A Community Policing Approach to Persons with Mental Illness

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Encounters with persons with mental illness have long posed a significant challenge for police and have become commonplace since the advent of deinstitutionalization. Standard responses to this challenge have included better training for general patrol officers and, in larger police departments, the deployment of specialist officers or teams. A full-fledged community policing approach might offer greater potential than these limited "professional model" remedies for improving services and avoiding use-of-force tragedies. This community policing approach emphasizes collaboration, partnerships, prevention, and problem solving and relies primarily upon generalist officers permanently assigned to neighborhoods.

Historical Perspective

Long before the police came to be seen principally as crime fighters and crime investigators, they were busy "keeping the peace"—that is, maintaining order, quelling disputes, quieting noise, clearing the streets, and so forth. This fundamental mission, which has always had a strong urban flavor, had much to do with the seamier side of the industrial revolution. When factories and commerce attracted thousands of people from the countryside to the city, and later from Europe to America, those who moved were literally uprooted people. Consequently, cities and towns experienced the problems of homelessness and unsupervised children that arrived along with the immigrants and others in desperate straits. They also filled with lots of people who had, for the first time, wage-paying jobs, and thus money to spend on entertainment, liquor, gambling, and other pursuits. Amid this turbulence, concern grew about dangerous elements and dangerous classes, representing a witch's brew of ethnic, racial, economic, and political animosities, along with specific fears of unions, strikes, and riots.[1] Working class people and propertied elites alike turned to the police as the primary instrument for keeping the peace in such messy times. They still do.

Undoubtedly, within this primary police mission of peacekeeping have always lurked police encounters with persons with mental illness.[2] Prior to deinstitutionalization and the due process revolution in the courts, police had at least three handy alternatives when they encountered a person whose behavior was unpredictable, unexplained, or extreme: (1) they could arrest, jail, and charge the person with disorderly conduct or disturbing the peace; (2) they could detain the person overnight but then release the detainee without charge; or (3) they could involuntarily commit the person to a mental institution of some sort. These were pretty powerful alternatives that served the police (if not their "clients") rather well. However, option 2 eventually fell into disfavor with the courts, and option 3 became much more difficult after deinstitutionalization.[3] The use of option 1 has been constrained as well, mainly because jailers have become more conscious of civil liability risks and less willing to accept, without regard to their condition, every person the police arrest.

Thus, the modern dilemma. The public still expects the police to keep the peace, and with "911" emergency service calls, the police are more accessible

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than ever. Also, thanks to deinstitutionalization, more persons with mental illness are in the community rather than in institutions, thereby increasing the likelihood of encounters with the police. However, the options available to the police are now quite limited.

Contemporary Issues

From the general standpoint of police reform and the improvement of police performance, that is, in terms of major police issues in the year 2000, encounters with persons with mental illness fit into three key categories of larger concern. One is simply quality service; police departments and their communities want all kinds of incidents and encounters to be dealt with legally, equitably, and effectively. From this perspective, encounters with persons with mental illness represent a very complicated situation, as they call for advanced knowledge and skills, while the options available to police officers are significantly constrained.[4] Put simply, it is a challenge to figure out the right thing to do, to get the person with mental illness to comply, and to get the legal and psychiatric communities to cooperate.

A second general category into which this particular issue fits is our continuing desire to structure police discretion and to limit "the overreach of the criminal law." Given deinstitutionalization, the simplest option available to a police officer encountering someone whose behavior is unusual and disturbing is to arrest the person for disorderly conduct. If the officer can get the jail to accept custody of the arrested person, then the officer's immediate problem (and the complainant's, if the officer was responding to a call) is over. However, neither the jail nor the courts really want to see persons with serious mental illnesses arrested, detained, and tried; nor do mental health professionals or police officials. For that matter, the public would probably agree in principle that the criminal law is the wrong tool for such situations. But the reality is that the criminal law sometimes seems like the only option, or at least the only viable option, and therefore it continues to get abused when police encounter persons with mental illness.[5]

Third, and perhaps most significantly, the specific issue of police encounters with persons with mental illness intersects with the crucial general concern about police use of force. A fundamental element of the police function is the authority to use "nonnegotiably coercive force employed in accordance with the dictates of an intuitive grasp of situational exigencies."[6] For all our commitment to policing by consent and our acknowledgment of the historical peacekeeping mission of police work, "everybody knows" that we call the police, in part, when everything else has failed and when force may be required, up to and including deadly force. Although questions of reasonableness are often raised in the aftermath of incidents of police use of force, particularly deadly force, few question the necessity of this aspect of police authority or the inevitability of its use.

