

**The Bill Blackwood
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**Law Enforcement Understanding
The Mentally Ill**

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ABSTRACT

Dealing with individuals who are suffering from a mental illness or a psychotic episode has become a normal part of a law enforcement officer's daily routine. The men and women who are sworn to protect and serve are often faced with the task of trying to de-escalate or defuse an incident involving an individual who is experiencing some sort of mental distress. In many cases, officers enter into these situations lacking the necessary training and experience to bring these situations to a safe conclusion. Unfortunately, too many times, police/mental health consumer encounters end in violence with the officer, an innocent bystander, or, more likely, the person who is experiencing the mental breakdown or psychotic episode being killed or injured.

To counter this problem, law enforcement officers should receive mandatory training to provide them the necessary tools for dealing with the mentally ill and the mentally handicapped. Officers who receive this training have the greatest potential to avoid using excessive force when faced with these situations. They are far more likely to understand the dynamics of dealing with mental health consumers, thus allowing them to work through an incident and, ultimately, provide effective service to the individual and, in some cases, the individual's family.

Finally, it is incumbent upon law enforcement agencies to field well trained officers to deal with problems facing society today. These problems include the typical criminal offenses, but it also includes an increasing reliance on law enforcement when it comes to addressing the issue of mental illness among members of society. Although mental illness is not a new problem, it seems to be the one that offers the most challenges for law enforcement today.

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INTRODUCTION

Throughout history, the law enforcement community has been tasked with solving the social troubles of the day. Police officers are, by nature, problem solvers and with that title comes a certain duty to protect and serve all citizens. Cordner (2006) stated that “Problems associated with people with mental illness pose a significant challenge for modern policing” (para. 1). As police departments across the country struggle to provide the minimum mandated training to their officers, a disturbing trend is shedding light on a centuries old problem facing society. Trends are suggesting that there is a growing number of people in society suffering from mental illness of some form. There is a growing number of active duty military veterans returning from deployment, some with multiple deployments where they fought on the front lines. In many of these cases, these service men and women were repeatedly engaged in fire fights, improvised explosive device (IED) attacks, or ambushes where members of their units were either killed or seriously injured. No matter what the cause of the illness, the main problem facing individuals with these illnesses is the negative stigma placed on them by society. In many cases, individuals who suffer from these illnesses will refuse to seek treatment and continue to try to function normally in their day to day lives. That is, until they are met with a triggering event.

This is where law enforcement officers are left with little or no training and very few resources. In 2004, in Texas, Senate Bill 1473 amended 1701.253, Occupations Code, by requiring training for peace officers in “de-escalation and crisis intervention techniques to facilitate interaction with persons with mental impairments” (Texas Commission on Law Enforcement [TCOLE], 2005, p. 44). Under this statute, peace

officers must complete a 16 hour block of instruction as one of the requirements to receive their intermediate peace officer certificate. The current requirement is woefully inadequate to provide the necessary skills and tools to law enforcement officers for them to effectively interact with mentally ill individuals.

Law enforcement officers should receive mandatory training to provide them the necessary tools for dealing with the mentally ill. This training should be required for all law enforcement officers during each of the state's required training cycles. The current training requirement in this area is simply not enough.

POSITION

Providing mental illness training to law enforcement officers (LEOs) will help them understand the dynamics of incidents involving mentally ill individuals. The idea of providing mental health training to law enforcement officers is not a new concept. Agencies in Texas began in 2004 providing mandatory training to officers who were working on their intermediate peace officer certificate. While that is a good start, it fails to meet the true need of the segment of the population who is in need of help when they are suffering from a mental psychotic episode. All law enforcement officers need comprehensive training like that offered in 40-hour mental health peace officer programs to help them understand the dynamics of incidents involving mentally ill individuals. The National Alliance on Mental Illness (NAMI) is an organization that strives to increase awareness and understanding of the mentally ill. There are crisis intervention training (CIT) programs in 45 states, as well as the District of Columbia, according to Laura Usher, CIT program manager at NAMI headquarters in Arlington, Virginia (Pauly, 2013). Mental illness does not begin as a police problem, rather, it is a

problem that begins as a medical and social services problem. When a mentally ill individual is experiencing a mental breakdown or psychotic episode, their behavior often results in calls for police assistance. Unfortunately, traditional police responses have been ineffective and in many cases tragic (Cordner, 2006).

