

Law Enforcement's Contact with the Mentally Ill: Are We Saving Lives?

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Abstract

Law enforcement officers have numerous job tasks that are not directly related to criminal violations. The most difficult of these situations are contacts involving the mentally ill. The worst encounters lead to violence, resulting either with injury or death to the offender or an officer. A significant amount of time and expense is expended on trying to manage these individuals. This includes removing them through the Baker Act Law or entering them into the criminal justice system. With the advent of less than lethal weapons, along with advanced crisis training provided to officers, are we seeing a reduction of fatalities and injuries in these potentially violent encounters?

Introduction

Research Problem

Mental illness is defined as an impairment of the mental or emotional processes that exercise conscious control or the ability to perceive or understand. There are different types of mental illnesses and the characteristics of those behaviors can determine how successful the interaction can be. "It's also extremely helpful to know what type of mental illness you are dealing with. A person with medically controlled bipolar disorder will tend to react differently to stress than a person who is paranoid and/or delusional" (Smith, 2004, Calbre Press 712.)

These situations with an emotionally disturbed person (commonly referred to as EDP) not only involve dangerous encounters, but tax the resources and functionality of the police. "Nobody has yet computed the financial cost of using police to care for the mentally ill individuals in the community but it must be enormous" (Torry, 1992, pg 84.) Sheriff Don Eslingler (Seminole County, FL) recently stated in an article written in the St. Petersburg Times, that last year "law enforcement handled more Baker Act cases than burglaries, initiating approximately 100 each day. Couple that with the fact that there are more than 10,000 inmates with severe mental illnesses in Florida jails, more than 4 times as many as our remaining psychiatric hospitals."

It is apparent that we are in a crisis mode in law enforcement. How do we ensure the safety of officers and at the same time, give the mentally ill offender the opportunity to recover and receive proper treatment without resorting to deadly force. This situation revolves around three tactics. Educating the officers to understand the types of mental illness, the availability of less than lethal weaponry to deal with these

situations, and the coordination of officers with all available resources in administering crisis intervention techniques.

Background

There are numerous types of mental disorders that law enforcement officers can encounter. There are situational circumstances, i.e, the death of a loved one, divorce, loss of a job, or another traumatic occurrence that the subject is incapable of handling. These encounters are usually isolated incidences and, with effective crisis intervention and counseling, will not occur again.

The developmental crisis involves deeper mental issues, such as mood and anxiety disorders. These include depression, delirium, dementia and bi-polar tendencies. The personality disorders involve schizophrenia, psychotic behavior and paranoid delusions. These are the most dangerous because the individual does not realize law enforcement is there to help them out of a crisis; rather, they feel an intrusion into their lives, may fear authority, and can react violently to any attempt to even converse with them. A classic term that is used to describe individuals who seek to create a dangerous circumstance and compel police to engage them in lethal force, is commonly known as 'suicide by cop'. While safety of the officers and others is of the upmost concern, less than lethal weapons to engage these individuals has entered the law enforcement environment and given us other options.

Methods

The tools that law enforcement utilizes has changed dramatically in the last 7-10 years with the acceptability of the public to use these alternatives. At one time the only options were lethal force with a firearm and a nightstick/baton. However, it has become increasingly apparent that there is a 'middle ground' where lethal force is not justified on the use-of-force criteria, and other options became available. "This fact became clear after the Supreme Court ruled in *Tennessee v. Garner* that the use of deadly force to apprehend apparently unarmed, non-violent fleeing felons was an unreasonable seizure under the Fourth Amendment. Edwin Meese, who was the Attorney General at the time called a conference to address the need for alternatives to deadly force" (Pearson, 2003.)

It is interesting to note that in Britain the use of less than lethal weapons are referred to as a 'shooting to live.'

The use of O.C.(oleoresin capsicum), commonly known as pepper spray was one of the first of the less than lethal tools that did not require 'hands on' engagement of the subject. However, its use does mandate a certain environment for maximum effectiveness. It tends to not be target specific, and if the wind direction is not conducive, it can result in the officer becoming disabled. It also requires some degree of pain awareness (as do most less than lethal tools,) and it must be realized that it will not work on those people who do not feel pain or who have a high tolerance. Quite often, the chemically intoxicated and those with mental illnesses are not affected. As with all

uses of less than lethal tactics, there must be a lethal backup available. Suggestions for more effective use involve 'code words' given by the initiating officers to warn of impending deployment. This reduces the exposure to other officers and gives everyone a chance to disengage from the subject. There are also individuals who have adverse reactions to various substances, and constant monitoring after exposure is critical, especially during transport to the jail or to a mental health facility.

A similar device has recently been purchased by the U.S. Air Force Special Operations Command. It is trademarked as "TigerLight" a non-lethal defense system. This weapon 'combines a super-high intensity rechargeable light with stealth pepper spray dispensing capability' (PoliceOne.Com 08/26/04.) The Air Force was able to replace both the pepper spray and the flashlight and combine it into one unit. It has definite advantages, such as the subject not being forewarned of an impending deployment thereby giving them less of an opportunity to devise an escape. They consider the device an "instantaneous, stealth, non-lethal response."

Another common tool is the use of pepperball guns. These were marketed in 1996 by PepperBall Technologies, Inc. The projectiles are filled with a powder pepper irritant and are ejected from a launcher. The manufacturer states that these less than lethal tools combine three principles in its effectiveness. These are kinetic impact, psychological shock and the pepper powder. It can be used from a safer distance than O.C., and disperses more effectively. A pepperball impacts with 8-10 foot-pounds of force, and is deployed from a shotgun.

