Police Encounters with the Mentally Ill

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Abstract

People with mental illness (PMIs) can struggle to abide by societal norms because of their conditions. Consequently, PMIs have higher frequency rates of encounters with the criminal justice system than the rest of the population. Herein will be discussed the interactions that police have with the mentally ill on a regular basis. The paper begins with a brief explanation of the scope of the issue and an analysis of perceptions versus the reality of the matter. Accounts of police interactions with the mentally ill will be presented, followed by an evaluation of the effects of the criminal justice system upon the mentally ill. This paper will explain struggles faced by PMIs involved in the criminal justice process and discuss possible solutions for the overarching problems.

First Contact

Mental illness can be debilitating and even crippling for those who suffer from it. That is not to say that people with mental illness cannot be quite successful, cope with their symptoms, and even contribute greatly to society as many historical—and mentally ill—figures have. However, living with a mental illness is certainly an immense challenge. When a person with a serious mental illness—schizophrenia, bipolar disorder, depression, and related disorders being the most discussed—goes through a mental break or meltdown, the expressed symptoms are often seen as an emergency by witnesses. Thus, whether the situation occurs in private or in public, the police are likely to become involved.

The unfortunate fact of the matter is that "in a mental health crisis, people are more likely to encounter police than get medical help" (National Alliance on Mental Illness [NAMI], n.d.). A law enforcement officer is often the first point of contact between a PMI and society when the mentally ill person's world is falling apart, perhaps even before the pMI is ever formally diagnosed. One study has found that not only do mentally ill people see the police first when experiencing a breakdown—they also encounter police more often than everyone else: "PMI participants were more likely than GSS (general population) participants to have contact with the police in the prior 12 months" (Desmarais et al., 2014). There is a significant occurrence of police encountering mentally ill people when the latter are at their most confused and vulnerable. While this is arguably true in every encounter the police have with the public they serve, there are distinct challenges when officers are faced with the added component of mental illness.

Tragically, the higher incidence of encounter with the police can have irreversible, dire consequences for anyone with a serious mental illness (SMI)—such as severe bipolar disorder, schizophrenia, and severe depression—from those who have failed to take

prescribed medication, to those experiencing the first mental breakdown they have ever had. For those who have not been treated, “the risk of being killed during a police incident is 16 times greater for individuals with untreated mental illness than for other civilians approached or stopped by officers” (Fuller et al., 2015, p. 1). It is understandably bewildering, to say the least, to handle someone who is displaying symptoms of a mental breakdown, which can include screaming, running, throwing oneself on the ground, and threatening to cause harm to oneself or others through words or actions. Witnesses of an adult throwing themself on the ground or yelling obscenities would be reasonably frightened and worry about escalation, and officers share in this human tendency. In these situations, it is difficult to realize and act on the fact that mental illness requires a different approach, which can be the difference between death and treatment for the PMI in question.

Although PMIs are quite rare, they make up a significant portion of those who die in police encounters:

> Every credible source—official, academic or private—consistently finds that the sliver of the adult population with untreated severe mental illness (half the 3.3% of the total adult population with schizophrenia or severe bipolar disorder) is victim in not less than 25% of fatal police shootings—and more likely closer to half of them. (Fuller et al., 2015, p. 6).

When someone is “out of control,” it is easy to attribute their behavior to them personally and view them as a threat that needs to be neutralized, especially in the fear of the moment. When officers encounter PMIs, the opportunity to help a uniquely vulnerable person can spiral terribly out of control.

Encounters

People with mental illness are not inherently violent. Even those with the assumedly

nefarious title of “schizophrenic” are not less human nor more monstrous because of their diagnosis. In fact, Varshney et al. found that only 1 in 35,000 people with schizophrenia are considered homicidally dangerous, and those with severe mental illness are much more likely to be the victims of violence rather than the perpetrators (2016). With that said, it is relevant to discuss a couple of incidents where PMIs were killed during a police encounter, so as to show some distinct elements of these encounters.

