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Understanding how police officers think about mental/emotional disturbance calls

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ABSTRACT

Police officers frequently respond to calls involving persons with mental illnesses and in doing so, they are key gatekeepers of access to mental health treatment as well as entry into the criminal justice system. Programs such as Crisis Intervention Teams (CIT) are being implemented across the United States and elsewhere to train officers to respond more effectively and facilitate access to mental health services when appropriate. These programs would benefit from a thorough understanding of these encounters from the perspective of police officers. We take as a premise that officers develop frames of reference or "schema" for understanding and responding to these encounters that are shaped by socialization, training, and their experience as police officers. In this study, we examine police officer schema of mental/emotional disturbance (M/EDP) calls. Qualitative interviews provided the foundation to develop the Needs on the Street Interview (NOSI) to tap officer schema of four types of M/EDP scenarios. The NOSI was administered to 147 officers in Chicago and Philadelphia. Latent Class Analysis (LCA) was conducted separately for each scenario to examine groups of officers with different schema as well as predictors of schema group. For three of the four scenarios, officers were classified into a two category or schema model, for the fourth (crime reported) a three category model was supported. Schema groups tended to be differentiated by ratings of level of resistance/threat and substance use. Contrary to our expectations, CIT and law enforcement experience did not predict officer schema group. While the CIT model emphasizes de-escalation skills to reduce resistance and the need for officers to use force, CIT and other training programs may want to consider increasing content related to factors such as co-occurring substance use and managing resistance.

1. Introduction

Police officers encounter persons experiencing mental health problems in a variety of circumstances and must make decisions in the moment about how to best respond. They must quickly assess a situation, often with little background information, and select from a variety of options on how to control and resolve the encounter. The choices officers make have important implications for the immediate safety of all involved, as well as longer term outcomes related to mental health and criminal justice system involvement for persons with mental illnesses.

Some advocates argue that police could respond more safely and effectively facilitate access to mental health services, as opposed to entry into the criminal justice system, if they were more informed about mental illnesses and effective response strategies (Teller, Munetz, Gil, & Ritter, 2006) and confident that appropriate resources are available to them (Steadman et al., 2001). Jurisdictions across the country are implementing training and other interventions designed to address these goals — and there is emerging evidence that some of these approaches are impacting outcomes of interest (e.g. safety and linkage — maybe diversion) (Compton, Bahora, Watson, & Oliva, 2008). These efforts would benefit from a more thorough understanding of these encounters from the perspective of police officers, the accountable decision makers.

In this paper, we briefly review the literature on police response to persons with mental illnesses. This literature focuses primarily on objective call outcomes and use of force. In order to gain insight into what precedes these outcomes, or how officers actually think about these encounters, we then apply schema theory to examine how officers interpret situations involving persons with mental illnesses. We take as a premise that officers develop frames of reference or "schema" for understanding and responding to these encounters that are shaped by socialization, training, and their experience as police officers and explore the nature of police officers' schema of several types of mental/emotional disturbance (MD/EDP) calls.

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1.1. Police response to persons with mental illnesses

There is a broad range of situations in which police encounter people with mental illnesses. These encounters may involve domestic disturbances that occur in a private home, mental health crises, reports of victimization, street stops for identification check, response to significant criminal behavior, or public disturbances/disorderly conduct (Watson, Angell, Morabito, & Robinson, 2008). Officers have several options for resolving these encounters. They may arrest the individual; refer to mental health services or transport the person for an involuntary psychiatric evaluation; resolve the situation informally, for example, asking the individual to leave the scene; or if the individual is a crime victim, take a report and provide assistance.

Bittner (1967), one of the first researchers to examine police interactions with individuals with mental illnesses, found that community level factors, subject characteristics, officer characteristics, and dynamics on the scene all impacted how a situation was resolved. He found that most interactions were resolved in an informal manner. He noted that the involuntary commitment process could be quite time consuming and so police limited their referrals to a few select situations, such as when the subject had attempted suicide, when signs of mental illness were accompanied by violent acts, and when signs of mental illness were accompanied by signs the subject was not able to care for him or herself. Additionally police were more likely to make a referral if the interaction occurred in a public setting. More recent research confirms that police officers tend to favor informal approaches over arrest and transports for involuntary psychiatric evaluation (Green, 1997; Teplin & Pruett, 1992.

While arrest is a relatively rare event across all types of police encounters, research conducted in the late 1970s indicated that people with mental illnesses were more likely to be arrested than those without mental illnesses (Teplin, 1984). More recent research however, suggests that the presence of mental illness actually decreases risk of arrest (Engel & Silver, 2001; Green, 1997). However being under the influence of drugs and being perceived as homeless, both of which are associated with mental illness, were found to increase the risk of arrest (Engel & Silver, 2001). Other factors increasing the risk of arrest in general (not just for persons with mental illnesses) include being young, being a person of color, and having a hostile demeanor (Kochel, Wilson, & Mastrofski, 2011).