Unfortunately, the police license and capability to use force is often brought into play during encounters with persons with mental illness. For example, between 1994 and 1999, officers of the Los Angeles Police Department (LAPD) shot 37 people and killed 25 in such encounters.[7] Because the behavior of persons with mental illness is sometimes unpredictable and threatening, it often stimulates forceful responses from officers. Furthermore, initial actions by officers, in the form of verbal commands, may be particularly ineffective with persons with mental illness, thus making escalated police responses even more likely.

Professional Model Remedies

What modern thinkers call the professional model of policing, exemplified by the best aspects of the 1950s and 1960s era popular images of the FBI and the LAPD, held sway over police reform for most of the 20th century.[8] Fundamentally, this model emphasized the central role of professional expertise in establishing police legitimacy and achieving efficiency and effectiveness. On a practical level, the professional model relied on such devices as employment standards, training, paramilitary organization, the law, and technology as its principal means of improving police performance and limiting abuses of police authority.

The professional model offers two primary remedies to improve police handling of persons with mental illness, training and specialization. The rationale behind training is that police officers can improve their performance in this area if they have more knowledge and/or better skills. Over the past 10 to 20 years, many police departments and police academies have implemented enhanced training with respect to encounters with persons with mental illness, supported by state and national level mandates and curricula.[9, 10] However, this training tends to be rel-

atively brief and represents a minuscule portion of overall police training.[7] Given the tremendously wide range of social issues about which the police must be knowledgeable, and the extremely diverse set of activities that police perform, it may be naive to expect every police officer to become an expert on mental illness, a skilled counselor, or even just a competent field worker.

Because of this daunting challenge facing the generalist patrol officer, some police departments have attempted to develop specialist officers and/or teams that either provide an immediate response to encounters with persons with mental illness or that provide prompt support to regular patrol officers engaged in such encounters.[11] The rationale behind this approach is that a few officers can develop expertise in handling persons with mental illness if they have special training and if they then practice their skills and use their knowledge regularly. This approach becomes even more powerful if these specialist officers are teamed with mental health professionals. Realistically, however, this approach is probably limited to relatively large police departments that can justify this type of specialization, that have a sufficient volume of encounters such that specialist officers can hone and maintain their skills, and that have mental health professionals near at hand. This scenario should hold true for most of the larger agencies in metropolitan areas, but not for the vast majority of U.S. police departments, which have 25 or fewer sworn employees.

Beyond these two basic approaches of training and specialization, some other specific professional-model remedies have potential for improving police handling of persons with mental illness. One is improved police data and information systems. A study in Lexington, KY revealed that neither the police department nor the fire department/emergency medical system data systems captured reliable information about calls and encounters involving persons with mental illness (a characteristic not restricted to this one city), making it very difficult to conduct useful analyses.[12] Moreover, these systems did not capture or store information about individual chronic clients, thus denying patrol officers any opportunity to be notified that the person they have encountered on the street, or the subject of the call to which they are responding, has a mental health-related history with the police department.

While storage of such information raises obvious privacy concerns, officers in Lexington indicated that they wished it was available. They reported that, in the absence of such information from the organization's systems, knowledge about chronic mental health clients was fragmented among individual officers. As a result, the particular patrol officer encountering a subject experiencing a mental health emergency often operated in a vacuum, even though 5 or 10 other officers in the agency "knew all about" the subject and his behavior. This situation particularly affects younger patrol officers, of course, who in turn tend to be disproportionately assigned to evening and night shifts in many departments, when call loads are highest.

Developments in less-than-lethal (LTL) weaponry also have potential to improve police handling of persons with mental illness by reducing the level of force used by the police and avoiding shootings and fatalities. One of the challenges in this arena is that, in order for it to be useful and practical, LTL equipment has to be readily available to patrol officers and easy to use. In other words, equipment that is stored back at the station, or even in supervisors' cars, may not get to the scene in time to help an officer confronting a subject with a knife or a subject behaving wildly and violently. For that matter, equipment in the trunk of the officer's patrol car may not be accessible during the encounter, at the moment that the officer realizes it might be needed. For these kinds of reasons, pepper spray, which officers can easily carry on their persons, became the popular new LTL technology of the past decade.[13] Studies of its effectiveness in specific encounters are promising, but the degree to which it has reduced the overall number of police shootings, if at all, is unknown. It may be that the availability and use of pepper spray has reduced police use of batons, flashlights, and strenuous holds, as well as reducing the need for police to wrestle with and fight subjects, more than it has reduced police shootings.

