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Police Interactions with Mentally Ill Individuals

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Abstract

This paper analyzes the interactions between police officers and mentally ill individuals in order to understand these interactions and whether they are effective or whether they need to be improved upon. It is a secondary analysis of research, combining both a literature review of different theories relating to the topic and an analytical review of empirical research. Within this paper, it is proposed that police interact with mentally ill individuals fairly properly, but can use some improvement through partnerships with different organizations or better training. Use of force amongst officers in relation to mentally ill individuals will be analyzed, as well as different potential training regimes or partnerships that could better these interactions.

Introduction

Police interactions with individuals who are mentally ill have been appearing more and more in the media. Most of the time in the media, the outcomes are tragic with the individual who is mentally ill being fatally shot. Often times, the details are sparse but it seems as though police officers most of the time are unaware of the individual's mental health status. This is extremely saddening and frightening. Upon a simple google search of news articles involving police interactions with mentally ill individuals, the results are disturbing. There are many calls for reform within the system, for better training of officers in dealing with those with mental health issues. As well, there are many tragic stories of dangerous situations in which police officers are forced to shoot, only to discover that the individual had mental health issues, and what appeared to be an extreme threat was not one in actuality. Almost all stories involve a use of force, in which the police are questioned as to whether that level of force was necessary or excessive. Police often will defend their training albeit admitting that it does need improvement, meanwhile

mental health activists often say an excessive use of force was present and that police officers need to be better trained.

Frequently police officers are coming into contact with individuals with mental illness. Besides the media's report on these interactions, which are fatal instances the majority of the time, not much is known about the effectivity of these interactions. Do police know how to handle those with mental illness? Are police officers aware of the warning signs of mental illness and can they detect it? Does their training involve these types of interactions? These are all very valid questions, without many obvious answers. Since police officers are first responders, they are at the forefront of dealing with mentally ill individuals, thus there is an extreme importance to protect both the police, and those with mental health issues.

Mental illness is a disease that affects one in five individuals (Stanyon et al, 2014). The term mental illness covers a variety of invisible diseases such as anxiety, depression, and schizophrenia just to name a few. Currently there are about 6.7 million



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Canadians living with mental illness and one in twenty police calls deal with someone who has a mental health issue (Stanyon et al, 2014). Since police are coming into contact with them more often as the first responders, it is important to ensure that their training is accurate to ensure the safety of both groups.

Police Use of Force with those suffering from Mental Illness

Through conceptions within the media and a lack of information about mental health issues, there is a lot of stigma. They are a vulnerable group with different needs that depend on many factors such as the severity of their mental illness, the type of mental illness, and whether they are in therapy or are medicated. There is a fear of danger that gets associated with mental illness. Mentally ill individuals are often seen as unstable and thus they are dangerous (Engel, 2015). The only time police officers are usually dealing with mentally ill individuals is when they are having an episode. This creates an environment of fear and perceived danger although the person while in an episode may be harmless (Engel, 2015). This perception of them as dangerous results in stigmatization which prevents them from getting the help they really need (Engel, 2015). Police will often restrain them or use tactics they normally would use on an individual who is being difficult. If they are perceived as difficult an officer may not take the situation as seriously as they would if he or she had known that they were dealing with a mentally ill individual. This is dangerous for mentally ill individuals, especially during an episode where they may become more afraid or panicked. There needs to be different tactics used by police for people who have mental illness, than those that do not. Police are more likely to use force if they deem someone is being dangerous, thus there is a

fear of excessive use of force by officers because they are not fully aware of the situation.