1.1.1. Dangerousness and use of force

Focusing solely on outcomes of MD/EDP calls ignores important dynamics related to safety that may occur during the police interaction. Police officers tend to perceive persons with mental illnesses as particularly dangerous (Ruiz, 1993), and there is some evidence that calls involving persons with mental illnesses may be more likely to result in injuries to officers or the person with mental illness (Cordner, 2006). Ruiz (1993) suggests that this expectation of heightened danger on the part of officers may cause them to approach in a manner that contributes to the escalation of violence in the encounter and the need to respond with physical force.

While police rarely resort to physical force (Engel, Sobol, & Worden, 2000; Garner, Maxwell, & Heraux, 2002), it is particularly important to understand its use in interactions with persons with mental illness due to the potential implications for safety of all parties involved. Klahm and Tillyer's (2010) recent literature review of police use of force studies found that subject resistance was one of the most consistent predictors of police use of force. Morabito et al. (2012) also found that resistance was the greatest predictor of use of force in interactions involving people with mental illnesses. When subjects physically resisted, police officers were 20 times more likely to use force. If the resistance was verbal, police were still 4 times more likely to use force than if the subject did not resist at all. Johnson (2011), who conducted one of the few recent studies to examine the relationship between subject mental illness and police use of force, noted that subjects with mental illnesses were more likely to resist by striking officers than those without mental illnesses. He found that when subjects resisted by striking the officer, police officers were 4 times more likely to use force. Therefore, because of their increased tendency to resist arrest, people with mental illnesses may experience higher levels of police force. Johnson (2011) also found that subjects with mental illnesses were more likely to possess a weapon than subjects without apparent mental illnesses (42.9% v. 4.9%). It is possible that when a person has a mental illness, police officers may be more likely to view common objects, such as a chair, as a potential weapon. Regardless, the presence of a weapon presents perhaps the highest level of threat and may increase the likelihood that officers will use force to control the situation.

While perceived mental instability appears to have little impact on the use of force and findings related to alcohol intoxication are mixed, when police perceive that an individual is on drugs there is a higher likelihood that they will use force to resolve a situation (Garner, Maxwell and Heraux, 2002; Johnson, 2011; Kaminski, Digiovanni, & Downs, 2004; Klahm & Tillyer, 2010; Lawton, 2007; Paoline & Terrill, 2004; Terrill, 2005). Given the high rates of co-occurring mental illness and substance use disorders, it is important to examine how the co-occurrence of these issues might impact how officers think about and make decisions in these calls.

1.1.2. Improving police response—CIT

Police departments across the United States and elsewhere have recognized the challenge that responding to calls involving persons with mental illnesses presents. Many have enhanced training on mental health issues and are implementing strategies to improve safety and reduce arrests in these calls. The Crisis Intervention Team (CIT) model is currently the most widely recognized and disseminated model, with over 1000 departments implementing CIT in the United States (Compton, Broussard, Munitz, Oliva, & Watson, 2011). CIT combines police training with improved system coordination between police and mental health services in order to improve safety, increase police referrals to psychiatric treatment and decrease arrests of people with mental illnesses (Steadman, Deane, Borum, & Morrissey, 2000).

To date, there is some evidence that CIT may reduce the use of force with more resistant call subjects (Morabito et al., 2012). Additionally, research suggests that CIT increases referrals to the psychiatric treatment (Teller, Munetz, Gil and Ritter, 2006; Watson et al., 2010). However, there is scant empirical support at this time for the assertion that CIT decreases the arrest rate for this population (Watson et al., 2010). In addition to emerging evidence of CITs' impact on the use of force and some call outcomes, CIT training has been found to increase officer knowledge about mental illness and treatment, decrease mental illness stigma, and increase comfort and self-efficacy for responding to mental health related calls (Compton, Bahora, Watson and Oliva, 2008). Thus, CIT officers may think about and respond differently to MD/EDP calls than their non-CIT trained peers. However, research has yet to examine how CIT may shape the schema officers develop for MD/EDP calls.

1.2. Schema theory

Schema theory suggests that people use complex cognitive structures, schemas, to organize knowledge about events, people, and systems and describes how the context of situations determines which schemas are accessed to interpret and respond to specific situations. Schemas are "interconnected in long term memory and allow for greater cognitive efficiency (Lurigio & Stalans, 1990)." Once activated in a situational context, schemas provide a framework for interpreting events, people, and situations. In addition to guiding the encoding and retrieval of information from memory, schemas provide a basis for filling in information gaps and short cuts for problem solving (Taylor & Crocker, 1981). For any given situation, a person may have more than one applicable schema. In that case, the schema used is the one most easily retrieved from memory (Bruner, 1957). Factors that influence accessibility include