In 1987, a 27-year-old with a history of mental illness and comorbid substance abuse was apprehended in front of his mother’s house. The case was rather tense because Joseph Robinson (the PMI in this incident) had been “cutting himself and threatening people. According to the police officers, Mr. Robinson did not respond to verbal requests and ‘lunged’ at the officers, who shot him multiple times” (Rogers et al., 2019, p. 415). Of course, it would be reasonable to assume that one would comply with police requests, given that the person was of sound mind. However, Joseph did not respond the way a “typical” person would, which resulted in the officers using deadly force in order to subdue him. There is an inflated sense of danger when mental illness is involved because officers are unable to anticipate the PMI’s actions. This results in more extreme measures being taken than need be. Unfortunately, this means that other, non-deadly methods were passed up, and that Joseph would never receive needed treatment that could easily have resulted in his recovery.

There has certainly been a lot of societal progress in understanding mental illness in the last few decades. However, normal responses to abnormal situations still abound in police encounters. In the case of *City and County of San Francisco v. Sheehan* (2015), a mentally ill woman

> had brandished a knife and was threatening to kill her social worker. The police were called, and two officers entered Sheehan’s room, where she grabbed the knife and

threatened to kill the officers. The officers left the room, regrouped, and then re-entered in order to take Sheehan into custody. The officers again encountered Sheehan, who was still wielding a knife. After pepper spray failed to gain Sheehan's compliance, the officers shot her multiple times as she continued to advance on them. (Harr et al., 2018, p. 101)

In these circumstances, it is understandable that officers would react to erratic and violent behavior as they did—however, a different approach is needed when mental illness is factored in.

It is notable that in both cases, a violent PMI with no firearm was shot multiple times after threatening to harm or kill others. The level of force with which they were subdued was deadly, even in the case where officers had time to regroup and think on their strategy. Much of what happened in the Sheehan case would have been advised against by a psychological professional: the officers entered all at once, crowded into a small place, and invaded Sheehan's personal space, for a start. Officers also took the threat of death as seriously as they would have for someone who was saying it with the intention of a typical individual. Both cases had blood-pressure-raising circumstances, but reactions toward aggressive PMIs must still be different from those toward mentally healthy aggressors, and the inflated sense of danger brought about by the unpredictability of PMI behavior must be accounted for.

The court case, *City and County of San Francisco v. Sheehan,* resulted in an undecided verdict on whether ADA laws protecting those with disabilities apply to the mentally ill—the justice system as a whole is uncertain of what to do about PMIs.

Effect on the Mentally Ill

An inability to interpret the behaviors of PMIs results in higher rates of incarceration for this vulnerable population for every level of legal violation. In fact, "2 million people with mental illness are booked into jails each year. Nearly 15% of men and 30% of women booked into jails have a serious mental health condition" (NAMI, 2019). People who suffer from

mental illness may struggle to recognize and heed laws due to disorganized thinking—or as the result of symptoms of their illness—and therefore have a higher likelihood of breaking the law incidentally rather than intentionally.

To further deconstruct the idea of mentally ill people as inherently violent, the National Alliance on Mental Illness (NAMI) explains that "the vast majority of the [incarcerated] individuals are not violent criminals—most people in jails . . . have not yet gone to trial, so they are not yet convicted of a crime. The rest are serving short sentences for minor crimes" (n.d.). Instead of receiving Cognitive Behavioral Therapy, being prescribed a proper medication, or another effective method of behavioral redirection and healing, PMIs are going to jail.

Part of the problem is a massive shift away from mental health facilities: "The number of public psychiatric beds in America has plunged more than 90% since the 1950s while the U.S. population has nearly doubled" (Fuller et al., 2015, p. 11). Those who cannot be housed in mental health institutions are subsequently sent through the criminal justice system—the best-case scenario once this juncture has been reached is for the PMI to be introduced to a Mental Health Court, which is inclined to accept non-violent offenders charged with minor crimes (Utah County Attorney, 2017; Wolff et al., 2011). Unfortunately, this is often not the case, "with 64 percent of jail inmates, 54 percent of state prisoners and 45 percent of federal prisoners reporting mental health concerns" (Collier, 2014). Collier refers to a National Research Council report from 2014.

