

# Responding to the Mentally Ill: Adequately Trained or Just a Fallacy

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## *Abstract*

*With the rapid growth in the State of Florida, and the closings of mental health institutions, police officers have long played a critical role in the crisis intervention with the mentally ill. This research project examines the current state of readiness for Florida law enforcement regarding the police officers response to the mentally ill. This study presents results from a survey sent to Florida police, sheriffs; and state law enforcement. This research presented in this project finds that while most agencies says that more training is needed, they are happy with their current state of training regarding the mentally ill.*

## Introduction

One of the basic fundamental duties a police officer face each day is responding to citizen's calls for intervention for people in crisis. Law enforcement has long played a critical role in the identification and management of persons in crisis (McNeil, Hatcher, Ziener 1991). Most police agencies are often the first called to deal with mental health emergencies. As a result, police officers are seen as a street psychiatrist and often handle duties there not equipped to handle properly (Husted, Charter, Perrou 1995).

Several months ago I had an opportunity to witness first hand an officer response to a person in crisis. While driving through the city, a worried citizen stopped me and told me about a gentleman standing near the city park, as she would put it, "acting strange". I radioed the communications center and told them of the situation and called for a patrol officer to respond. Upon arrival of the officer, he met the person whom the citizen described as acting strange. I will describe the officer as a person with less than five years experience, but knowledgeable of the job. While standing in as a back up, I watched the interaction between the officer and the person in crisis. He was definitely in need of intervention. As the officer began to interact with the male in crisis, I immediately noticed the officer lacked compassion, people skills, or formal training with a person in crisis. I can best describe the situation as the more the officer spoke, the angrier the man in crisis became. I eventually stepped in and started a dialog; I eventually calm him down and was able to get him the help he needed. I truly believe that if I did not step in or was not present, someone would probably have been assaulted or seriously hurt. After the conclusion of the call, I wondered just how well other police officers across the state are trained to deal with a person in crisis.

If you pick up a newspaper you will come to a clear understanding really fast, just how many officers and citizens are killed or injured during those encounters. In 2005, a Palm Beach County sheriff's deputy fatally shot an unstable woman after she attacked him and another deputy with a 13-inch knife in an attempt to kill them after they were called to the residence to take her into custody for a psychological evaluation. The deputies were there at the request of the husband who met with the deputies at the station prior to arriving at the residence (Fooksman 2006).

A Shelby Ohio police officer Shawn Mower shoots and kills Milton Gaines, also known as "Karate Man." Mowery arrived at Gaines' home at 505 Crawford St., a few blocks east of Cleveland Regional Medical Center, to serve involuntary commitment papers that would force Gaines to undergo psychiatric treatment. Gaines became combative and Mowery called for backup. The two got into a struggle and Mowery defended himself by shooting Gaines. (Brown Watch 2004)

In San Antonio Texas police officer Juan Herrera shot and killed 30-year-old Michael Pais in the parking lot of a Texas gas station. The shooting was caught on video surveillance tape. Herrera was stopped by Pais' father because he was acting agitated after they argued. Herrera was asked to calm Michael down. During the encounter Pais is seen reaching into his pockets, was shot by Herrera, and subsequently died of his injuries. After the shooting, Pais' father publicly criticized the police saying, "he wished he never stopped the officer" (Summers 2006).

In light of the documented deaths associated with officers' response to persons in crisis, we must answer the following questions: 1) Are law enforcement officers adequately trained to deal with a person in crisis? 2) How would you describe the responding officers' level of training? 3) Are the majority of your calls involving person(s) with mental illness handled by officers that lack training?

This study will also bring a realistic view of just how serious this issue has become for law enforcement across America. This is a serious problem in the law enforcement community all across America. As Florida continues to grow at 1000 people each day, mental institution closing their doors, war veterans returning back into our communities we have to take a serious look at what we're doing.

