Honors Senior Theses/Projects   Student Scholarship

1-1-2012

Community-Based Policing and the Mentally Ill

Nicole Miller
Western Oregon University, nicole.miller@gmail.com

Follow this and additional works at: http://digitalcommons.wou.edu/honors_theses

Part of the Criminology and Criminal Justice Commons

Recommended Citation

Community-Based Policing and the Mentally Ill

By

Nicole J. Miller

An Honors Thesis Submitted in Partial Fulfillment
of the Requirements for Graduation from the
Western Oregon University Honors Program

Dr. Stephen Gibbons
Thesis Advisor

Dr. Gavin Keulks,
Honors Program Director

Western Oregon University

January 2012

Acknowledgments

  With special thanks to Dr. Stephen Gibbons of Western Oregon University for his patient and faithful editing. He was a demanding editor but helped me to create a work that I will always be proud of. Dr. Gibbons constantly gave me fresh ideas and helped me to understand and question complicated issues which are included in this document.

  Also, many thanks to Officer Betty Woodward who gave me an extended interview with a comprehensive look into the past of Community Policing and its relation to the mentally ill. Her insight provided a solid foundation for my recommendations in this document.

  I am also very grateful for Margerie Miller and her patience in editing. She was my "fine comb" in detecting any errors in my writing.

  Thank you all, you've played an irreplaceable role in the completion of this thesis!

Community-Based Policing and the Mentally Ill

One of the good things about a theory is that it can be repeatedly tested and either validated or falsified. Any research that has been done, any question that one has tried to answer can be narrowed down to an initial theory, to an original explanation. Crime is an example of a concept that has been the object of scrutiny for many theorists. Take for example Criminologists such as Travis Hirschi or Cesare Beccaria (Siegel; 2011); they are only two of a multitude of professionals whom performed in-depth studies and developed extensive theories related to crime and explaining the causes of crime. One can look at recorded American history and see the concern that existed, even before modern time, about crime. For example, the criminologists mentioned above lived centuries apart yet both focused intensive studies on the causation of crime. Cesare Beccaria was a well known scholar in the mid- eighteenth century. He was one of the first people ever to develop a systematic understanding of why people commit crime (Siegel; 2011: 9). Travis Hirschi was most popular in the mid-twentieth century and focused his work on the correlation between delinquency and lack of social bonds (Siegel; 2011; 181). Over the years, countless quantities and amounts of time and money have been allocated to different persons and institutions charged with the responsibility of understanding, explaining, and dealing with the crime problem. As different theories about the causation of crime emerged and became popular, or at least generally accepted, models were developed within the bureaus responsible for taking action when crime occurred; that is, the police.

Over the years, as the police became more active within communities and a more regular part of daily encounters with the citizens, the practices and policies that were employed by these professionals began to be scrutinized. Due to corruption and to an abundance of police officers with ulterior motives and agendas on the job, police executives worked to find a new model of policing which would remove officers from many of the situations which were exposing them to bribery and other acts of corruption. Probably the most famous time period to highlight the issue of police corruption, which was also a huge part of bringing about new law enforcement policies, was the Prohibition Era. "A dark period for American law enforcement agencies began in 1920 with the passage of a constitutional prohibition against all forms of alcoholic beverages" (Schmalleger; 2009:157). What happened in this time was that large amounts of money were put into the hands of those dealing in criminal activities. What tends to follow wealth- power does; and a corrupt type of power came to rise at that time. One would like to defend the honor of the police, to claim that they were, as an institution, incorruptible and all about justice. However, the history of that period says something very different about the integrity of American law enforcement officials.

> "Massive wealth in the hands of law violators greatly increased the
> potential for corruption among police officials, some of whom were "paid
> off" to support bootlegging operations" (Schmalleger; 2009:157).

The "pay-offs" that many officers received lasted until about 1931 when the National Commission on Law Observance and Enforcement "recognized that Prohibition was unenforceable and reported that it carried great potential for police corruption" (Schmalleger; 2009:157). One could assume, and rightly so, that things got pretty bad if a

law had to be repealed, at least partially, because the police were becoming too corrupt to enforce it. This is a very well-known time in history when the police were scrutinized and were found wanting in both character and the ability to perform their jobs.