Statistics regarding prison inmates confirm that a problem exists. From "10 percent to 25 percent of U.S. prisoners suffer from serious mental illnesses, such as major affective disorders or schizophrenia . . . That compares with an average rate of about 5 percent for serious mental illness in the U.S. population" (Collier, 2014). The problem may be more extensive than this, however, as "individual facilities report that up to 50% of the prisoners in their facilities have a

mental illness" (Fuller et al., 2015, p. 11). Compounding the harm that PMIs face without receiving proper treatment is the fact that "incarceration of mentally ill individuals increases recidivism and criminal acting out" (Utah County Attorney, 2017). Mental illness is not something one just "unlearns" with punishment, and being imprisoned exacerbates symptoms. People with mental illness—if they are not killed in their initial encounter with the criminal justice world—will likely become worse once they are confined, devolving into more unhealthy behaviors because of their incarceration.

Struggles in Addressing the Issue

There are two major issues that must be overcome in order to remedy the problems of police encounters with the mentally ill. The first is a lack of reliable and sufficient reporting, and the second is the lack of resources police face regarding the issue—these are interconnected dilemmas.

A study conducted on addressing mental illness in the criminal justice system found that there is an overarching problem in the reporting of this subject. According to Fuller et al., a strange "feedback loop" has developed: the government seeks to provide data on mental illness and crime but cannot provide accurate statistics because of a lack of standards for this field of study. They then turn to independent sources to provide the best data. Independent sources, in turn, rely upon government sources in order to attain the same goal, and the data that is produced (such as the very rough estimates that were retrieved from the depths and presented in this report) is a result of government and independent data hacky-sack (Fuller et al., 2015). This is in part because, as Rogers et al. assert, "individual programs demonstrate differences in terminology and thresholds to identify an encounter as a mental health crisis" (2019, p. 418). The lack of standards has everyone who is involved in studying this issue chasing their tails.

The "First Contact" section states that PMIs are 16 times more likely to be killed in a

police encounter, a statistic that has been recounted in multiple news articles and has become common knowledge for those who study mental illness in the context of criminal justice. However, because of the reporting skew, "31%–41% of likely fatal law enforcement encounters are still not captured" (Fuller et al., 2015, p. 2). This means that there are likely more deadly encounters with the police for PMIs than the already immense number that has been documented The broad range of estimates for mental illness within jail and prison populations also reflects the lack of precise data. Police departments and mental health initiatives, as a result, are crippled in their ability to achieve funding to address the issue because of a lack of "solid" evidence. This is itself a loop that keeps the criminal justice system from getting started on the problem effectively.

Resources are impacted by an inability to secure funding as well because of the vast effect of mental illness on the criminal justice system. While they number

> fewer than 4 in every 100 adults in America, individuals with severe mental illness generate no less than 1 in 10 calls for police service and occupy at least 1 in 5 of America's prison and jail beds. An estimated 1 in 3 individuals transported to hospital emergency rooms in psychiatric crisis are taken there by police. (Fuller et al., 2015, p. 1)

The minute portion of the population that suffers from mental illness requires much more time and manpower from the justice system. This is troubling, considering the prevalent lack of support for mental health initiatives and the increased risk of death for PMIs in the calls their situations necessitate. The problem is already immense, and it has been found to be trending upward.

A survey conducted by the Mental Illness Policy Organization (an initiative aimed at raising awareness and support for policy change by way of thorough independent study and involvement) found that 84.28% of respondents were seeing an increase in the PMI population,

and 70.7% said the time spent on PMI calls—which "take significantly longer than larceny, domestic dispute, traffic, and other calls"—had increased (Mental Illness Policy Organization, 2019). Most relevantly, "56% said the increase in calls is due to the inability to refer mentally ill [patients] to treatment and 61% said more persons with mental illness are being released to the community" (Mental Illness Policy Organization, 2019). Police take PMIs into custody and then become part of the process for directing PMIs toward resources. Unfortunately, officers can be unaware of resources available within the community and are unequipped to properly usher the PMIs through the next steps of such a process. If a person suffering from a mental illness is released from custody, they still face the same troubles that they did before their encounter with the justice system, which will inevitably lead to another call for help that is likely to end in much the same way, with another possibly perilous encounter.