## Background

These incidents mentioned are just the tip of the iceberg and should serve as a wake up call for all police administrators of the importance of the role that police officers play as first responders to people in crisis. The problem seems as though no one is taking it seriously enough to train the entire police force. (In 1998, people with mental illnesses killed law enforcement officer at rate 5.5 times greater than the rest of the population (Brown, Langan 2001).) Most law enforcement agencies publicly admit they only have several members that have received some crisis intervention training, but it's a small percentage of the officers that are actually responding to the crisis calls. More than often police are

the first and typically the sole community resource called to respond to the calls for person(s) in crisis. The responding officer has the ultimate responsibility to recognize the need for treatment for a person in crisis and ensure they get the help they need. Several agencies responded to a survey asking that status of their training for their agency and how confident they were with the training they've received.

Not surprising, there is not much research done specifically on the subject of the state of police training in regards to the mentally ill. There are only opinions from doctors, social service groups and health care providers, that police agencies needs more training. You can find the horror stories of incidents that went terribly wrong and the public outcry against the police officer who killed or injured the person(s) in crisis.

The rationale for the police to intervene in the lives of person in crisis comes from two common principles of law: the power and authority of the police to safely protect the community (Lamb, Weinberger, Decuir 2002). The public demands and thinks that police officers have a legal obligation to respond to calls and provide service 24 hours a day, seven days a week. This is a problem that not only exists in Florida, but all across this great nation. The purpose and rationale is to will try and establish for police administrators the status of law enforcement training agency wide regarding a person in crisis.

### *Legal Concerns*

One major issue discovered that dramatically have an effect on law enforcement is civil litigation for failure to properly train police officers. The two most common civil suits brought against law enforcement leaders are failure to properly train and supervise and failure to provide adequate training (Hill, Quill, Ellis 2004). The Supreme Court said in *City of Canton v. Harris* that liability can be attached against a municipality where the municipality failure to train reflects a deliberate indifference to the constitutional rights of citizens (Hill, Quill, Ellis 2004). Instead of waiting for a deadly traumatic event, or an inquest by an outside agency, it is suggested that law enforcement leaders should be proactive in making policy changes and training requirements regarding the CIT. (Rogers 2000)

### *Model Programs*

Memphis Police Department in Tennessee is crowned the leader in Crisis Intervention Training (CIT) in the United States. Memphis Police Department took the lead and adopted the concept in 1988 after the tragic shooting of a mentally ill man. Police agencies from Miami, Cincinnati, Chicago, Detroit, Seattle, Portland, Ore; San Jose Ca.; Waterloo, Ia.; Houston and many more have adopted similar programs (Chanen 2000). Dr. Mark Reinstein, president of the Mental Health Association (ASA) in Michigan, told the *Psychiatric News*. "This is necessary and important training that will benefit the police officer and the people they come in contact with". The possibility of hostile confrontation will be

lessened” (Psychiatric News 2003). In the State of California, legislation was passed that mandates Peace officers Standards and Training Commission (P.O.S.T.) to include training in the Basic Course by July 1, 1990. Any individual completing the Regular Basic Course after this date has completed the training.

But there are also the horror stories, the ACLU in 2002, in a federal civil court case filing, said that “Miami officers have a shoot and ask questions later mentality”. The suit also claims that there were not any CIT team members on duty at the time of the incident (Duff et,al 2002). David Montgomery, a paranoid schizophrenic in the Tampa Bay area, who once stabbed an officer in the face with a barbecue fork was shot and killed. In this article, the writers headline reads, “Officers must do better by the mentally ill” (Melone 2002).

## Methods

In order to determine the current state of Florida police training for people in crisis, a survey was sent to Florida law enforcement agencies all across the state. The survey consisted of 18 questions that were sent to all Law Enforcement agencies that are accredited by the Commission on Florida Accreditation (CFA) regardless of size. The accredited agencies consisted of municipal, county, and state law enforcement agencies.