Criminal offenders, disorderly persons, missing persons, complainants, victims, and persons in need of care are common cases where police officers have contact with mentally ill individuals. According to Peck, a study conducted in Texas found that there are five common reasons for most police interactions with mentally ill people (as cited in Cordner, 2006, para. 7). The first of these typically starts with a call to police from a family member or friend when the person is experiencing a psychotic episode. Secondly, a mentally ill individual will place a call to police to reach out for help because they are experiencing suicidal ideology or they are imagining threats from a non-existent source. A person displaying inappropriate behavior is another instance where police officers are called to interact with a person with mental illness. Finally, police will receive calls from concerned citizens because they are fearful for their safety due to strange behavior or just due to the presence of a mentally ill individual. Of these scenarios, the threat of suicide was rated as the most difficult to handle. Each of the others listed above was rated as somewhat difficult to handle. The two behaviors that were dealt with more frequently were threatening suicide and nuisance behaviors (Cordner, 2006, para. 7).

As stated above, these are only typical reasons for the police to encounter people with mental illness. One must keep in mind that the outcome of these contacts can be as varied as the individual(s) involved. While there is no sure way to ensure

officers can effectively deal with all mentally ill individuals they encounter, training will provide the best chance for a positive outcome.

Training police officers to better deal with the mentally ill will provide them with more options for responding to these situations but Cordner (2006) stated “should not be regarded as the complete solution to the problem” (para. 39). Role-playing and re-enactments are common practices used by training academies to teach police officers how to handle incidents involving people with mental illness. Proper training should include classroom lecture, open discussion, and visits to mental health facilities (Cordner, 2006). Requirements are in place in many states for police officers to receive pre-service and in-service training in dealing with people with mental illness (Smith, 2013). Training on handling mental health issues in most police academies has been regarded as inadequate (Deane, 1999). According to a British survey, 61% of police officers felt inadequately trained to deal with the mentally ill population (Cordner, 2006). The purpose of training according to Borum (2000) is “to enhance officers’ understanding of mental disabilities and their symptoms, to increase the knowledge of available community resources and dispositional alternatives, and to develop some basic crisis communication skills” (p. 333). According to Daniel (2004), training police to “make decisions free of prejudice, preformed attitudes, and stereotypical approaches is of paramount importance” (p. 388). In order to avoid instances of premature or excessive use of force, training must be realistic and free from over exaggerations (Cordner, 2006). Borum (2000) asserted that “educational programs and crisis intervention training are probably not harmful and may be helpful, but there is good

reason to believe that they are not sufficient to change fundamentally the nature of police encounters with mentally ill persons in crisis.” (p. 333)

CIT is a pre-booking jail diversion program intended to “improve the outcomes of police interactions with people with mental illnesses” (NAMI, n.d., para. 1). De-escalating crisis situations and decreasing the use of force by officers along with increasing access to treatment options are the primary components to successful interactions with the mentally ill. An important part of this initiative, according to the National Alliance on Mental Illness, is ongoing collaboration between law enforcement, mental health professionals, consumers, their families, and advocates.

In cities with an active CIT program, the required 40-hour training curriculum for officers includes the following essential elements; information on how to recognize the behavioral characteristics of persons with mental illness, local mental health system protocols, and methods of de-escalating crisis situations. In many cities and towns, mental health consumers and their family members take an active role in the creation and implementation of the training provided to law enforcement officers. Many agencies may elect to only provide in depth training to those law enforcement officers who volunteer for CIT. A growing number of agencies are choosing to require CIT training for all sworn officers. The five parishes of law enforcement agencies that make up the Southwest Louisiana CIT partner with advocacy groups, family members, and medical professionals to form their emergency response teams. A 40-hour first responder certification class, a school resource officer 40-hour certification class, and two-eight hour certification classes for public safety dispatchers are coordinated by the Calcasieu Parrish Sherriff’s Office and the Lake Charles Police Department each year. Nearly 400

peace officers, medical professionals, and area teachers and educators have certified by Southwest Louisiana CIT since it was created (International Association of Chiefs of Police, 2010).

Training all LEOs as CIT officers will provide them the tools, which if used correctly, will tend to build their credibility when interacting with mentally ill individuals. In Albuquerque, New Mexico there have been 24 people shot by police over the past four and a half years, many of them suffering from mental illness. According to Albuquerque Mayor Richard Berry, the city has also begun training its field officers in crisis intervention, working to reach his goal of certifying all of Albuquerque's roughly 840 officers to handle calls involving emotionally or mentally unstable people. This, he said, would be a first among police departments in the country. Many of the people shot by the police since January 2010 had symptoms or a diagnosis of mental illness. Mayor Berry admits that the city and the citizens both have a lot of work to do before seeing a measurable difference. According to Santos (2014), Mayor Berry also stated "the city needed to craft a solution that works for all of Albuquerque, which means it has to work for the citizens, it has to work for the Police Department, it has to have milestones and measurable features so we can all hold ourselves accountable" (para. 12).

