

Commentary: Police Officers and Persons with Mental Illness

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Silverstone *et al.* present a study outlining the success of a novel training program implemented in Edmonton, Alberta, Canada, to train police officers to interact with persons who may have a psychiatric disorder. The training was well accepted by the participants and was novel in its use of professional actors to portray persons with mental illness across six model scenarios. I outline the need for such training and comment on certain aspects of this particular program, including overall design, usefulness, and limitations.

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On July 5, 2011, Kelly Thomas, a 37-year-old homeless man with a history of schizophrenia, was spotted and approached at a Fullerton, California, bus station by a local police officer after there was a report of someone vandalizing cars in the area. Six officers and 34 minutes later, Mr. Thomas was on his way to the emergency room, only to die in the hospital after five days in a coma.¹ He had been severely beaten. Mr. Thomas was viewed by police as noncompliant with their commands, but on video, he appeared to be having difficulty complying. His death led to public protests and garnered national attention. Eventually, three of the six police officers were charged in his death and, at this writing, are awaiting trial.² The police chief eventually resigned, and three city council members were recalled in a special election because their responses to this incident were thought to be inadequate.^{3,4} Civil litigation against the Fullerton Police Department in this case is pending.⁵ The Kelly Thomas case has galvanized public attention to the interactions of law enforcement personnel with persons who have a mental illness and has raised many questions: Could the death of Mr. Thomas have been prevented? What are the factors that led to such a tragic result? What are the attitudes of police officers toward the mentally ill and homeless? How

are police officers trained to respond to persons with mental illness? Is their training adequate, and does it accomplish its mission?

Since the age of deinstitutionalization, many of the severely mentally ill persons who were once housed in state hospitals have ended up in state prisons. Along the way, they encountered law enforcement. In addition, police officers are routinely involved in the detention of mentally ill individuals who need evaluation for emergency hospitalization and possible civil commitment. Therefore, police officers commonly interact with persons who are mentally ill. The National Alliance for the Mentally Ill (NAMI) has proposed the development of Crisis Intervention Teams (CITs), designed to improve the way law enforcement and the community respond to people experiencing mental health crises.⁶ However, many jurisdictions have not developed these teams, and the task of detaining a mentally ill person is left solely to law enforcement. Furthermore, encounters with mentally ill persons are ubiquitous in police work, and reliance on a special team may not always be feasible or convenient. Because of the frequency of these encounters, the attitudes of police in working with the mentally ill may be shaped by their experiences with this population. Often, the police encounter mentally ill persons at their worst, in times of crisis, and thus the officers' attitudes toward dealing with them may be negatively affected.

In a study of Canadian police officers in their interactions with the mentally ill, the more experienced officers felt less positively toward such individuals.⁷ Why? Is it because of police burnout or a history of

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bad experiences when dealing with mentally ill individuals? In contrast, in a survey of correctional officers, their attitudes toward the mentally ill became more benevolent with experience.⁸ A more positive attitude, gained from longer experience with the mentally ill, may reflect the fact that, unlike police officers, correctional officers interact with mentally ill persons, not only at times of crisis, but also when their mental illness is well controlled.

Most models of police training focus on educating officers about mental illness symptoms and on teaching skills in crisis management and de-escalation. Many models fail to address the attitudes of police officers toward this task or to provide feedback on their capacity for empathy. The model that Silverstone *et al.*⁹ have proposed for training police officers on positive interaction with the mentally ill is an approach that covers both. It is unique in the provision of feedback to officers from actors who portray persons with mental illness. The limitation of this approach is that the actors are not mentally ill and cannot necessarily portray how a person with a mental illness might respond. This exercise, however, represents a major first step in providing feedback to the individual police officer.

The Model Scenarios

Police officers encounter a wide variety of situations involving persons with mental illness. The six model scenarios used by Silverstone *et al.*⁹ were developed with input from the local Canadian law enforcement authorities. Thus, they most likely reflect the common types of situations involving mentally ill persons that police encounter in that jurisdiction. This certainly gives them utility as a training tool. However, there may be jurisdictional variations in the number and types of encounters a police officer may experience with a mentally ill individual. In addition, they may not represent all the types of situations where a bad outcome is more likely. Depression, suicidal thinking, and domestic disputes (scenarios 1, 4, and 6), scenarios where the subject is likely to be able to understand and communicate, may be more easily managed by police officers than situations where a subject may not be oriented to reality and therefore is more unpredictable (scenarios with psychotic, intoxicated, and manic individuals). The use of professional actors in this model, although it significantly contributes to the cost of the training,

may assist in the creation of scenarios that more accurately replicate real-life experience.

Teaching Skills and Fostering Benevolent Attitudes

Rather than sitting in a classroom listening to lectures that present information about mental illness, the police training in this study involved active role playing and practice. This allowed for real-world experiences in the safety of a controlled environment. This type of training is essential in developing certain skill sets needed in crisis intervention (e.g., active listening and body language interpretation), and not surprisingly, this factor was viewed as the most beneficial one in the training exercises. Most trainees preferred that the feedback be given by the facilitators rather than the actors, reflecting the value they place on the opinions of similarly trained peers. Of interest, the actors themselves were somewhat nervous in giving feedback to the officers initially, but their discomfort dissipated with time.

Teaching skill sets may be easier than developing police officer empathy and benevolence toward persons with mental illness, because of the time limitations of the training. Changing attitudes takes more time than a single day of training can provide. As mentioned previously, the actors' feedback can at least provide the officers with information about how they may come across to mentally ill individuals, which would afford the officers time for self-reflection and change. Perhaps an additional consideration would be to provide police officers with an experience interacting with persons who have a major mental illness, but who are currently doing well with treatment. If police officers could understand that persons with mental disorders who are in crises are not behaving as they normally do, they might learn to view them more empathically at times of crisis.

Acceptance of Training Experience

Silverstone *et al.*⁹ have provided a novel police training model that was well accepted and viewed very favorably by training participants. It is also efficient for trainees, requiring that they miss only one day of active duty. It is less efficient for the training providers (it took two months to put together), but once scenarios are developed and actors trained, it would be easy to use this model several times a year with the same trainers but different trainees. Al-

though cost effectiveness is of some concern, it is important to note that many new police officers have never interacted with persons with mental illness. This fact can be used as a justification for the cost associated with the training. Research looking at the long-term benefits of such training, such as a potential decrease in incidents with negative outcomes involving mentally ill individuals, would shed light by including a cost-benefit analysis.

In summary, police have a very difficult job and are frequently called on to respond to potentially dangerous situations involving persons with mental illness. Anything that can be done to lessen the likelihood of a negative outcome, such as the tragedy that occurred in the Kelly Thomas case, would be highly beneficial to persons with mental illness, to the safety of police officers, and to society at large.

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