A Community Policing Approach

The dominant reform strategy in policing over the last 10 to 20 years has been community policing. This strategy builds upon the professional model of policing, but it gives greater importance to partnerships, problem solving, and prevention.[14] The imagery is one of police and communities working together to solve problems and prevent crime and disorder. Some of the most visible and common ways

of operationalizing community policing include foot patrol, bike patrol, mini-stations, neighborhood watch, and school-based programs. At its best, however, community policing represents a more far-reaching reform agenda with philosophical, strategic, tactical, and organizational dimensions.[15]

The partnership element of community policing has direct applicability to police handling of persons with mental illness. On an operational level, when police are able to develop collaborative relationships with judicial and mental health professionals, including hospital emergency centers and state hospitals, the often complicated and time-consuming processes for emergency mental health assessments, voluntary commitments, and involuntary commitments can be streamlined, and breakdowns in the system can be identified, discussed, and resolved. This approach can go a long way toward easing police officers' complaints about unsympathetic medical personnel and about having to "babysit" persons experiencing mental health crises for hours.

Ideally, police departments could develop even more substantive partnerships with concerned local groups such as NAMI (National Alliance for the Mentally Ill) chapters. This kind of partnership would embody more of the spirit of community policing. Instead of just working with others in "the system" to enhance its efficiency, this type of partnership would bring the police together with persons with mental illness, family members, advocates, and professionals to work on the whole issue and develop responses that emphasize crisis intervention and prevention and that balance the interests of everyone involved.[11] This approach would place the police into more of an advocacy role, which obviously entails some political risk. However, progressive police executives have long maintained that police have an obligation to take a leadership role with respect to social issues and to speak up on behalf of disenfranchised and stigmatized groups.[16]

Another basic element of community policing that is pertinent to police handling of persons with mental illness is problem solving.[17] This element of community policing should not be confused with crisis intervention or conflict resolution. In the police vernacular, problem solving refers to an effort to look beyond individual incidents (calls, arrests, encounters, etc.) in search of the underlying issues and conditions (i.e., problems) that generate the incidents. Multiple calls to one address might signal an underlying problem, as might a pattern of crimes in a neighborhood or across the city. When a problem is identified, the problem-solving approach then calls for careful analysis, an uninhibited search for tailor-made responses, and careful evaluation to determine whether further action is needed.[18]

In many ways, police problem solving mimics the public health approach to disease, attempting to deal with causes rather than symptoms. Police are quick to point out, however, that the root causes of crime and disorder (poverty, substance abuse, etc.) are beyond their scope. In fact, the problem-solving approach tends to focus on middle-range conditions rather than root causes. When dealing with convenience store robberies, for example, the approach might look at the stores' money-handling systems, their physical design, their hours of operation, their staffing levels, and so forth.

One avenue taken in a problem-solving project focused on police handling of persons with mental illness in Lexington, KY was to search for locations where these "problems" were concentrated.[19] Although the effort was hampered by data limitations, as noted earlier, some interesting findings emerged. Not surprisingly, two hospital trauma centers that handled mental health emergency cases generated numerous calls to the police, as did a state hospital in the city, two homeless shelters, and three boarding homes. The suggestion was made that the police department ought to sit down with officials from each of these facilities to see whether customized responses could reduce the number of mental health-related calls to the police at each location.

Similarly, 10 apartment buildings in Lexington were found to have generated at least three calls each during one year that were determined to be mental health-related. The suspicion that these calls represented just the tip of the iceberg was confirmed in at least one case, that of an apartment building that had logged six "official" calls but that was found to have generated 33 total calls of a varied nature from just one chronic complainant known to suffer from mental illness. In a situation such as this, the suggestion would be to contact this chronic complainant, his landlord, and his caregivers in an effort to change his behavior and thus prevent, or at least reduce, future unfounded calls to the police department.

In addition to working together (collaboration and partnerships) and working smarter (problem solving), community policing has at least one other

element that might contribute positively to police handling of persons with mental illness. Community policing tries to focus police attention on manageable-size areas of geographic responsibility. In large measure, this boils down to assigning patrol officers more-or-less permanently to neighborhoods. Such permanent assignments are designed to increase police officers' knowledge of and sense of identification with the neighborhoods in which they work, concurrently enabling neighborhood residents to identify "their" officers.