What were the options available at that point? America could continue with a police force that was susceptible to bribery or it could progress towards what was most lacking: professionalism. Look at the world today; it's not difficult to guess which option was found to be more favorable. Unfortunately there are consequences which follow every idea. The professionalizing of law enforcement was a good thing that needed to happen, but the renewed approach brought with it a completely different and borderline unrecognizable face to the police bureau. This "fresh start",

> "…resulted in the separation of the police from the community…Police executives also contributed to this separation, first by adopting practices of assigning officers to rotating shifts and engineering frequent geographical movement of officers to stem corruption, and second by instituting policies of centralized control, designed to ensure compliance with standardized operating procedures" (McNeely; 2006:1).

This model was the new style of police work, which marked the American Reform Era (1930's- 1970's) (Schmalleger; 2009:195) and would later come to be called the No Tolerance model of policing (Schmalleger; 2009:198). This model is most famous for "the separation of the police" from the everyday citizen with whom they interacted. The issue that arose from this new approach to crime was a "social distancing" which culminated in "the police being aloof and out of touch with the community" (McNeely; 2006:6). Due to the frequent relocation and orders for absolute law enforcement, many officers lost their sensitivity to the needs of the individual communities. The point of the No Tolerance model was to avoid corruption and insure impartiality on the part of the police officers. Unfortunately, it also caused many officers to forget their community

roots and begin to view crime as a black-and-white issue without any consideration for the individuality of the offenders and the communities in which they existed; the focus had shifted from the needs of the community where the officer served to their own pride in professional crime fighting (Schmalleger; 2009:195).

Although this approach is not a problem per se, it is an approach that is often difficult to understand and can be interpreted in vastly different ways. Therefore, due to the possibility that various police officers could have a conceptual understanding of the law which was unique to that particular individual, the ability to partake in effective crime fighting, especially as one's career, would be nearly impossible because there would be no consistency between officers. As has been shown in the past by frequent court cases attempting to decipher all the intricacies of written law, law can be interpreted in different ways making the enforcement of said laws equally complex. Without knowledge and understanding of the uniqueness of an individual offender and his or her community, effective policing becomes almost impossible. The striking diversity of US society results in the fact that no two communities are alike and therefore the needs of the communities, in relation to crime control, are vastly different.

However, just as the phoenix rose from the ashes, a new philosophy of policing emerged to combat the negative repercussions of the No Tolerance model. One of the unintended consequences of the No Tolerance model was a developed "alienation [fostering] an "us-against-them" mind-set on the part of not only the community but the police also" (McNeely; 2006:14). Unlike the previous model which emphasized seclusion, the Community Policing model focused on improved police-community relations and quickly became wildly popular because it went--

"well beyond traditional conceptions of the police as mere law enforcers and [encompassed] the idea that police agencies should take counsel from the community they serve. Under this model, the police are expected to prevent crime, as well as solve it, and to help members of the community deal with other pressing social issues (Schmalleger; 2009:149).

This model forced police officers to get out of their isolated cruisers and develop positive relations with the community members, working toward mutual problem solving. This focus on contact with the citizens and solving problems together allowed the community residents to get to know their police officers and, as a result, there was greater aid on the part of the community in assisting local officers in solving crime. It is "an essential ingredient of community policing [to "allow] greater citizen/community input and participation in the definition and resolution of problems of disorder, decay, and crime in their communities" (McNeely; 2006:35).

There are obviously many issues that require the specialized focus that comes from community policing. Large societal problems such as all types of crime as well as specific issues such as gangs, weapons, human trafficking, and drugs are all very important topics of discussion between law enforcement agencies and the communities that they serve. However, the discussion that pertains to the mentally ill in American communities as an ever persisting problem continues to be a forefront in police-community consideration. This is due to the fact that, over the years, as mental health facilities have been shut down and as the mentally ill population continues to grow, the care of and policing of the mentally ill has, of necessity, become a focus in Community Policing.