Having a mental illness alone is very rare. For instance, it is common for an individual to have a few different mental illnesses, or other issues that stem from their mental illness. Individuals with schizophrenia, for example, are more likely to have depression and anxiety. Substance abuse issues are extremely common among those with mental illness (Alpert, 2015). These substance abuse issues can lead to mentally ill individuals being arrested for smaller crimes such as public intoxication. As well, alcohol or drugs mixed with any medication they are on may make them more aggressive or more intoxicated or high than someone who is not on any medication. When mental illness is mixed with substance abuse, it is hard to differentiate between the two, especially as an officer who deals more with substance abuse than they would with mental illness (Alpert, 2015). Mentally ill encounters are becoming more frequent but before it was a rare or isolated event, thus officers are still adjusting to being the first responder to these kinds of scenes. Furthermore, due to mental illness these individuals are more likely to be homeless, which is often associated with higher arrest rates for crimes such as loitering (Gur, 2010). Injuries are more likely to occur if one is drunk or high just by the very nature of these conditions (Engel, 2015). Drunkenness often leads to instability which can lead officers to be tougher on individuals or for individuals to be injured by themselves.

The level of force used by officers depends on their training, and their experiences on the job. Officers are trained to use one level of force higher than the one they are dealing with, thus this can lead to

an escalation of events if dealing with mental illness (Alpert, 2015). This extra level of force may frighten someone who is dealing with mental illness, causing them to resist more which only escalates the interaction. Furthermore, police may not report an injury because it is very minor, a suspect may say that they are fine or due to the extra paperwork that it would require (Alpert, 2015). This would mean that not all interactions are recorded on the use of force. A mentally ill individual may say that they are fine because they want the situation to be over as soon as possible and often get through life by being told what to do or by agreeing. Police are trained to think on their feet and are given a lot of leeway in the decisions they make. If a situation is violent they have to react immediately and the subjective nature of this reaction can be especially harmful for those with mental health issues (Alpert, 2015). Their reaction could trigger something which would only escalate the situation.

Police are often not trained to deal with individuals with mental health issues. There is very minimal training which results in officers not knowing how to identify mental illness unless it is extremely obvious (Alpert, 2015). This means that they may use their level of force based on other factors which would only escalate the problem. It is hard to conduct studies on how severe the use of force is amongst those with mental illness. According to Gur (2010), there is difficulty when attempting to measure the level of direct violence against mentally ill individuals because they are usually not able to be part of a sample, and according to some studies, prevalence of violence/force is greater amongst those with mental disorders than those without. This is disheartening because they are a marginalized group who deserve to be treated fairly yet it is hard to get their perspective on how they are

treated. There are mixed reviews as to whether they are treated improperly due to their mental health issues or whether a higher use of force is tied to other associated factors. Police are supposed to be “street corner psychiatrists” where they are expected to be able to identify and properly handle those with mental illness with little or no training (Gur, 2010). This is unfair not only for the mentally ill individuals but it is also unfair for police officers.

Police training and their relationship with mentally ill individuals

Due to a strong relationship between those with mental health issues and the criminal justice system, police officers must be trained properly in order to get mentally ill individuals the help they need. There is a stronger prevalence of those with mental illness in the criminal justice system (Lurigio et al, 2008). This could be due to the fact that mental illness is usually associated with other demographic factors that are problematic. Due to this strong prevalence, there should be lots of training for officers and those throughout the criminal justice system in dealing with those with mental health issues, yet training is limited. Lurigio et al (2008) believed that mentally ill individuals are four times more likely to be shot by a police officer. There is a duty among officers and the criminal justice system to protect vulnerable groups which includes those with mental health issues. It takes many more resources to deal with those with mental illness such as time to diffuse the situation (Lurigio et al, 2008). As well, the courts are already backed up, thus those with mental illness may not get the proper length of time in order to deal with their condition or their case. More training for police officers and those within the criminal justice system would be extremely

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helpful in ensuring these individuals are getting the treatment they deserve.

It is extremely important to ensure that those with mental illness are getting the help and treatment that they need instead of placing them in prison. Due to a lack of training, police officers may put those with mental health issues in prison without even realizing it (Gur, 2010). This can have both short and long term consequences for both the individual and the criminal justice system. It costs money to keep them incarcerated in prisons and may psychologically damage those with mental issues, or put them at a higher risk. A way to avoid incarcerating them is to have police officers get trained along with health care partners to give advice and protocol as to how to handle mentally ill individuals (Lurigio et al, 2008). These health care partners would be well versed in mental illness and thus be able to tell the police officers who to call or what to do in these interactions. This advice could better the interactions between those with mental health issues and the police because it would enable the police to have people who are properly trained as well as freeing up their time to perform other duties.