In Indiana, state lawmakers have created programs to place mental health crisis intervention teams across the state to provide education and training to law enforcement to help them better address challenges faced when dealing with the mentally ill. Good examples of this legislation are the Crisis Intervention Teams in Fort Wayne and Indianapolis. These departments have CIT officers who have received training which provides them the ability to identify mentally ill individuals. This training

also gives the officers resources to help determine the best course of action when these individuals are encountered. Fort Wayne Police Officer Tony Maze, the head of the traffic division and a CIT member, says Ft. Wayne CIT officers are trained to determine whether or not an individual is mentally ill, and if so, avoid arresting them for committing minor crimes. In Smith (2013), Maze says “You don’t have that stigma of being arrested because you’re ill”. He continues with “It builds a trust mechanism with us and the community that when we say, ‘No, I’m not taking you to jail; I am taking you for help,’ they learn to trust law enforcement as a whole” (Smith, 2013, para 4).

COUNTER POSITION

During these tough economic times, sending officers to any type of training places a burden on the department by creating the need to pay overtime for shift coverage and pay for the class itself. In recent years, agencies across the country have faced significant budgetary challenges. Departments nationwide have been forced to make deep cuts in their operating budgets that often include freezing open positions or even layoffs. Training is another area where police executives tend to look for cuts during tough times. Agencies have made cuts in areas which include programs ranging from ethics and basic legal training to instruction on the proper use of force (Johnson, 2010).

In order to lower officer and agency liability, it is necessary to provide mental illness training to law enforcement officers. Those responsible for training must act as risk managers for the department keeping personnel updated on all knowledge and skills before litigation or threats of other court action take place. Although driver training, defensive tactics training, and firearms training are paramount, all personnel

must receive ongoing in-service training that includes topics such as sexual harassment.

Reducing departmental liability is a key component of an effective training program. Departments should consider regular meetings between such key players as the training coordinator, the city's risk manager, insurance carrier as well as with legal staff to insure all areas of agency liability are being addressed. Training curriculums developed during these meetings should always be focused on the areas where agencies typically experience liability exposure. These areas should include, for example, emergency vehicle operations especially if the department has experienced a high volume of crashes.

Every police chief and his/her executive staff needs to be aware of their agency's primary areas of liabilities. Police administrators are all too familiar with the liability associated with use of force incidents, especially where firearms are used or excessive force is alleged. These incidents are often highlighted by in depth media coverage of such events. Adding to this are the related lawsuits and settlements which serve to underscore this liability. Complaints about police shootings and the financial cost to taxpayers and in terms of human life have been voiced by citizen groups during public hearings (Scott, 2005).

Training all officers on the department as CIT officers can be problematic in that not all officers are willing to volunteer to be involved in such a program. Officers assigned to CIT teams must possess a passion for helping those individuals who are experiencing a psychotic episode or mental breakdown. In some larger agencies, there has been a push to provide this training during the basic academy. However, a couple

of problems were identified with this program: First, some feel candidates for CIT training should have one to two years in the field before attending training and; second, candidates for CIT training should be vetted to establish their interest in being involved with such a program and to ensure they have a desire to work with mental health consumers (www.houstoncit.org).

All LEOs must be willing to serve all members of the public. It has been said that dealing with people with mental illnesses really is not a police matter. However, LEOs have a duty to provide assistance to all members of society, even those with a mental illness. In all likelihood, they will be the first professional on scene with the ability to intervene in a crisis such as this. According to the Houston Police Department's website, the belief exists that, as cadets are required to learn how to handle a wide variety of calls-for-service such as homicides, suicides, forgery calls, burglaries, and vehicular crashes, they are certainly able to understand the concepts of crisis intervention/de-escalation. It is felt that handling calls for service involving individuals experiencing a serious mental health crisis is simply a part of policing in the 21st century. Cadets who graduate to become police officers will handle calls dealing with areas of law enforcement in which they have little or no interest in; CIT may be one of those areas. Nevertheless, it is a call for service and must be given the attention as any other (houstoncit.org, n.d.).

RECOMMENDATION

Law enforcement officers should receive mandatory training to provide them the necessary tools for dealing with the mentally ill. The law enforcement community has not traditionally done a very good job with using all available resources when dealing

with mentally ill individuals. With an ever increasing number of military veterans returning from tours of duty in Iraq and Afghanistan who are experiencing bouts of PTSD, it becomes incumbent upon law enforcement agencies to prepare their officers to interact with these individuals. This training must be geared toward providing LEOs the necessary skillset to understand the situation they are dealing with as it relates to individuals with mental illness. Research has shown that when an officer is properly trained they are more likely to handle a situation in a manner that would tend to build trust and credibility for the officer and their agency in the eyes of a mentally ill individual. The simple gesture of recognizing that the individual will not benefit from a night in jail and should be taken in for a psychiatric evaluation will go a long way toward building trust. This trust is a key component to successfully resolving situations involving these individuals. Trust will increase the likelihood that future encounters will be much safer and positive for all involved (Santos, 2014, para 12).

