

Chapter 13

The Evolution of Police Interactions with People with Mental Health Problems: The Third Generation (Strategic) Approach

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ABSTRACT

As early as the 1970s, some police agencies began to develop education and training initiatives as well as specialized response initiatives to assist police in responding to calls for service involving people with mental health problems. Various versions of Memphis's Crisis Intervention Team program as well as various co-response models have become increasingly common. However, the effectiveness of these often stand-alone programs remains unclear. What has become clear is that police agencies require a strategic approach to interactions between police and vulnerable populations including those with mental health problems. This chapter, which provides an overview of the evolution of these specialized police responses, proposes that there is a need for a more comprehensive third generation approach—a strategic approach—rather than solely a “program” approach. Identification is made of specific areas in which the unique skills of psychologists are important in furthering the success of the necessary strategic approach.

INTRODUCTION

Interactions between police and people who appear to be experiencing mental health problems (P/MHP)¹ are both common and problematic. Although reliable data have been scarce, it appears that such interactions might be more frequent in recent years (Boyce, Rotenberg, & Karam, 2015). However, it is less clear whether there has been an actual increase in the number of situations or if the apparent increase

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in numbers is attributable to improved identification and recording of such events by police. Certainly, there is an increase in the attention that this issue has garnered, both from police and the public.

The nature and causes of these interactions is complex. Although deinstitutionalization during the 1950s and 1960s has been generally viewed as a major causative factor, there are a variety of other forces which also come to play. For instance, on the one hand, improved treatments have increased the likelihood that people who were formerly confined to institutions are now able to live in the community. Furthermore, legislation has changed to reflect a greater focus on human rights and freedoms for P/MHP; this makes it more likely that their desire to live in the community will be honored.

On the other hand, the views of much of society have tended to shift to the right of the political spectrum; the apparent result is less tolerance of P/MHP for what might be perceived by some as deviant behavior. This “law and order” mentality has influenced law and policy and, thus, arguably the nature of police responses. These and other factors such as the relative inaccessibility of community-based services in many jurisdictions and the persistent perception of an association between mental health problems and violence have led to a sometimes uneasy situation in which police are active participants in the everyday life of many P/MHP, sometimes ambivalently (Brink et al., 2011). Of note, a significant proportion of people with mental health problems have their first encounter with the mental health system as the result of a police interaction (Brink et al., 2011).

The nature of police interactions with P/MHP is highly variable. While some such interactions are crisis situations that might result in an apprehension under a mental health act or an arrest for criminal behavior, many interactions—perhaps even most interactions—are not crises. These might include:

- Minor and non-criminal disturbances in which a person appears to be mentally ill, emotionally disturbed or cognitively impaired;
- Situations in which a P/MHP is the victim of or witness to an offence;
- Situations in which family and support persons of P/MHP call police for assistance; and
- Situations involving social support and informal contacts by police.

Consistent with the fundamental principles of contemporary policing (Coleman & Cotton, 2014a, p. 16), many police organizations have worked to improve their ability to respond to situations involving P/MHP. The two predominant initiatives in this area over time have involved (1) education and training of police officers and other police employees about mental health problems and the mental health system, and (2) specialized police responses, generally in the form of add-on focused operational programs oriented toward response to calls-for-service involving P/MHP. However, while much progress has been made through the implementation of these two types of initiatives, the issue does not appear to have abated—and indeed, appears to be more complex than ever. This complexity suggests a broader strategic approach is likely more appropriate; this approach is one that focuses not only on a case-by-case response to specific situations involving a person with a mental illness, but also addresses the much broader issues of similar vulnerable populations, and the wide variety of situations in which police might encounter members of these populations. In essence, a strategic approach elevates these issues within the organization to a position in which the problem itself can be addressed, rather than simply the symptoms.

The objective of this chapter is to track the evolution of police responses to this important social issue by way of providing:

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