the mental health professionals. Jurkanin (2007) also stated that consumers have been viewed in the past by the public as criminals, and the police are called to handle those types of order maintenance calls. Lord et al. (2011) expressed that these types of calls also tend to take more time than other types of calls for service. By having everyone trained, time can be reduced on the front end, and better service can be provided for the consumers and their families.

This specialized training is a 40-hour block of training designed to help the office's deal with consumers. They are taught in a classroom setting, and they do practical testing with scenarios. These scenarios vary from a man with a knife call to someone just pacing around in a public area speaking to themselves. The experience gained through this training teaches the officers patience, and it helps them understand and empathize with the consumer. Lord et al. (2011) believe that "Officers overwhelmingly applaud the training, indicating that it provides them with a new understanding of mental illness, helps them to destigmatize mental illness, and provides them with the skills and confidence necessary to manage these encounters" (p. 391). This training has reduced the number of injuries suffered by consumers and law enforcement officers. Finn and Stalans (2002) stated that it has also helped to increase the number of consumers being routed to mental health treatments instead of being

incarcerated. Finn and Stalans (2002) expressed, “As in situations with non-mentally ill suspects, officers were more likely to arrest mentally ill suspects who were disrespectful toward them, a finding confirmed in policing research” (p. 282). By training those officers properly, these situations can be avoided and more consumers will be referred to mental facilities. Lord et al. (2011) stated that with the proper training, most contacts with consumers result in voluntary commitment or are resolved at the scene.

In addition to safety, officers who receive the additional training on how to handle consumers will be better able help consumers receive the proper treatment. Years ago, the common response to mentally ill persons was to institutionalize them. Davidson (2014) stated that there was a concerted effort in the early 1960’s to deinstitutionalize the mental health field. He stated, “The agents of the criminal justice system are now frequently faced with the challenge of intervening and managing situations involving persons with a mental illness” (Davidson, 2014, p. 2).

Later, there was a concerted effort to move away from mental institutions. Mental patients were turned out on the street where they could not properly care for themselves. The alternative became to place them in custody. LaGrange (2003) stated, “In the absence of such an immediate emergency, the only remaining options were for officers to resolve the matter informally, or to make an arrest” (p. 95). This caused a dramatic increase in the number of people with mental illness that were incarcerated. The increase of mental patients in the criminal justice system created great strains on both budgets and those suffering from the mental illness. Jails and prisons were not specifically equipped to handle mental patients. There were no

programs to help them improve. Those in prison also had limited access to the medications necessary to help them improve.

Now there are a number of facilities around the state that are well equipped to assist mentally ill patients. By training officers on how to recognize mental illness and how to respond to those suffering from mental illness, the appropriate actions can be taken to help the consumer receive the proper treatment. The proper treatment may mean that the consumer is taken to jail. If the crime they have committed is severe, then they will be taken to jail. If the crime is a minor crime, the officers will be able to make the decision on the scene as to the best course of action to ensure the consumer receives proper treatment. That proper treatment is often a transport to a local emergency room for assessment. After a proper medical examination, the officer fills out an emergency protective order. The consumer is then transported to a facility that is designed to treat mental patients. Medical City Green Oaks Hospital in Dallas, Texas is an example of this. The design of Medical City Green Oaks allows officers to bring mentally disturbed patients directly to the hospital or to have them transported to their hospital from other local hospitals. This facility is only for adult patients. The Presbyterian Hospital of Plano webpage states that juveniles are taken to other facilities such as the Presbyterian Hospital of Plano Seay Behavioral Health Center. The benefit of these hospitals is they are specifically designed to help people suffering from mental illness. Patients receive treatment and attend group and individual sessions with both counselors and psychiatrists. Sharron (2004) stated that if needed, consumers are prescribed medications to help them with their illness. Properly trained officers can help

increase diversion from the criminal justice system into a more appropriate environment for the mentally ill.

COUNTER POSITION

One reason why agencies do not mandate mental health training is that police training in Texas already mandates that law enforcement officers be trained in how to handle calls for service involving mentally ill persons. There is a 16-hour block of training that each officer receives in the academy. This training is sufficient and with the use of crisis intervention teams, officers are able to handle these types of calls for service without any additional training being required. The concern is that additional training time required would not only backlog academies, but it would cause them to drop other necessary credits that need to be covered in academy training as well. Cole (2006) stated that these 16 hours of training covers the principles of how to deescalate situations involving consumers. Cole (2006) also stated that this mandated training by the Texas Commission of Law Enforcement was mandated for peace officers starting in September or 2009. Hails and Borum (2003) stated that “Police departments, therefore, are required to provide officers with adequate training and to develop reasonable policies and procedures to respond to these calls” (p. 56). Hails and Borum (2003) indicate that the 16 hours of training came from a recommendation made by the Police Executive Research Forum or PERF.

While it is true that TCOLE requires 16 hours of training on this topic, this is not enough time to train using scenario based training. With the 40-hour mental health peace officer course, each officer is able to go through multiple live scenarios. This type of training is more realistic and places the officer in a position to succeed in the

field. The scenarios conducted vary from individuals suffering from mental issues to consumers carrying weapons. When encountering consumers, the more training an officer has, the better equipped they are to handle these difficult situations.