Beanbags, which have a lesser foot-pound impact, are delivered at a higher velocity than pepperball launchers. The bags are fired between 21 and 45 feet from a subject at 280 feet per second. Seattle Police Chief Gil Kerlikowske stated that the whole less than lethal program (involving beanbags and Taser's) has been phenomenal, stating that there were no fatal shootings involving police officers in Seattle last year (2003), and noting that has not happened for 15 years. (Seattle Post-Intelligencer,02/04/04.) The beanbag shotguns at Seattle P. D. are only issued to highly trained officers who don't carry regular shotguns for fear of grabbing the wrong weapon. As in all cases involving these alternate weapons, there have been fatalities. In cases involving beanbags, death occurs when the impact hits a lethal spot on the subject, rather than the thighs or forearm where it is intended. The advantage is that it can be used from a further distance than a taser, and has a broader target range.

Lastly, the taser is the most talked about and controversial weapon of the last 2-3 years. The most familiar is marketed by TASER International, Inc. in Phoenix, Arizona. The X26 is worn on a gunbelt, typically in cross-draw fashion opposite from the strong hand firearm location. The taser fires 2 probes 15-21 feet and both probes must make contact for it to be effective. It delivers an electrical charge of 50,000 volts (during a 5 second jolt.) This incapacitates a subject long enough for officers to regain control of the offender. Its advantages are well-known, including avoiding any hand-to-hand combat with a violent subject, the ability to readdress the charge if the behavior is not modified (as long as the probes remain in place,) and almost total compliance by those affected (said to be at 94%).

TASER International advertises that officer injuries are down 80% (Orange County, FL,) suspect injuries are down 67% (Phoenix, AZ Police Dept,) liability saving of

2.5 million (Los Angeles, CA Sheriff's Dept East,) and lethal force is down 78% (Orange County, FL Sheriff's Office.) This data was obtained on the TASER International web site.

However, there are loud protests due to fatalities that have occurred with more frequency. These deaths are usually attributed to drug intoxication or previous heart defects. The ACLU and Amnesty International have called for limited use and further testing of these weapons. They note that there is no uniform standard reporting procedure and each agency determines how and when a taser will be used. As of September 2004, more than 50 deaths have been associated with the Taser.

The Georgia Bureau of Investigations Director Vernon Keenan states that "someone can die if not handcuffed properly, that does not mean we would reject the use of handcuff's as a result" (Macon Telegraph, September 24, 2004).

The last equation in the potential success of these encounters is the coordination of law enforcement with other agencies and resources for effective crisis intervention.

"The ability to be calm, confident and decisive in crisis is not an inherited characteristic, but it is the direct result of how well the individual has prepared himself for the battle."

Richard M. Nixon

These techniques were first widely studied and reported in 1988 in Memphis, Tennessee. Referred to as the 'Memphis model' it became a standard for further programs. Formulated between the Memphis Police Department, the Memphis Chapter of the Alliance for the Mentally Ill, mental health counselors and 2 local universities, it developed the first crisis intervention team (C.I.T.) These specially trained officers complete a 40 hour program, annual in-service and additional training that is conducted by mental health professionals. A C.I.T. officer responds to each call involving possible mental illness. He is capable of assessing whether the subject should be transported to a mental health facility (which is also part of the alliance.)

There, the unit staff assesses further needs and services, focusing either on immediate needs or long-term care.

The data indicates that the facility experienced a 40-50% increase in their admittance. Prior to this, most subjects were being transported to jail (Mental Health Consensus Project, Council of State Governments, 2004.) There are concerns by agencies that they cannot afford to dedicate officers to this concept, either losing patrol time or by losing them to intensive training. "If CIT could save the life of one consumer, one deputy/officer, if it could prevent the unnecessary criminalizing of those who struggle and cope with their illness, if CIT could reunite families, if it could prevent incidents of injury or pain, if it could restore one person's dignity by measures of respect and kindness, if it could open opportunities to just one person, if it could open our hearts to see and understand the similarities of our hopes, fears, frustration, dreams and passions, CIT - what's it worth?" (Cochran, S., Coordinator of CIT for Memphis P.D.) Other agencies have since embraced this training.

After the shooting death of an Indiana officer by a subject who was diagnosed with schizophrenia and who was off his 'meds' (medications) weeks before the tragedy,

a new Indiana State Law became effective on Jan. 1, 2005, which requires police academies to include training for dealing with the mentally ill (Selby, D., Butler University Police Chief, 2004.)

The Chicago Police Department has developed the Chicago Alternate Policing Strategy with simulated situations involving people from the Community Counseling Center. They teach officers techniques, tour mental health facilities, learn to assess risks, develop intervention skills and review legal issues. (Chicago Telegraph, 05/24/04.)

Statistics for the State of Illinois indicates that 1 in 1000 calls that police respond to involving mentally ill persons ends in a death, and it's a 50/50 chance it could be the patient or the officer.

Results

The ultimate goal is to improve the outcome of any encounter between police and citizens who suffer from mental illness. Research by Melick, Steadman and Cocozza suggest that three factors are related to the possibility of injuries to law enforcement and mental health professionals; the lack of crisis intervention training, the widespread absence of appropriate collaboration between police and mental health professionals and the social trend toward the medicalization of life's problems (Hoff, 2001).

However, with increased awareness by officers of the types of mental illness, the availability of less than lethal weapons, and the upward trend toward specialized crisis intervention teams that respond to calls, the encounters are becoming less deadly and offenders have a chance to get the help that they need to become productive members of society.

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