Prevention Methods and Reducing Risk of Violent Interactions

Firstly, there is the Crisis Intervention Team (CIT) Model. This model gives police officers 40 hours of training on how to deal with mentally ill individuals (Gur, 2010). This training deals with many different factors in how to identify, and work with mentally ill individuals in order to help them. Forty hours is a lot of time to help officers get comfortable and demonstrate their knowledge. This model is used in the United States of America. This helps get rid of situations in which police officers would be

forced to arrest those with mental health issues (Gur, 2010). By being better able to identify and deal with those with mental health issues, they could bring them to a hospital for treatment instead of arresting them. This is only possible though if police officers are properly trained. Furthermore, this helps reduce stigma and injury (Gur, 2010). There will no longer be a fear of dangerousness once it is clear that these individuals are a vulnerable group and are very afraid of officers as well.

Secondly, there is strategic intervention. These are different levels of intervention in order to prevent violence and criminalization (Gur, 2010). This is important because not all scenes police officers are called to will require the same level of skill or intervention. This is related to procedural justice in the sense that these are skills everyone could use but that police officers and those in the criminal justice system should definitely be aware of. These levels include improving knowledge and skills, community education, education for everyone in schools, relations between officers and other organizations, fixing targets and norms, and finally changing policies and legislation (Gur, 2010). This is a step by step model to not only improve police relations but to improve relations as a whole in order to reduce stigma and fear. Each level builds on top of the other one which is important for changing society as a whole (Gur, 2010). It is important for stigmatization to be reduced in the community so that before officers even come into their job, they know how to recognize and not fear those with mental health issues.

Systems theory is more theoretical but is extremely important to the practical aspects of policing. This theory states that police officers must understand the exact circumstances of the environment and

situation they are in so it can lead to the best possible outcome (Coleman & Cotton, 2010). In the sense of the relationship between those with mental health issues and police officers, the police officers must be aware that they are dealing with an individual who has a mental illness and then from there, assess the situation to come up with the best plan for action. If people with mental illness can be identified within the community, than they can get the proper assistance to avoid more serious harm (Coleman & Cotton, 2010). This would be possible through better training of officers or partnerships with health organizations in order to get help by professionals in dealing with those with mental illness.

As well, joint mobile response units are extremely helpful in dealing with those with mental illnesses who come into contact with the criminal justice system. This is where police and mental health workers respond to calls involving someone with mental health issues, where the mental health worker assesses the severity of the situation a lot quicker and gives more appropriate health care recommendations (Coleman & Cotton, 2010). These mental health workers have previous experience and are professionals who can give the best solution and recommendations on how to help. This way, the police officer is not alone and has someone to depend on who has more skills and training. The mental health worker may also have connections and be aware of services that the police officer is not (Coleman & Cotton, 2010). This method protects both the officer and the individual with mental health issues.

Finally, there is the ERT/Mental Health Crisis Team. This is where a mental health team gives recommendations and listens in on police action in order to help them guide through negotiations, as well as giving an

assessment of the mental health of the individual involved (Coleman & Cotton, 2010). This is very similar to the joint mobile response unit except they are not directly there with the police officer. In this team, the officer is either on the phone with them or they are on standby near the scene. This is a disadvantage because if something suddenly goes wrong, they are not there to immediately help diffuse the situation and can instead only give advice based on what the officer knows about the situation. If an officer is not trained properly than they may not be able to help the mentally ill individual as properly because they are not giving the correct information to the mental health crisis team.