Additional dilemmas are encountered by departments located in rural areas, where officers are already stretched thin and act as transporters to faraway mental health facilities, at times on their days off (Mental Illness Policy Organization, 2019). In fact, most departments are at a loss to confront this increasing problem, given that "most U.S. police officers work within small, local departments with limited resources. Half of all agencies have fewer than ten officers, and nearly 75 percent have fewer than 25 officers" (Rogers et al., 2019, p. 416). The majority of departments simply do not have the time, funding, or staffing to expand their responsibilities, even for solutions that would make an immense impact if implemented.

There do exist opportunities to pursue training that have had promising results—Crisis Intervention Teams, which are discussed in a later section—but these initiatives also have a crux: "The core element of CIT [Crisis Intervention Teams] involves 40 hours of training, usually for officers who are voluntary and self-selected" (Rogers et al., 2019, p. 417). This solution requires that officers, who are most likely already overloaded with calls and other

responsibilities, pursue a significant amount of training on their own time. Department resources and an officer's personal resources are exhausted by current working strategies for addressing PMI calls.

Many possible solutions hinge upon the inevitability of encounter, which inherently increases the danger to PMIs and officers in that the possible solutions "all require that [individuals] with mental illness deteriorate sufficiently to become [subjects of] a police incident before [the solutions] are activated" (Fuller et al., 2015, p. 11). Essentially, police must wait for severe mental illness to manifest before they can do anything about it—this causes actual danger to individuals involved as well as an inflated perception of danger to the public once the incident is publicized, which, in turn, escalates the false idea that mentally ill people are especially violent. Police can only go so far in their responsibilities—they cannot manage the entirety of the issue of mental illness on their own.

Perception Versus Reality

According to a study published by the American Psychological Association, people with mental illness viewed police in a somewhat less positive light than did the general population, accounting for sociodemographic differences (Desmarais et al., 2014). It was concluded in this publication that the most important thing to the PMIs surveyed was fair and equitable treatment. The perception of police by those with mental illness is inevitably somewhat negative. As in most studies on the subject, it was found that PMIs were more likely to encounter the police than were members of the general population.

A survey noted by the Mental Illness Policy Organization found that seasoned police officers across the nation have observed a rising problem with mental illness. Not only have a significant majority of officers observed an increase in the frequency of encounters with the mentally ill, they also report that the calls involving the mentally ill take longer than calls for

other serious situations (Mental Illness Policy Organization, 2019). Officers have also noted the need to expand their ability to refer the mentally ill to a proper facility, a measure which is well worth looking into, considering the prevalence of these encounters.

Police are often the first call people make when they witness a psychotic break or a meltdown (which also occurs in those with Autism Spectrum Disorder—although those with this neurodiversity are not mentally ill, it is relevant to mention this population, as many of the circumstances overlap), and this results in police being the first contact for the mentally ill during an episode. "'Police are being forced to be mental health counselors without training,' said Jim Pasco, executive director of the . . . largest police organization in the country" (Szabo, 2016). Although there have been formations of Crisis Intervention Teams, the number of officers trained in crisis intervention for these purposes is quite limited. The unfortunate reality is that while officers are typically the first to make contact with those suffering from mental illness, departments across the nation are largely untrained in how to deal with these situations. While efforts are being made—by advocacy groups, psychological associations, and police departments—to increase understanding of mental illness and how it should be approached, there is an ocean of progress that still needs to be traversed.

Promising Solutions

All potential solutions require a connection between mental health resources and law enforcement. This is a necessary component in any solution because mental illness is a frequently encountered problem, one that requires specialized knowledge to avoid escalation while dealing with the immediate situation.

One potential solution for a given department is to provide their officers education on mental health resources and to make each officer competent in how to handle encounters with the mentally ill. This allows officers to be their own mental health consultants—

however, this solution can only do so much. Knowing about critical resources for the mentally ill within the community would do wonders for those who need them. However, officers taking it upon themselves to know everything necessary for handling an encounter with a PMI could exhaust themselves in the enormity of the task and spread themselves even more thinly than before, or they could potentially not learn enough and be woefully inadequate for the task.

Another solution would be to introduce mental health specialists into police departments. Doing so allows for a concentrated resource to be available for mental health questions and could come in the form of a single consultant per department, a team of consultants per county, or an officer assigned specifically to be a liaison between police departments and mental health resources. The solution requires time and funding to implement across the board, especially if the option to employ behavioral health specialists is pursued. It would also still be quite a limited option, although it would give an opportunity for officers to develop their own knowledge of mental health issues if they opted to expand their skills.