Another reason why agencies do not mandate training is that they believe regional response teams or crisis intervention teams would be better suited to respond to calls for service involving mentally disturbed persons. Hails and Borum (2003) stated that the teams would concentrate on training those officers who show interest in the additional training and those who are good at it. The 40 hours of training would be beneficial for those officers, and for the departments involved, it would be cheaper to train a limited number of officers. Davidson (2014) shared that the goals of the regional response teams would be to increase referrals to mental facilities and decrease the number of arrests made by officers with regard to consumers. Lurigio (2000) stated that the police must learn effective, on-the-street procedures for identifying, arresting, and deflecting services for mentally disordered persons. In addition, Lurigio (2000) stated, "police must be taught about immediate alternatives to arrest and strategies to negotiate for care with mental health professionals in hospitals and outpatient settings" (p. 318). Johnson (2011) explained that people suffering with a mental illness are three times more likely to display a hostile demeanor during interactions with the police than people with no mental disorder. A regional response team would be able to handle calls involving consumers more effectively. They would have the proper equipment and training to handle the situations. They would also have the proper personnel to handle pretty much any situation that arises. Each team member would have the same training and having worked together, they would know each other's strengths and weaknesses.

This would make dealing with the consumers more effective and hopefully shorten the duration of the call. They would also have a great amount of practice in dealing with these types of calls for service, so the paperwork would not be any issue.

While agencies may believe regional teams are better suited, having all officers trained would be better because the officer on the street is going to encounter the consumer first. The initial contact with the consumer is critical to both the officer and the consumer. With the additional training, officers are taught to slow down and not just rush in and try to arrest the subject. Communication with the consumer is key and by slowing down, the officer is more likely to gain compliance. Compliance keeps both the officer and the consumer from getting hurt. By training each officer, the number of injuries sustained by first responders on these types of calls can be reduced. In addition, injuries sustained by the consumers will also decrease (Davidson, 2014).

RECOMMENDATION

The premise of this paper has been to assert the position that every police officer should be trained as a mental health peace officer. Johnson (2011) stated that without this training, the "police may criminalize mental illness by vigorously enforcing the law, bringing more people with mental illness to the attention of the courts, resulting in more people who are mentally ill being sentenced to correctional institutions or community corrections" (p. 128). Johnson (2011) goes on to say that it is already concerning that 5% of the population of the United States has some type of diagnosed mental disorder and 16% of jail inmates have some type of mental illness.

By training all officers to become mental health peace officers, it not only reduces the time it takes qualified officers to respond to calls for service involving consumers,

but it helps to prevent injuries to both the officers and the consumers. By training every officer to handle these types of calls, response times will potentially go down and the call duration will be shortened. It stands to reason that if officers are trained to handle people with mental illness, then response time should decrease. If officers have to wait for a team to be assembled and persons who are off duty to come in and respond, the call time would most likely be longer. Officers trained properly will be able to assess the needs of the consumer and either refer them to a mental facility or release them to a supervising party. In the recent past, the first and only option may have been to arrest the person rather than to consider alternatives. In the criminal justice system, care for the mental patient is minimal, so they are best treated by persons with the proper experience and training to handle the consumers.

It has been argued that police officers have already received training in how to deal with consumers and that to train them further would not be necessary. The standard training is 16 hours of academy training and to require 40 hours would not only extend the academy time, it may even cause academies to drop other necessary training. It has also been suggested that regional response teams would be better suited to handle these types of calls. Thompson, Reuland, and Souweine (2003) stated that a comprehensive advanced response approach in which the traditional police response is modified by mandating advanced, 40-hour training for all officers within the department and the use of mobile crisis teams that are secondary responders is the way to approach the mental health issue. They would train together and learn each team member's strengths. It is recommended that each officer needs the additional training. This not only would help the officer who typically would be the first on the

scene, but it would help the consumer. The idea of the training is to help keep injuries to all those involved down and to keep the consumer out of the criminal justice system. If every officer is trained, this probability increases. The officer arriving on the scene first will be able to establish a rapport with the consumer and keep them calm. Finn and Stalans (2002) stated that "novice officers had more positive views of the mental health system than did experienced officers" (p. 302). By training all officers at the start of the career to handle consumers in the same manner, this increases the odds that consumers will receive consistently better treatment and they will be steered away from the criminal justice system. Davidson (2014) reported that crisis intervention training helps officers feel more comfortable dealing with these situations and the consumers themselves. Their fear is lessened and they are better able to think with a clear head.

Not only do the police and the consumers benefit, but the public, as a whole, benefits when officers are properly trained to deal with consumers. In an article written by Nuzzi (2014), the cost of keeping people in prison and jails in Texas is approximately $50.04 per day which amounts to $18,264.60 per year, per prisoner for maximum security. By sending consumers to facilities that will provide them with help, they have the opportunity to improve. In facilities such as this, the consumers are also provided with life skills that will help them adjust and be productive citizens. By sending consumers to prison, they do not receive the needed treatment and medications. When they do get out, the likelihood that they will be a repeat offender is greater (Lord, et al., 2011). Police need to have a uniform response to calls for service involving mentally ill persons. To accomplish this goal, each officer should be trained in the same manner, thus ensuring that any call for service involving mentally ill persons will have people

respond with proper training. This will reduce injuries to law enforcement personnel and to the mentally ill persons.

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