There are barriers to agencies providing this training. One reason for not wanting to provide this training is the fact that training budgets are shrinking. The tough economic downturn that began in 2007 has caused some police agencies to weather deep budgetary cuts. This recession has caused unprecedented problems for cities, large and small. During these difficult times, cities will try to make cuts in areas such as training budgets instead of looking to layoffs to balance budgets. While these cuts seem to be a simple solution, they are dangerous, too. Training, or lack of training, can put the officer as well as the public he or she serves in danger of injury or even death. Training is also one of the first areas civil attorneys will look at when a civil suit is

brought against an agency. That said, cutting training budgets does not seem to be a wise decision.

The second reason agencies may be hesitant to provide enhanced mental health training to all officers in their departments is the fear that they may not be committed to the cause. The idea of dealing with mentally ill individuals is not appealing to many officers. Some officers lack the compassion for dealing with these individuals. While these statements may be true, they are not valid arguments against providing the training to all officers. At the end of the day, any officer can be the first on scene to deal with a situation involving a mentally ill person. Officers are sworn to protect and serve. This means if they want to do this job, they must be willing to do whatever it takes to provide the best service possible to the citizens they serve.

The best course of action a department in Texas can take to ensure their officers have the best tools in their toolbox for dealing with mentally ill individuals is to provide the 40-hour Mental Health Peace Officer Course, TCOLE #4001. This course will certify peace officers as mental health officers through TCOLE and should be provided to all cadets during the basic police academy. Another major step for agencies to take is the development of a comprehensive policy for dealing with the mentally ill. These steps will prepare officers to effectively deal with the mentally ill while providing protection against civil liability as officers will be trained to react appropriately to incidents involving these individuals.

REFERENCES

- Borum, R. (2000). Improving high risk encounters between people with mental illness and the police. Retrieved from http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1394&context=mhlp_facpub
- Cordner, G. (2006). Center for problem-oriented policing. Center for problem-oriented policing. Retrieved from http://www.popcenter.org/problems/mental_illness/
- Daniel. (2004). Decision-making by front-line service providers – attitudinal or contextual. Retrieved from http://www.popcenter.org/problems/mental_illness/PDFs/Daniel_2004.pdf
- Deane, M. (1999). Emerging partnerships between mental health and law enforcement. Retrieved from http://www.popcenter.org/problems/mental_illness/PDFs/Deane_etal_1999.pdf
- International Association of Chiefs of Police. (2010, June). *Improving police response to persons with mental illness*. Retrieved from <http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf>
- Johnson, K. (2010). Police training halts as agencies face budget cuts. *USATODAY*. Retrieved from http://usatoday30.usatoday.com/news/nation/2010-10-04-cop-training_N.htm?csp=34
- National Alliance on Mental Illness. (n.d.). *CIT Toolkit: CIT Facts*. Retrieved from http://www.nami.org/Content/ContentGroups/Policy/CIT/CIT_Facts_4.11.12.pdf

- Pauly, M. (2013, October 11). How police officers are (or aren't) trained in mental health. *The Atlantic*. Retrieved from <http://www.theatlantic.com/health/archive/2013/10/how-police-officers-are-or-aren-t-trained-in-mental-health/280485/>
- Peck, L. (2003, January/February). Law enforcement interactions with persons with mental illnesses. Retrieved from <http://www.lemitonline.org/publications/telemasp/Pdf/volume%2010/vol10no1.pdf>
- Santos, F. (2014, April 30). Hundreds in Albuquerque voice distrust of the police. *The New York Times*. Retrieved from http://www.nytimes.com/2014/05/01/us/anger-at-albuquerque-police-conduct-flows-in-meetings.html?_r=0
- Scott, E. (2005, October 10). Managing municipal police training programs with limited resources. Retrieved from http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=725&issue_id=102005
- Smith, B. (2013, August 8). Specialized training helps police respond to mentally ill. Retrieved June 17, 2014, from <http://indianapublicmedia.org/news/specialized-training-helps-police-respond-mentally-ill-53812/>
- TCOLE. (2005). Course curriculum materials and updates. Retrieved June 17, 2014, from <http://www.tcole.texas.gov/content/intermediate-crisis-intervention-training>