According to the Nation Institute of Mental Health, "One in four American adults, or 26.2% of the population, is estimated to have some form of mental illness in a given

year" (Walker, 2011). That is a massive number of people to be afflicted by any illness, but it is also important to note that not all people suffering from mental illness will commit a crime. This number, plus the fact that nationally, mentally ill patients have been de-institutionalized in most states over the past 40 years (Fisher; 2009) results in the fact that the mentally ill have had and will continue to have increased contact with the police and other criminal justice agencies. All of this adds up to an alarmingly high proportion of calls made to emergency lines, to handle problems involving mentally ill people, ranging from bizarre behavior to serious felonies committed by members of that special population. To grasp the extent of this issue, look at the numbers of interactions between the mentally ill and police officers in Portland, Oregon. Of 400,000 contacts made in 2010 with community members, 28,000 of those calls involved someone with a mental illness/ emotional disturbance (Portland Police Bureau, 2011). Is there any doubt remaining that this is a large and pressing problem?

Therefore, from minor mental illnesses to severe and persisting ones, this is a serious issue affecting a large amount of people. Having a portion of the population afflicted with mental illnesses is not a new concept or phenomenon in the United States or, for that matter, in any other country. In the United States though, how society has regulated, treated, or handled this challenging population of people has often changed.

Think back to "way back when", in the days of American history where each family had an individual farm. If a family member was afflicted by mental illness, what happened to them? They were still part of the family, perhaps they were known as "the crazy lady" or some other title, but in most cases they were still considered part of the family unit. Neighboring farm families would know this person and be aware of the

behaviors which were symptoms of their illness, and in the end, these people always had a place with their respective families (Woodward, 2011). Then occurred a dynamic shift in American communities. Rather than jobs and opportunities being on ranches and farms, places to earn a substantial living moved towards cities. The closer families got in relation to distance and in the increase in households of working family members, created a change in the type of care that was available for family members with mental illnesses. What was needed at that time was a specific care facility where someone else could be charged with the responsibility of care and meeting the physical and mental needs of the mentally ill population. Thus, the mental institution was born.

Mental institutions, also called 'Lunatic Asylums' or insane asylums, became the dominant form of treatment of the mentally ill in the US throughout the 19th century. These asylums were the beginning of the institutionalized history that America would follow well into the 20th century. Although they originated with moral intentions, the asylums became nothing more than holding cells for the outcasts of society. Those persons with notable mental illnesses who were forced to be asylum residents were often met with abuse, neglect, and a lack of the treatment for which such institutions were originally designed. This form of incarceration has been huge in many nations, but in the United States in particular, "…asylums were created to take the mentally ill people off the streets. Actually these asylums were in reality prisons and not treatment centers. They were filthy and dark and the inmates were chained. These mentally ill people were treated more like animals than human beings" (Gray, 2007). The treatment of this population of people was gross and cruel but thankfully that specific type of institution did not last forever.

By the twentieth century, there was another fervent and great push toward professionalism. This professionalism, which, when tied together with the institutional preferences remaining from previous years, led to the development in several states of mental health facilities which came to be called State Hospitals. Through the evolution of care and practice procedures and inevitable policy changes effecting these institutions, state hospitals became great resources for those suffering from mental illnesses.

However, these health facilities were not solely independent institutions. That is, they worked in conjunction with community-based programs to fit the specific needs of the patients and the individual communities (Fisher, 2009). By working with the community residents, mental health hospitals were able to "operate within service areas featuring varying levels and types of community-based services. These include residential programs…to programs where people live independently or with their families, assisted by support from outreach workers and case managers" (Fisher, 2009). This was an insightful and an advanced health care service that evaluated each person and their respective needs in order to treat and provide the best possible care. The goal would eventually be to successfully reintegrate the mentally ill person back into society and their communities.

> "The state hospital's niche within its service area's continuum of care has thus been heavily influenced by the availability and scope of the community-based services operating in its area, as well as by the availability and accessibility of alternate inpatient providers" (Fisher; 2009).