Crisis Intervention Teams combine both options. They consist of specially trained police officers who can respond to calls for mental health crises and assist officers who do not have CIT training. Although these teams were initially quite limited, their uptake by police departments has been fast and widespread, even expanding to the international community. Currently, 15–17% of departments deploy CITs, although they can have a widespread effect, depending on whether the area is urban or rural (Rogers et al., 2019). Clearly, there is room for growth here—CITs have been employed extensively already, and the implementation has been successful (Bureau of Justice Assistance, 2018). For example, in Portland, Michigan, all officers are CIT trained. However, it can be difficult to implement these teams where resources are limited, such as in small or rural departments.

Another method for diminishing instances of escalation in police encounters with PMIs is to avoid the encounters altogether by way of prevention. The Treatment Advocacy Center prescribes directing efforts toward lowering barriers for the proper treatment of the mentally ill so that they do not reach the point of needing police intervention (Fuller et al., 2015). This shifts the focus back onto the behavioral health field, but the means of accomplishing this goal are unclear. While "lowering the barriers" in general may be arbitrary, developing a better understanding of mental illness in connection to crime may be worthwhile in order to create more efficient programs and interventions for treatment of PMIs.

A major way to address the issue is with inter-field cooperation, a movement which would have to develop over a long period of time or consist of an upheaval—the former is more likely. Departments are already beginning to partner with professionals in the behavioral field in the form of Police–Mental Health Collaborations (PMHC), a move that shows major promise (Bureau of Justice Assistance, 2019). This includes such formations as CITs, mental health liaison programs, mobile crisis teams, co-responder teams, and case management teams. These specialized groups involve inter-field teams working to provide effective initial responses and redirection to proper resources for PMIs who come in contact with the criminal justice system.

Unfortunately, Police–Mental Health Collaborations are not yet a concept that is in full bloom. As criminal justice students, we could be aware of the mental health issue and actively seek to partner with behavioral health departments once we are in the field, if we are not already working within it. Current law enforcement can take the same route and work to strengthen this crucial bond between behavioral health resources and their own workplace.

Conclusion

It is clear from the explored sources that the first contact a mentally ill person will have after a breakdown will likely be with the police. This is overwhelming for law enforcement officers, who will have to spend more time and resources on mental illness calls than any other type of call. A significant population of those arrested will have mental illness, and the officers who encounter them can be at a loss for how to refer these people to get help. The most relevant of these mental illnesses include (but are certainly not limited to) schizophrenia, affective disorders, depression, and bipolar disorder.

Even with extensive resources available from outside agencies, a lack of knowledge causes major gaps in getting help for those with mental illness. When officers are not connected with community resources—or if there are sparse community resources available—people with mental illness are forced into the system, resulting in a high percentage of mentally ill people in jails and prisons. Similarly, the statistical data for the performance of countermeasures and the frequency of police encounters with PMIs is vastly ambiguous, especially coming from government sources. This results in an inability to direct resources because not enough information is able to be gathered to justify such an allocation.

Programs such as Police-Mental Health Collaborations can be effective and have been successfully implemented repeatedly, but they have limitations on time, manpower, and the will of officers to seek this training on their own (which is typically what they must do). One body of research suggests that the focus should be on preventative measures—that is, ensuring that people with Serious Mental Illnesses are receiving proper treatment—to avoid encounters with the police altogether (Mental Illness Policy Organization, 2019). Responses that essentially interweave the behavioral health field and the criminal justice field tend to have remarkable success and even better are solutions that expand and exercise community-based resources.

We are living in an era when the stigmas surrounding mental illness are actively being broken, making way for people suffering from serious mental illness to seek treatment without shame. This gives great promise for the future of law enforcement regarding the problem of police encounters with the mentally ill, in that resources are becoming more advanced and more normative. However, positive change cannot happen without proper catalyst and upkeep, which is incumbent upon every criminal justice professional. We can make an interweaving of the mental health and criminal justice field happen—we just need to be aware of the situation and participate in the process.

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