The Current Study

Clearly the use of force by police officers amongst those with mental illness is something that could be improved. Training and a use of different police interventions would help minimize a use of force and improve the relationship between police officers and those with mental health issues. The research question discussed in this study is: how well do the police interact with mentally ill individuals and how can this interaction be bettered? In this current study, the thesis is that police interact with mentally ill individuals fairly properly, but can use some improvement through partnerships with different organizations or better training. This is demonstrated through a secondary analysis of different empirical studies in order to discover how well these interactions are and whether they can be improved upon. How they could be improved upon is discussed as well. The implications for this are far reaching. With a single study such as this it is hard to see the improvement that will occur. If there are many studies such as this though, it will become a topic that is discussed at the



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forefront of policing. This study will help raise awareness about the truth of police interactions with those with mental illness, and how to better those relations. If this becomes studied more often, there may be legislation changes within policing on how to handle these situations and to help those with mental illness. Furthermore, the media has helped garner more attention to mental illness in recent years so it makes sense that a study such as this could aid in helping those with mental illness.

The importance of this research cannot be understated. Mentally ill individuals make up a vulnerable group. When they interact with police, it is not under good circumstances. They could be in the middle of a psychotic episode or in a panic. Police officers need to be able to differentiate between an individual being uncooperative and one who does not know what is going on in their surroundings. Two out of five mentally ill individuals will be arrested in their lifetime (Stanyon et al, 2014). This demonstrates the high prevalence in which police officers are dealing with those with mental health issues. Due to this high prevalence, it is important for officers to understand what mentally ill individuals are going through for their own protection and the protection of those suffering with mental illness. Police cannot use the tactics they use on individuals who do not have mental illness. It is unfair to those with mental illness who cannot comprehend either the consequences of their actions or who are so deep in a panic that they do not understand what is going on. There needs to be a greater understanding of those with mental illness. Contrary to the media portrayal of these individuals, they are not crazy. Mental illnesses are either caused by a chemical imbalance in the brain or have been brought out due to tragic circumstances in their lives. There is a sensitivity that needs to be shared

between officers about taking care of those with mental health issues. They still need to be held responsible for what is going on, but there are ways to do it that will reduce the stress, time and fear associated with the situation.

How the police understand their interactions with mentally ill individuals

This study was conducted by Wells and Shafer in 2006 in order to discover how police understand and view their relationship with those suffering from mental illness. In this study 126 police officers were asked about how they felt they dealt with individuals with mental illness, in order to compare their perceptions of how they viewed the situation and the actual outcomes of that situation (Wells & Shafer, 2006). It is important to view the differences between the two because officers may think their interactions are better than they actually are. This was done in Indiana, through pencil and paper surveys using closed and open questions (Wells & Shafer, 2006). This methodology was a good choice because it allows the officers to remain anonymous and get a wide range of perceptions and responses to these questions.

Furthermore, the conclusions of this study are very intriguing. The outcomes that occur for mentally ill individuals do not usually match up with what the police had intended to happen (Wells & Shafer, 2006). This demonstrates a lack of training for officers in how to properly help mentally ill individuals. Police clearly need better training in how to handle individuals with mental illness. Although officers stated that they should be taking them to a mental health service instead of prison this is only used in actuality about 4% of the time and a shocking 97% said that it needs to be easier to get

individuals into a mental health facility (Wells & Shafer, 2006). Police officers clearly want to help but are unsure of how to go about helping them. Relationships with mental health facilities may make it easier for officers to bring individuals they deal with there, and may stop the roadblock of taking them to prison simply because it is easier and takes less time. As well, the majority of officers felt that they were not prepared to handle those with mental health issues and felt that their training was not enough (Wells & Shafer, 2006). If officers do not feel prepared, they are going into a scene with feelings of fear which only causes interactions to escalate quicker.