Therefore, the success of the hospitals depended on the participation of the community from which it arose. Through this emerged the tasks that would dominate these mental health resource facilities:

"State hospitals' roles today have been shaped by numerous local and national forces, some of recent origin and others from more than fifty years ago. These forces include the rise of an ideology favoring community-based solutions for social problems over institutionally based ones; the resulting creation of community-based mental health services that allow people to be treated and supported outside of large institutions; legal reforms ensuring due-process rights for people involuntarily hospitalized or at risk for such hospitalization; and the evolution of public insurance programs…which reimburse care at alternate settings" (Fisher, 2009).

Unfortunately, the costs associated with these hospitals were enormous. For many states, these facilities were considered a financial burden and the funds that were being allotted for the care of mentally ill patients seemed too steep. As a result, the second half of the twentieth century saw the amount of money from the states' health care budgets, originally put aside for the state hospitals, being reallocated to different programs. "State hospitals were once the most prominent components of the U.S. public mental health systems. But a major focus of mental health policy over the past fifty years has been to close these facilities. These efforts led to a 95 percent reduction in the country's state hospital population" (Fisher; 2009). While closing these facilities did free up large sums of money, the process of deinstitutionalization left many mentally ill people on their own to get the care they needed, which often proved very difficult.

This was not an impossible task for everyone. However, due to the community-based programs that had developed in the previous years, many mentally ill patients found the treatment that they needed in residential or other community programs. In these programs, community members who were providing care for those with mental illnesses would be reimbursed by insurance agencies (Fisher; 2009). While beneficial for those caring for one or two mentally ill people, insurance agencies would not oblige any monetary assistance for residential programs or homes where there were sixteen or more

beds and where more than half of those in the program or home were mentally ill (Fisher; 2009). Sadly, there just weren't enough resources at that point to provide enough care for everyone who needed it. This left few options for many mentally ill persons in need of proper medical attention and medication necessary for them to be not only functional members of society, but also healthy and happy individuals.

With this history in mind, the crises that many mentally ill persons face today are now handled by a new group of people. Without access to health care or the medication that a person afflicted with a mental illness needs, their episodes are often in public and their behaviors so bizarre that many spectators become uncomfortable and call for assistance. This assistance, however, is not the professional medical help that one would assume to be the type of resource available to a person in mental distress. Instead, it has become more and more common for the care of these persons to be left in the hands of the local police. Take the state of Texas as an example:

> " a state that offers meager funding for mental health, law enforcement officers across Texas have performed the duties of psychologists and social workers — roles they have neither the training nor the manpower to bear. The Texas Legislature, which has never been generous to mental health clinics, has further withered services under the strain of a strapped state budget, and as a result, police and sheriff's departments say the number of mental health calls they respond to is snowballing" (CBS; 2011).

Due to the monetary cutbacks that have occurred in the state, the amount of money given to the health care system is a tiny and borderline ineffective amount. This, as a result, means that the responsibility for social order and maintaining the peace in those communities often falls on the shoulders of the local law enforcement. Moreover, the transition that the state of Texas is dealing with is not unique to that state. Unfortunately,

the problem of a lack of resources to care for the mentally ill is being felt across the entire nation.

At the time of this transition, where custody and care of the mentally ill fell to the police, the question that has troubled many law enforcement officials has been *what to do with these mentally ill offenders*? Richard Lamb, an M.D with the Treatment Advocacy Center, noted that: "The data demonstrates that there are many more people with severe mental illness in jails and prisons than in psychiatric hospitals. It seems that nobody cares--or at least that nobody is doing anything about it. The number of [hospital] beds continues to fall, and the prison population continues to climb" (Moran, 2010). It is no coincidence that "at midyear 2005 more than half of all prison and jail inmates had a mental health problem" (James, 2006). Of the total number of people in federal, state, and local correctional institutions, on average, about 5% of the offenders had a long history of severe mental illness, including at least one period of hospitalization (James, 2006). There is obviously a connection between the amount of money available for those in the community with mental health problems and the large number of incarcerated individuals with a diagnosed mental illness. As the process of deinstitutionalization removed the fiscal assistance available, the jail and prison populations of the mentally ill rose. "The TAC [Treatment Advocacy Center] report also found a correlation between spending on mental health and the ratio and the likelihood of incarcerating severely mentally ill individuals" (Moran, 2010). This comes down to money. The more money that is provided for those with mental health problems, the fewer mentally ill offenders there will be who come in contact with the police and end up incarcerated in federal, state, and local correctional institutions. On the other hand, the less money allotted for these

individuals, the higher the rates of locked up mentally ill offenders. In short, the amount of resources that these populations of people consume is a monetary drain within the correctional institutions as well as an ever-growing problem for control and order within the institutional environment.