In many respects, this represents an effort by urban police to recapture some of the natural advantages of small town policing. I can testify to these advantages as they relate to encounters with persons with mental illness. While serving as police chief in the small town of St. Michaels, MD (population 1,300) a few years ago, I responded to a disturbance call one night and discovered a young woman brandishing a butcher knife. She was threatening everyone in general, but no one in particular, and seemed to be upset and distraught. Although she made some comments about harming herself, and some half-hearted gestures in my direction, a state trooper and I were able to talk her into dropping her knife within about 10 minutes. It helped immeasurably that I knew who she was, had dealt with her before in a variety of situations, and knew that she was given to "episodes." Although I had no idea what her clinical condition was, I was pretty confident that she meant me no harm, and I never came close to using force to subdue her.

In another instance, I took a man into custody for threatening and disorderly conduct in and around a church. He immediately became docile, but also completely non-communicative. I suspected that there was a mental health basis for his behavior, but I didn't know who he was and he carried no identification. Baffled, I took him to jail, where fortunately a deputy sheriff thought he recognized him, and a few phone calls later we had him identified and had contacted his family. Unfortunately, the family refused to come to his aid, but at least we were able to get some information about his condition and then initiate the mental health assessment and commitment process. In this case, the man would probably have been jailed and prosecuted but for the local knowledge provided by the deputy sheriff.

These "Andy of Mayberry"* experiences of mine illustrate, I think, some of the advantages that can accrue from community policing, even in big cities. When officers get to know their assigned neighborhoods and the residents thereof, they gain an advantage. More frequently than otherwise, they know something about the people they encounter. This knowledge helps them diagnose situations more accurately, choose more appropriate dispositions, and judge whether force really needs to be used. With respect to persons with mental illness, a patrol officer's familiarity with particular individuals, their families, and their neighbors can make a big difference in how situations are handled.

If we take this line of reasoning one step farther, it might be reasonable to expect that a permanently assigned beat officer would make a point of being familiar with any of her constituents who have chronic mental health problems, including knowing where they live and work. This beat officer might even check in on such persons periodically or check with family members and neighbors. Similarly, beat officers might make periodic visits to group homes, homeless shelters, and the like.

Needless to say, this kind of proactive policing raises privacy issues. Unless a person with mental illness is under some type of court jurisdiction, the police might lack any legal basis for checking on them, and such police visits might not be welcomed by clients themselves, advocates, or family members. Police and others would need to meet together to decide where to draw the line on overly intrusive and invasive police initiatives. In general, however, it would seem to be in everyone's best interests for beat patrol officers to be as familiar as possible with persons likely to experience mental health emergencies, to enhance both prevention and effective intervention.

Realistically, of course, big city patrol officers are unlikely to enjoy the degree of familiarity with their constituents that Barney Fife enjoyed in Mayberry and that I enjoyed in St. Michaels. Anything that increases their knowledge about their beats and residents, however, such as permanent beat assignment, should improve their ability to respond in a measured and appropriate manner during mental health emergencies, as well as to initiate reasonable problem solving and prevention efforts. Handling of persons

* Sheriff Andy Taylor, along with officer Barney Fife, policed the small, rural, fictional town of Mayberry, North Carolina on American televison in the 1960s. The comedy show was very popular and is still shown as re-runs. In American popular culture, "Mayberry" is the epitome of the rural small town, and Andy and Barney represent two of the stereotypes of small town policing.

with mental illness, like many other aspects of modern policing, is done best by officers who know something about such persons and their situations. Wherever possible, we should be striving to adopt a more personal style of policing rather than the stranger-style that has long dominated both the image and reality of American policing.

Conclusion

Unless scientific breakthroughs greatly reduce the kinds of behavior that bring people with mental illness into contact with the police, this is destined to be a problematic issue. Police departments can improve the quality of services that they deliver in these kinds of situations and reduce the risk of tragedies, through such straightforward remedies as training, specialization, better information systems, and enhanced less-than-lethal technology. To make a quantum leap forward in this area, however, police departments should take a more community-oriented and problem-oriented approach. Through increased emphasis on collaboration, partnerships, prevention, and problem solving, and by empowering beat officers who really know their communities and constituents, police agencies can more effectively achieve the ideal of justice and safety for all.

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