The questionnaire was sent directly to the accreditation manager listed on the (CFA) website. The survey consisted of questions relating to the following areas:

**Agency Profile.** This category served to identify the responding agency as the following: 1) Type of agency, 2) Number of sworn personnel employed by the agency. 3) Total annual training budget. 4) Total number of calls for service involving person(s) in crisis. 5) (See Appendix A)

**Agency Training Profile.** This Section of the survey asked for information in the following areas: 1) Does the agency have trained crisis intervention personnel with the agency? 2) Total number of training hours provided to each department member for person(s) in crisis? 3) How often does the agency provide training to their sworn personnel? (See Appendix A)

During the research process, much time was put into the reviewing of publications, periodicals, news paper articles, research papers, filed court cases, and interviews. While reviewing the information available, it is clear that most literature (2005, June 18 p. A22) obviously regard law enforcement as poorly trained and in need of some serious help. Most mental health providers or partners clearly describe themselves as able and willing, but lack some resources to provide services to some or the more serious offenders. One major weakness discovered while doing research was there was no independent agency outside law enforcement that gathered, maintained for provided statistic for law enforcement and mentally ill encounters.

A review of literature on the very complicated and quite mixed in theories. There is a great deal of information involving police crisis intervention training. The concepts identifiable and largely known as CIT, has taken off and implemented by law enforcement agencies all across the United States and England. There is literature available that also condemn law enforcement for not doing enough in the area of training police officers dealing with the mentally ill.

## Results

The survey questionnaire was sent out to 124 of the 129 agencies listed on the CFA website within the law enforcement community. Four agencies did not have a web addresses listed on the site and I did not survey the agency that I'm employed with. Of the 124 survey instruments sent out, 34 were returned. That represents a 27% return. The results of the questionnaire (Appendix A) seem to suggest that law enforcement agencies surveyed are adequately trained and confident in their policies and procedures. Although most agencies admit they only have a small number of officers that are actually trained, they do not consider the rise in calls and the percentage of officers responding to calls that lack training as very important.

The mindset of police administrators and some mental health organization differ sharply. While mental health organizations suggest a better working relationship, they are pleased with the steps some agencies across America have made.

### **Questionnaire**

Question 1 asked the type of law enforcement agency responding to the survey. There were 29 or 85% were municipal police agencies, 4 county agencies or 12%, and one or 3 % of state agencies.

Question 2 asked the number of sworn members employed by the responding agency. The average size of agency responding was 129.76. The largest agency responded was 927 sworn and the smallest agency had 12 members.

Question 3 asked the total training budget for the responding agency. The largest budget submitted was 2.2 million and the smallest was 4,000.

Question 4 asked the total number of calls for service per year involving a person in crisis by the responding agency. The largest response was 2,128 and the smallest was 2.

Question 5 asked during the past five years has the responding agency experiences and increase in call for service involving a person in crisis. Nineteen or 56% of the agencies responding said they have experienced increase in the past year and 11% did not track that information.

Question 6 asked do the responding agency partner with any mental health service programs or providers within their community. Twenty-two of the 34 agencies, or 65% responding said they partner with an outside agency.

Question 7 asked the responding agency how many calls involve a person in crisis are identified as repeat offenders. Of the agencies responding, 99% said they involve repeat offenders. One agency said they did not have any person in crisis calls.

Question 8 asked the responding agency do they have any trained crisis intervention team (CIT) members, if so, how many? One of the large agency with 480 plus sworn personnel, said they did not have any, but plan to implement a team soon. An agency with 927 sworn members said they had 150 (CIT) members that represent about 16% of the agency.

Question 9 asked the total number of training hours provided to department members involving persons with mental illnesses. The answers varied per agency. Some said training was voluntary; some provided in-service training, or initial recruit training only. On average there was an hour of training provided.

Question 10 asked how often training is provided to the responding agencies personnel regarding persons with mental illnesses. The maximum number of training hours provided was 8 hours. Of the 34 agencies that responded, the average number of training hours provided was 1 hour per year.

Question 11 asked the agencies that responded who provides crisis intervention training to their sworn personnel.