Mentally ill persons also have very high recidivism rates; most new charges are minor drug and alcohol offenses but about 4% are serious new felony charges (Lovell, 2002). Obviously, this is a serious problem. Prisons and jails are overcrowded and the mentally ill offenders are not receiving the types of treatment that would be necessary for them to return to society as productive citizens. If in fact prisons and jails are not helping out this situation by providing the medication, therapy, or the behavioral management classes that this special population of people needs, action, and hopefully resolution, must come from the interaction with law enforcement officials at the street level, working together with their communities prior to the commission of an offense and subsequent arrest and conviction.

Due to the issues discussed above, the police are often interacting with mentally ill citizens at the local level and what needs to change is the pattern of interaction that has developed between the police and this population. From the recidivism rates and the increase of mental illness in the correctional arena, the traditional policy that criminal justice and law enforcement officials have used to police those in mental distress is ineffective. Arresting and incarcerating mentally ill individuals has not been proven to be an effective way of dealing with this population. Adopting new law enforcement policies, specifically the techniques of community policing, is the step that offers a great deal of promise to provide the necessary care to the mentally ill population. The discretion that

an officer is allowed when practicing Community Policing is the rational and reasonable way of handling the mentally ill population in each individual community.

Discretion is an important aspect of Community Policing, making it an attractive tool for intervening in the frequent interactions between the mentally ill community and the police. If used effectively, police discretion may reduce the number of arrests of the mentally ill, thereby reducing court costs and the high incarceration rates and subsequent correctional spending. "Police discretion allows the official to either charge the individual, convey the individual to a voluntary mental health service, or convey the individual to a hospital for an assessment" (Canada, 1995). With the policies in place at the moment, the choices as to the course of action the officer should take are limited to four unattractive and often unfavorable procedures. Upon arrival at the scene of an incident involving a mentally ill offender, an officer may choose to: arrest the individual, give a citation, hospitalize the offender, or take no action. Each of these options may have severe and negative repercussions, affecting not only the police as an operating institution but also the community in which that agency functions.

The first option mentioned above (arrest), is the most common reaction by law enforcement officials when entering a situation with a mentally ill offender. This is not necessarily because an arrest is the most just form of action but rather it is expedient and can be one the police officer feels pressured into. This is one of the most frustrating issues for police officers to deal with (Finn, 1987). There is more often than not a citizen outcry to "do something" about the offender. At that time, the mentally ill individual may not have committed an actual crime. However, their behavior poses a problem for other

community members. Arrest may be, for the officer, the quickest and easiest way to maintain social order.

It is also often the easiest and quickest way to appease everyone, excluding, of course, the mentally ill offender. "Given the many bureaucratic and legal impediments to initiating mental health referrals, police might consider arrest to be a less cumbersome and more reliable way of removing the person from the community" (United States, Teplin, 1986: 20). When it comes right down to it, the legitimacy of the police as an institution is brought into question when citizens see officers neglecting to act when there is a call for service. Many individual citizens within American communities are not educated about the problems and issues associated with mentally ill persons and therefore they do not understand the extent of the tough decisions that await the police officers interacting with members of that special population. Because of this ignorance, the legitimacy, or in other words, the rightful authority of those responsible for justice is called into question. For example, if a mentally ill person is seen committing a minor crime, such as J-walking or perhaps throwing pinecones at passing cars, and this act is witnessed by people in the area, those witnesses may call the police. And, when the police are called, the citizens have certain expectations about what will happen when an officer arrives on the scene. More likely than not, an average citizen would expect an arrest to soon take place. The officer charged with making that contact may, in light of the knowledge that the "offender" is mentally ill and posing no dangerous threat, decide not to arrest that individual. What, then, will those who called for the aid of the officer think? This may lead to a questioning of the legitimacy of American law enforcement. Are they enforcing the laws and maintaining order, or are they ignoring their duty?

