



## Perceptions and experiences of people with mental illness regarding their interactions with police



James D. Livingston<sup>a,\*</sup>, Sarah L. Desmarais<sup>b</sup>, Simon Verdun-Jones<sup>c</sup>, Richard Parent<sup>c</sup>,  
Erin Michalak<sup>d</sup>, Johann Brink<sup>d,e</sup>

<sup>a</sup> Department of Sociology & Criminology, Saint Mary's University, Nova Scotia, Canada

<sup>b</sup> Department of Psychology, North Carolina State University, North Carolina, USA

<sup>c</sup> School of Criminology, Simon Fraser University, British Columbia, Canada

<sup>d</sup> Department of Psychiatry, University of British Columbia, British Columbia, Canada

<sup>e</sup> Forensic Psychiatric Services Commission, BC Mental Health & Substance Use Services, British Columbia, Canada

### ARTICLE INFO

Available online 28 March 2014

#### Keywords:

Police

Mental illness

Perceived Procedural Justice

Mixed method

### ABSTRACT

This study examined the perceptions and lived experiences of people with mental illness in relation to their interactions with the police. A community-based participatory research approach was used and a procedural justice theoretical perspective guided the study. In-depth, semi-structured interviews were conducted by peer researchers with 60 people with mental illness who had interacted with the police and were living in Metro Vancouver, Canada. Among the study participants, contact with the police was frequent and occurred under a diverse range of circumstances. The majority of participants perceived being treated in a procedurally just manner by the police officer(s) who were involved in their most recent interaction. Almost three-quarters ( $n = 43$ , 72%) of participants were generally satisfied with how the police officer(s) had handled their most recent interaction. The slight majority of participants ( $n = 30$ , 51%) rated their previous contacts with the police as a positive experience overall, with 32% ( $n = 19$ ) indicating that their previous interactions with the police were negative life experiences. The findings paint a more balanced picture than that which is often portrayed by the media. Emphasizing a procedural justice framework for police handling of situations involving people with mental illness is a vital step toward improving how these interactions are experienced and perceived.

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### 1. Introduction

In contrast with popular media depictions (Sieff, 2003; Stout, Villegas, & Jennings, 2004), most people with mental illness do not commit criminal or violent acts; however, research suggests that contact with the police is common among this population (Bloom, Rogers, Manson, & Williams, 1986; Gelberg, Linn, & Leake, 1988; Holcomb & Ahr, 1988; Theriot & Segal, 2005). Explanations for the occurrence of these interactions are complex, but generally focus on clinical risk factors, such as co-occurring substance use problems and treatment non-adherence, as well as social and systemic factors, including deinstitutionalization policies, homelessness, poverty, community disorganization, poorly funded and fragmented community-based services, hospital emergency room bed pressures, overly restrictive civil commitment criteria, intolerance of social disorder, and criminal law reforms (Borum, Swanson, Swartz, & Hiday, 1997; Cotton & Coleman, 2010;

Lamb, Weinberger, & Gross, 2004; Silver, 2006; Van Dorn, Volavka, & Johnson, in press). Furthermore, the police play a pivotal role in the application of both civil commitment legislation and criminal procedure on account of their mandated role in society, contributing to the frequency of encounters with people who have mental illness (Cotton & Coleman, 2010).

Increasingly, police officers have assumed expanded functions of maintaining social order, which include responding to mental health crises (Lamb et al., 2004; Patch & Arrigo, 1999). As a result, they can significantly influence the lives of people with mental illness. Police are often the principal first responders to situations involving people with mental illness, which has earned them the monikers “de facto mental health service providers” (Patch & Arrigo, 1999) and “psychiatrists in blue” (Menzies, 1987). In many situations, police officers have considerable discretion to use a range of informal or formal interventions, thereby assuming a gatekeeper function to the mental health and criminal justice systems (Lamb, Weinberger, & DeCuir, 2002; Patch & Arrigo, 1999; Watson, Corrigan, & Ottati, 2004).

Many factors affect the subjective experience of interacting with the police. In addition to the purpose or outcome of the interaction, procedural justice theory suggests that the perceived fairness with which

\* Corresponding author at: 923 Robie Street, Halifax, Nova Scotia, B3H3C3, Canada. Tel.: +1 902 491 6258; fax: +1 902 520 5121.

E-mail address: jamie.livingston@smu.ca (J.D. Livingston).

people are treated during police interactions influences their subjective experience of the encounter (Cascardi, Poythress, & Hall, 2000; Wales, Hiday, & Ray, 2010; Watson & Angell, 2007). Accordingly, the degree to which police officers treat people with dignity and respect, provide them with opportunities to present their own side of the story, and appear concerned for their welfare is likely to affect the nature and perception of these encounters (Watson & Angell, 2007). This is consistent with research showing that people with mental illness who feel powerless and coerced tend to experience higher levels of internalized stigma (Link, Castille, & Stuber, 2008).