By seeing how police view themselves one gains a greater insight into the fact that they do not know when they are not properly dealing with people with mental illnesses. This further illustrates the greater need for training of police officers and potential partnerships. As well, the need for change is even recognized by officers thus it is something that needs to happen as soon as possible. If officers are unaware of what they are doing wrong in these situations, than it is impossible to change the circumstances of these interactions. The barriers keeping police from taking them to mental health facilities need to be broken down. Police seem to be interacting with them fairly well, but their interactions can definitely be improved by better training.

Police use of force and the contact experience scale

This first study analyzes whether the use of force is more prominent for those with mental illness. Due to stigmatization in the community, police officers are fearful when dealing with those with mental illness because they perceive them to be more dangerous although there is no empirical

evidence to support to idea that mentally ill individuals are more dangerous (Kerr et al, 2010). This is unfair to those with mental illness because it automatically creates a situation which is tenser than it normally should have been. In this study, it looked at 865 injuries to officers and individuals over a month-long period in Chicago to see how often those with mental illness were injured and whether it was more due to situational factors (Kerr et al, 2010). It also analyzed the effectiveness of CIT.

Kerr et al. (2010) discovered some positive and negative aspects in the relationship between officers and those with mental illness. They found that injury to those with mental illness was a very small percent of individuals but that the CIT model did not lessen the chances of injury (Kerr et al, 2010). This is good in discovering that use of force is not something that is happening frequently against those with mental illness. It is not reassuring though that the CIT model does not work as it is used very commonly in the USA. Clearly a new or different model may be more effective at reducing the use of force even further.

There is not much variance in the use of force towards those with mental illness and those without, thus it would seem that those with mental illnesses are being treated fairly. This is reassuring considering how common it is for officers to deal with those with mental illness and the stigmatization against mental illness. A major limit of this research was the use of solely police reports (Kerr et al, 2010). A lot can go unreported, such as minor injuries, and officers are unlikely to report on each other due to a code of silence between them. If the researchers had used police reports alongside interviews or surveys of those with mental illness, it may have been a more effective study.

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In order to help clear this up, the contact experience scale was created in order to see how mentally ill individuals feel about their interactions with police officers. This scale consists of six items, including compliance and resistance amongst others, in order to analyze how mentally ill individuals felt after their interaction with police officers (Watson et al, 2010). It is important to see how mentally ill individuals feel about their interactions with officers in order to ensure that their needs are being met in the criminal justice system. This study consisted of a semi-structured in depth interview with mentally ill people, who dealt with police the year before, with open-ended questions and different scales in order to discover the situation, context and interaction between officers and mentally ill individuals (Watson et al, 2010). The open-ended questions and semi-structured interviews allow these individuals to express themselves and tell their side of the story as openly as possible.

For the most part, it seemed like mentally ill individuals had a fairly good interaction with police officers. Initially they felt vulnerable and fearful of the officers but those who dealt with procedural justice had positive feelings about those police officers (Watson et al, 2010). This vulnerability is understandable because of the stigmatization they often face within the community. Furthermore, those who felt they were treated fairly by police did not feel like they were coerced and were less likely to have resisted arrest (Watson et al, 2010). It is important to keep calm and treat them fairly in order to ensure that everyone feels safe and understood. If this is possible than there is a smaller chance of the use of force and everyone is protected. Resistance is the cause behind using force most often, thus if a mentally ill individual is treated fairly, they will not feel the need to resist arrest.

This gives a new perspective on how mentally ill individuals themselves feel about police interactions. It demonstrates mainly positive outcomes but shows that there is still a lot of work to be done due to the fact that mentally ill individuals are still feeling vulnerable in their interactions with police. As well, if police are not trained properly, than these interactions may be different. If police go in with a tough or aggressive attitude, than mentally ill individuals may feel they are being treated unfairly thus leading to a resistance upon arrest. One limit of this study was that it was only conducted in Chicago, and it would have been helpful if it had been conducted in multiple cities to compare the relationship to the methods they use.