Because of the potential legitimacy disputes with citizens witnessing officers'
interactions with the mentally ill, and absent alternatives, it is often easier for officers to
simply arrest the mentally ill individual than to deal with the potential public outcry
resulting from a lack of action.

Mental illness is not a crime. However, by saying that a mentally ill person should
not be arrested, it is not meant to be implied that no action should be taken. On the
contrary, it is very important that action be taken; but it is also important that the
correction or punishment for whatever the offense was be fair and to take into account the
irrationality that comes with being afflicted with mental illness. Many assume that mental
illness is synonymous with mental retardation. However, this is absolutely untrue. In
1997, an Executive Trainer's Guide come out of Washington D.C to be used as a training
tool for equipping officers to recognize and handle interactions with the mentally ill. In
that booklet there was a very clear and defining definition of the differences in
recognizing mental illness versus mental retardation. Mental retardation refers to a
permanent and "significantly below average intellectual functioning" (Washington;
1997:23) as well as impairment in social adaptation. This condition is one that usually
occurs during early development or birth but can be compensated for through
development and education. For each mentally retarded individual, there is an operational
level where they can be expected to function and behave rationally (Washington;
1997:23). Mental illness, on the other hand, has absolutely nothing to do with intelligence.
It is "characterized by disturbances in thinking, feeling, and relating to others or the
environment" (Washington; 1997:23). This is a condition that can strike an individual at

any time and may be either temporary or chronic. An individual experiencing mental distress may vacillate between normal and irrational behavior (Washington; 1997:23).

Many mentally ill people bounce back and forth between rational and irrational behavior. While there may be some who are a danger to themselves or to others, in which case the safest option may be arrest; that is no excuse to make that option common practice for law enforcement officers. The idea that if we simply remove the mentally ill "offender" then the problem goes with them, is a flawed view point. This is not a logical conclusion to reach or a practical approach to use in these encounters. The bottom line is that the care for these people needs to be rational and often has little to do with arrest and incarceration and more to do with collaborative problem solving among community members.

Another issue that arises from arresting all mentally ill offenders is that once they are in the system, they often stay in the system. "Still another problem with using the criminal justice system as the point of entry for mentally-disordered persons is that being initially labeled as "criminal" via arrest may doom such persons to be similarly relabeled (i.e., arrested) in future acts of disorderliness" (United States, Teplin, 1986:21). By having the label "criminal" attached to their record, a mentally ill offender is more likely to be arrested multiple times for petty or trivial offenses in the future.

Furthermore, due to a lack of adequate or appropriate treatment, mentally ill offenders tend to experience parole violations or commit new crimes, leading to very high recidivism rates. Thus, a pool of mostly non-violent offenders are continually in and out of the courts, prison or jail, thus clogging the system and contributing to overcrowded court dockets, jails, and federal and state prisons. Simply by looking at the number of

mentally ill offenders in federal, state, and local correctional facilities, it is easy to see that the option of arrest is overused and abused by law enforcement officials. For example, The Bureau of Justice Statistics, in a study by James and Glaze, highlights the large mass of individuals incarcerated with mental health problems. In that study, James and Glaze state that: there is a "high prevalence of mental health problems among prison and jail inmates" (James and Glaze; 2006). According to the numbers given in this study, "At midyear 2005 more than half of all prison and jail inmates had a mental health problem including 705,600 inmates in State prisons, 78,800 in Federal prisons, and 479,900 in local jails. These estimates represent 56% of State prisoners, 45% of Federal prisoners, and 64% of jail inmates" (James; 2006). This is also very costly. The amount of resources necessary to house, feed, and support all these people adds up to a large sum of money that must be allocated from state and federal budgets and into correctional institutions, thereby taking resources away from social services and education. Although it would be nearly impossible to state an exact sum that accurately represents the amount of money it takes to maintain this population, it has been suggested that incarceration costs nearly $25,000 annually per inmate (Clear, 2011). Calculate that out to the amount of diagnosed mentally ill people in jail and prison and what one finds is an immense expenditure. Due to these high costs and the general lack of treatment available (see below), arresting a lot of mentally ill offenders is not a logical form of action on the part of police officers.