Question 12 wanted to know the opinion of the responding agency if their sworn personnel could identify the different types of mental illnesses, and if they could effectively respond. Seventeen or 50% agencies said their officers probably could not identify the different types of mental illnesses and effectively respond. One respondent said most officers do not possess an extensive knowledge of mental illness and would be challenged to try to differentiate what illness is present.

Question 13 asked the responding agency how they would describe their agency level of professional training. The possible answers were well trained, some, and no training. Twenty-six or 74 % of the agencies said they had some level of professional training. Twenty-six percent or 8 agencies said they were well trained.

Question 14 asked the responding agency what percentage of calls involving people with mental illnesses are handled by personnel that lack training. Responding agencies reported that 63% of their personnel responding to a call for service involving citizens in crisis lack training.

Question 15 asked the responding agency how many personnel routinely respond to calls for service

Question 16 asked the responding agency of the officer that routinely answer call for service, how many have received special training for managing people with a mental illness. Using question 15 as a reference point, about 18% of the agencies that responded said their personnel actually had specific training for managing a person in crisis.

Question 17 asked the responding agency of those who has training managing people in crisis, how would they describe their level of training. The answers provided was: 1) well trained, 2) could be better, 3) totally inadequate.

Twenty-one of thirty-four or 63% of the agencies said their training could be better.

Question 18 asked the responding agency of those calls for service involving people with mental illnesses, how often is force used (active physical) to control the person in crisis. Nineteen percent or 7 agencies reported they do not currently track that data; sixty-five percent or 22 agencies reported force is used between 15-20 percent of the time.

## Discussion

The survey results reported above brings out the assumption that the quality of police trained to deal with the mentally ill is acceptable. The survey returned a surprising result that most agencies think their training is adequate.

There are some agencies in the state that set the bar for the entire state. The City of Miami PD and Tallahassee PD have the foresight to proactively provide their agency with intervention training. But the attitude statewide seems that everything is fine with just training a few.

Given the fact that we live in a litigious society, and that police officers are responding to so many of these calls each day, and some agencies reported that they provide no training is a real concern for all police agencies. We should also remember the number one reason a suit is brought against a law enforcement agency is failure to train. We should remember that police personnel that has had no training, is just as ineffective as a welder in the operating room.

The Criminal Justice leaders are addressing this issue head on. There have been more deaths and law suits filed that are directly related to poor or ineffective training relating to mentally ill encounters. But in July 2006, Governor Bush signed in the law mandatory training requirements for agencies deploying the TASER and yet there is no training requirement for crisis intervention.

While there are differences in the ways agencies process and deal with the mentally ill, certainly the situation can turn badly regardless of where you are. What works well in Pensacola should work well in Miami if the training is consistent.

Although there are disagreements about the level and required length of training to be an effective crisis intervention member, the most important issue is you get some training.

Some contributions made during this research project were capturing the status of the majority of law enforcement agencies across the state. That while most think more training is needed, and could be better; most are happy with their current level of trained personnel.

In conclusion, although going into this project I felt that police officers were not adequately trained to deal with the mentally ill. Police agencies have made great strides in the past year to effectively deal with the problem. In light of some tragic incidents, there are more successful encounters than those that end with tragic consequences.

Captain Darrell Wilson has been a member of the Plant City Police Department since 1993. He brings 15 years of law enforcement experience beginning with the Polk County S.O. Darrell has worked in several areas within Plant City P.D. including patrol, investigations and training. He is an active member of the Plant City Boys & Girls club board. Darrell is pursuing his Bachelor's degree in Organization Management from Ashford University.