Education and Training of Police Officers

New methods have been created in order to educate and train police officers on how to handle individuals with mental illness. One of these new methods is the use of computer stimulations. This research was done by a partnership of policing services, universities and a mental health facility, consisting of four computer stimulations over eight months to analyze police reactions to individuals with mental illness (Stanyon et al, 2014). These stimulations allowed for police to be trained in interactions without actually being on the scene. It was a mixed method, quasi-experiment which also utilized focus groups (Stanyon et al, 2014). Focus groups are important for police officers to discuss why they chose certain actions in order to fully understand their thought process so it can be improved upon. This stimulation had a questionnaire which involved questions about how to handle certain situations with mentally ill individuals, and then continued onto a video clip e-learning situation (Stanyon et al, 2014).

This type of education and training proved to be extremely successful. Police officers had a statistically significant increase in knowledge on what to expect of those with mental illness and how to properly handle the situation (Stanyon et al, 2014). The stimulation allowed them to learn from their mistakes quickly and easily, and furthermore let them get the correct response immediately. As well, they found themselves more confident and willing to use suggestions given to them, such as rapport building and the importance of calm communication (Stanyon et al, 2014). This is an extremely important part of education because they now understand how to properly diffuse a situation and how to recognize when someone is mentally ill.

Stimulation is a new way of learning in order to help clear up situations involving those with mental illness. The relationship between a questionnaire and the e-learning is a good combination because it allows them to not only just memorize techniques but actually apply them to situations they find themselves in. This is one of the better techniques for evaluating and understanding when a person is mentally ill. Furthermore, this type of training could really help mentally ill individuals get the treatment they need.

Another technique used by policing agencies is mobile crisis units. These units are cost effective and efficient. This study looked at how a mobile crisis unit is contacted, the demographic characteristics of people with mental illness, their risk of violence, and analyzed level of need of mentally ill individuals by studying 3635 calls to the mobile crisis units (Lord and Bjerregaard, 2014). The point of this study was to analyze whether the mobile crisis units were really effective and to analyze what the interactions between mentally ill

individuals and police officers is actually like. It is important to analyze units like this because if they are not functioning properly than they either need to be changed or substituted for a technique that does work properly.

The conclusions of this study show how often these units are used as well of the effectiveness of these units. Law enforcement calls deal with often more violent situations, are more likely to pull people out of the situation, and an individual is more likely to be diverted if they have a psychotic condition (Lord and Bjerregaard, 2014). This means that police officers are used to dealing with violent situations in which there is a high level of danger. These mobile crisis units help to diffuse these violent situations so that police officers are able to remain calm and focus on the job ahead of them. Mobile crisis units are good partnerships for police because they are specifically trained in how to diffuse a mentally ill individual who is upset and have access to many more resources than police officers do (Lord and Bjerregaard, 2014). These units give officers more options than just incarceration for those suffering from mental health issues. As well, by diffusing the situation, police officers are less likely to have to use force in order to keep the situation under control.

The implications of this study are extremely important. Mobile crisis units are a good partnership because it allows police officers to have someone properly trained. Through the conclusions, one can see the frequency of calls and the characteristics more likely associated with those with mental illness. Police officers can now analyze mental illness as a factor when dealing with these individuals. Furthermore, the access to different facilities is important because mentally ill individuals are already



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overrepresented throughout the criminal justice system which does not give them the care they really need.

Conclusion

The interactions between mentally ill individuals and police officers are extremely important. Mentally ill individuals are a marginalized group. They are stigmatized against because it is something that people are usually not educated on. People have a very ideological view on what mental illness is; meanwhile others do not believe it exists at all. Unless someone has come into contact with someone with a mental illness they usually do not know how to help them. As well, mental illness is something that is very personal. The severity and degree of a mental illness changes depending on the person and can even change depending on the situation one is in. For instance, there can be certain triggers that set one person off who has a mental illness but does not set off another person. Police officers deal with people every single day in all situations they are doing. Often upon approaching a scene, they do not have much information on it. If they do not know how to identify someone with a mental illness, they could unintentionally escalate the situation which could lead to them using more force than necessary. They may confuse mental illness for other factors associated with mental illness, such as substance abuse, if they are not trained properly.