Internationally, police services are investing considerable resources in initiatives, such as specialized police response programs and training, designed to improve the manner in which officers respond to and interact with people who have mental illness (Cotton & Coleman, 2010; Parent, 2007; Price, 2005; Steadman, Deane, Borum, & Morrissey, 2000; Tucker, Van Hasselt, & Russell, 2008). Many of these efforts have been triggered by inquiries into fatal encounters involving the police and people with mental illness. A significant limitation of these important initiatives is that they have not been systematically informed by the perspectives and experiences of people who live with mental illness, likely due in part to the dearth of research in this area. We are aware of only two systematic studies that have examined in-depth the perceptions and experiences of people with mental illness regarding their encounters with the police: the first involved interviews with 26 community mental health service users (Watson, Angell, Morabito, & Robinson, 2008) and the second was comprised of interviews with 16 individuals with psychotic illnesses who had been detained by the police (Jones & Mason, 2002). Together, findings of these studies indicate that perceptions vary and are heavily influenced by the attitudes and behaviors of police officers; however, the generalizability of results derived from such small samples is questionable and further research is required.

Using a community-based research approach and guided by procedural justice theory, the present study contributes to this body of knowledge by examining the perceptions and experiences of people with mental illness in relation to their interactions with the police.

## 2. Method

The study protocols were approved by the research ethics committees of the University of British Columbia, Simon Fraser University, and relevant health agencies.

### 2.1. Community-based participatory research (CBPR) approach

The present study focused on sensitive issues involving power differentials among a marginalized population. As such, we employed an inclusive and collaborative research strategy. CBPR describes a way of engaging community members in research; their involvement is not limited to the role of research subject, but rather they are *actively engaged* in all stages of the research process and are involved in co-creating the findings (Minkler & Wallerstein, 2008). Accordingly, people with mental illness were involved in multiple levels of this project: the research team included people who have lived experience with mental illness, the research materials were developed in consultation with people who have mental illness, and the data collection process was led and performed by peer researchers.

### 2.2. Participants

From April to December 2010, 60 participants were recruited from mental health centers and agencies in Metro Vancouver, Canada. Study inclusion criteria were: (a) current diagnosis of schizophrenia, schizoaffective disorder, other psychosis, or bipolar disorder (self-reported); (b) previous contact with police (self-reported); (c) age

19 years or older; (d) able to speak and understand English; and (e) cognitively capable of providing research consent.

### 2.3. Materials

A semi-structured interview guide was developed in consultation with content experts, including people with mental illness who had previous contact with the police. The guide contained detailed questions regarding participants' most recent police encounter, with several items drawn from the *Police Contact Experience Scale* (PCES) (Watson, Angell, Vidalon, & Davis, 2010). The PCES is a standardized measure for assessing situational, procedural, and interpersonal aspects of interactions between people with mental illness and the police. The PCES includes a ten item perceived procedural justice (PPJ) subscale that assesses the extent to which someone believes they have been treated in a procedurally just manner by the police. The PCES also contains a five item perceived coercion (PC) subscale that measures subjective experiences of coercion and a four item satisfaction subscale that assesses the degree to which participants felt that their situation was handled appropriately by police. Additionally, a three item outcome favorability subscale evaluates participants' perspectives regarding the disposition of a police interaction. All items are rated on a 4-point scale ranging from 'strongly disagree' (1) to 'strongly agree' (4). Higher scores on the subscales indicate higher levels of the corresponding construct (e.g., procedural justice, coercion).

Participants' lifetime police interactions were also queried, including frequency and types of contact. In addition, participants were asked to indicate whether their previous interactions were perceived as positive or negative experiences overall, on a 5-point scale ranging from 'very negative' (1) to 'very positive' (5). Finally, participants were asked to identify ways to improve how the police handle situations involving people with mental illness.

### 2.4. Procedures

A range of recruitment strategies was used, including distributing advertisements via email, posters, websites, e-newsletters, and at consumer events. The advertisements provided a brief study description and instructions for contacting the research team. Potential participants were screened for inclusion by a graduate-level research assistant either in person or by telephone. The consent form was reviewed with the potential participant and questions answered. Eligible individuals were booked for an appointment during which a peer researcher obtained written informed consent and proceeded with the interview. Interviews were conducted in private, lasting approximately 60 min. Digital recordings of the interviews were transcribed verbatim. Participants were paid \$10 for their contributions.

## 3. Results

### 3.1. Participants

Participant characteristics are summarized in Table 1. Women represented approximately one-third ( $n = 19$ , 32%) of the sample. Over three-quarters ( $n = 47$ , 78%) self-identified as White/Caucasian. The average age was 45.2 years ( $SD = 10.7$ ); however, the youngest age group (19 to 29 years) was only comprised of four participants. Most ( $n = 54$ , 90%) had a household income of less than \$25,000 CDN and most ( $n = 38$ , 63%) had experienced homelessness. More than half ( $n = 33$ , 55%) had a history of problematic substance use.

Past year victimization was reported by 37% ( $n = 22$ ) of participants. Almost all participants ( $n = 56$ , 93%) had been the victim of a crime during their lifetime, including 72% ( $n = 49$ ) who had been violently victimized. Thirteen percent ( $n = 8$ ) perpetrated a criminal act within the past year. The majority ( $n = 44$ , 73%) reported perpetrating a crime during their lifetime, with 53% ( $n = 32$ ) of participants

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