## Reference

- McNeil DE, Hatcher C, Zeiner H, et al (1991) Characteristics of persons referred by police to psychiatric emergency room. *Hospital and Community Psychiatry* 42: 425-427
- Husted JR, Charter RA, Perrou MA (1995) California law enforcement agencies and the mentally ill. *Bulletin of the American Academy of Psychiatry and the Law* 23: 315-329
- Fooksman L (2006, March 29) Woman with knife was trying to kill officers. *South Florida Sun-Sentinel*. Retrieved April 5, 2006 from [http:// www.sun-sentinel.com/news/local/palmbeach/sfl](http://www.sun-sentinel.com/news/local/palmbeach/sfl)
- Summers V (2006, July 6) San Antonio Police Release Video of Officer Shooting Mentally IL Man. Retrieved August 1, 2006 form [www.Officer.com](http://www.Officer.com)
- Brown JM, Langan P (2001) Policing and Homicide, 1976-98 Justifiable homicide by police. Bureau of Justice Statistics.
- Lamb H, Weinberger L, Decuir W (2002) Police and Mental Health. *Psychiatric Services* 53: 1266-1271.
- Hill R, Guthrie Q, Ellis K (2004) Interacting with People with Mental Illness. *FBI Law Enforcement Bulletin* Washington: 73 Iss 7, 18-25
- Chanen D (2000 December 17) Police Change how they deal with the mentally Ill. *Star Tribune* Retrieved August 1, 2006 from [www.startribune.com](http://www.startribune.com)
- Mentally Ill Black man Shot & Killed by Shelby Police (2004 November 21). *The Brown Watch, News for People of Color*.
- Melone MJ (2002 November 10) Officers Must do better by the mentally Ill. *St Petersburg Times* Retrieved August 1, 2006 from [www. Sptimes.com](http://www.Sptimes.com)
- Rogers S (2000) "Police, Consumers and Families Join Forces to Improve Crisis Response" *The Key*
- Police Need More Training with Violent Mentally Ill Suspects. (2005, June 18) *Orlando Sentinel* p. A22



## Appendix A

### Introduction

My name is Captain Darrell Wilson I'm currently a student in the Senior Leadership Program (SLP) Class 11. I'm doing a research paper on police encounters with the mentally ill or person in crisis. My goal with this survey instrument is to extract accurate information from your agency about training relating to person(s) in crisis. Below you will find a survey with about twenty questions. It should take about 10 minutes to complete. Once you complete this survey please forward it back to [dwilson@plantcitygov.com](mailto:dwilson@plantcitygov.com) or mail it to P.O. Box 4709 Plant City, Fl. 33563 c/o Captain Darrell Wilson, Plant City Police Department.

### Agency Profile

Write the response which best describes your agency.

- |                      |                  |                     |       |
|----------------------|------------------|---------------------|-------|
| 1. Police Department | Sheriff's Office | State Police Agency | Other |
| A                    | B                | C                   | D     |

2. Number of sworn personnel employed by your agency.

3. Total annual training budget for your agency.

4. Total number of mental illness calls or people in crisis per year.

5. During the past five years, has your agency experienced an increase in calls involving people with mental illnesses?

6. Does your agency partner with a mental health service program? If so, whom?

7. Of the number of responses to calls involving people with mental illnesses, how many are repeat offenders?

1-20  
A

21-40  
B

41-60  
C

61-80  
D

81-100  
E

#### Training Profile

8. Does your agency have trained crisis intervention personnel? If so, how many?

9. Total number of training hours provided to each department member for people with mental illnesses.

10. How often does your agency provide training to your sworn personnel for people with mental illnesses?

11. Who provides the crisis intervention training to your sworn personnel?

12. In your opinion, can the majority of your sworn personnel identify the different types of mental illnesses and how to effectively respond? Explain why you think this.

13. Of personnel responding to calls for people with mental illness, how would you describe their level of professional training?

Well trained  
A

Some  
B

No Training  
C

14. Are the majority of your calls involving people with mental illness handled by personnel who lack crisis intervention training? If so, what percentage?

15. Of the sworn personnel assigned to your organization, how many routinely answer calls for service?

16. Of those officers who routinely answer calls for service, how many have received special training for managing people with a mental illness?

17. Referring only to those officers who have received special training for managing people with a mental illness. How would you describe their level of professional training?

Well trained  
A

Could be better  
B

Totally inadequate  
C

18. Of the calls for service involving people with mental illness, how often is force (Active resistance level) used to control the person in crisis?