As well, this study is relevant in order to protect both police officers, and those with mental illness. Police officers need to protect themselves from harm, as much as they have a duty to prevent civilians from harm. Using force hurts the individual but it also is not what police officers enjoy doing. If there is a situation where they do not have to use harm, most police officers will not use

it. Oftentimes police will confuse an individual who suffers from mental illness with an ordinary citizen who is simply being unruly and difficult. This lack of knowledge could mean a police officer gets more aggressive in order to scare the unruly citizen from being difficult. This tactic does not work with mentally ill individuals. Being aggressive only escalates the situation further and makes them more afraid. Instead, building rapport with them and speaking in a calm manner while keeping one's distance begins to diffuse the situation (Stanyon et al, 2014). If a police officer does not know to do this, than it could lead to harm for both the officer and the mentally ill individual.

This kind of research gives a voice to individuals who are usually unheard. People often associate people who are mentally ill with craziness. They are not crazy but have a physical condition which affects them just as much as any other disease. This gives them a voice in demonstrating that while they have a disadvantage, they are not a group that can be disregarded. They have needs just as any other group does, which means that they need to be treated fairly, especially throughout the criminal justice system. Since officers are more likely to deal with them, officers must be aware of the conditions of a mentally ill individual and the strategies to diffuse that situation so that the mentally ill individual is treated fairly and with respect.

The empirical studies both supported and contradicted the theoretical studies. Kerr's study about the use of force against mentally ill individuals contradicts some of the theoretical works. For the most part, the different theories state that use of force is not in excess for those with mental illness but oftentimes is caused by other factors that relate to mental illness such as substance



abuse. Kerr's theory states that mentally ill individuals are injured far more often than those who do not suffer from mental illness. More empirical studies need to be done on this in order to get a better idea of the use of force against mentally ill individuals.

Kerr's study also contradicts Gur's conception of the CIT Model. Kerr's empirical research states that the CIT model does not reduce the use of force on those with mental illness, yet Gur's study states that the CIT model is effective in helping officers identify mentally ill individuals by giving officers 40 hours of training. Forty hours of training is a lot so one would assume that it would be effective in helping officers interact with and identify mentally ill individuals. Further empirical studies need to be done in order to make sure that the CIT model actually works or else it should be eradicated.

Meanwhile, Wells and Shafer's empirical study supported the theory that police officers do need better training. They discovered that police officers do not feel comfortable interacting with those with mental illness and are unsure of how to handle that situation despite their training (Wells and Shafer, 2006). This supports the idea that officers need better training in order to properly handle and identify those with mental illness. If they do not feel comfortable doing this than mistakes are more likely to be made which has detrimental consequences.

Lord and Bjerregaard's empirical study supports the use of mobile crisis units. Mobile crisis units seem to be a very good way of bettering the interactions between mentally ill individuals and police officers. By having someone there who understands their conditions it can help police officers to see patterns in behaviour so they can better

identify those with mental illnesses. Furthermore, mobile crisis units have better access to solutions than do police officers, so this can offer better support for those with mental health issues and really give them the support that they need and deserve.

How well do the police interact with mentally ill individuals and how can this interaction be bettered? That was the research question asked at the beginning of this study. The thesis was that police interact with mentally ill individuals fairly properly, but can use some improvement through partnerships with different organizations or better training. This thesis has been supported. The interaction between police officers and mentally ill individuals is not that bad. Although there are instances of excessive use of force, it does not seem that it is an extremely common phenomenon. These interactions can be improved as proven by empirical studies. It seems as though training through stimulation is very successful. A pre and post study to further test the differences between those without this type of education and those with it would be extremely helpful in seeing the full effects of this training. Furthermore, the mobile crisis units seem to be successful as well in helping officers in their relations with mentally ill individuals. They make officers more comfortable with dealing with mentally ill individuals and also give them a support system to turn to when they are unsure of what to do in a situation.

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