It is also important to recognize that correctional institutions are not equipped or prepared to provide the care that many mentally ill persons need to be healthy. The mentally ill require a lot of resources, which drain the funds in any institution. Given the

decision between providing extensive health care to those with special mental health care needs, or the alternative, which is the diversion of funds to other places or programs within correctional institutions which also require and need that money, the treatment for those with mental illnesses, because of how expensive and extensive it has to be, is often limited to medications or is completely unavailable. From this, one can conclude that a lot of those people in mental distress receive little to no treatment while serving their time in either prison or jail.

What then is the point of incarcerating these people? Without proper care the problem escalates and causes more illegal, obnoxious, or delinquent behaviors. In many cases, arrest is simply a transfer of responsibility from the police to the courts and often, into the correctional realm. Consider the amount of resources used in this process. Not only the police and courts but also American prisons and jails have better things to do with their time, space and money than to use them as holding pens for community cast-offs or those the community doesn't know how to handle.

An officer looking for an alternative to arrest might instead seek medical attention for the mentally ill individual. Hospitalization, however, is not a favored option because the officer will face a "substantial loss of time trying to find a facility willing to accept these people and then waiting around until they have been formally admitted" (United States; Finn, 1987) Although there are still a few state hospitals or mental health care facilities with beds for non-voluntary patients, this can be a massive source of frustration for the officer responsible for the mentally disturbed individual. Finding open and willing facilities with bed space is a challenge after the deinstitutionalization of state hospitals. Another challenge and deterrent for officers to adequately deal with the mentally ill is the

amount of time that must be dedicated per incident or individual. Between the transportation to the facility, the admittance process, and the formal transference of authority of the person, the process is long and complicated, making it hardly worthwhile for many law enforcement officials. This time commitment is often the largest deterrent of this response option.

Citations and tickets are another common response by police officers when they encounter a mentally ill person in their community. As one might assume, this is also an ineffective method because those with mental illnesses, no matter how frequent or infrequent the episodes might be, may not even understand what it means to get a citation and most likely do not hold a stable job. Without understanding or a steady income, these monetary fines are often meaningless and ineffective as a deterrent for future criminal behaviors. Regardless, whether or not a ticket can be paid, that person is entered into the criminal justice system. Having a police record often creates an assumption of character which carries pretty intense societal implications for future employment, relationships, and interaction with the police. With the label of "offender" or "repeat offender" on an individual's record, the likelihood of being arrested for a later offense increases. Therefore, as with the other options, this method of dealing with the mentally ill is likely to result in future arrests and as a result leads to the same problems of overcrowding and over-expenditure in the courts and in corrections.

The final option for an officer is to take no action. There is obviously a problem with this option because officers are continually scrutinized by the citizens they serve. Police are viewed by many as social order officers. When an officer appears to take no formal action against a mentally ill suspect or offender, they are seen as ineffective. This

also reflects poorly on police as an institution. It is important that the police and the

Criminal Justice system are respected because their authority comes from that respect. By

taking no action it is likely that citizens will begin to look unfavorably on those working

in law enforcement professions. Police need the support of the community they service

but that support will not exist if attitudes towards law enforcement turn sour. The other

problem associated with this approach is that it also does nothing to help the mentally ill

person! This, of course, should not even be considered as a viable option for officers to

take.

Therefore, because of the weaknesses and problems of the common methods of

police encounters with the mentally ill, another alternative is necessary. One strong

possibility for that alternative is community policing. This method would involve

bringing all the stakeholders together to help solve this problem. Fellow community

members, the police, those in the court system, policy makers, politicians, and mental

health providers would all come together and create a plausible and satisfying solution

for this issue. These stakeholders all have individual concerns and ideas which, when

compiling the resources and ideas that each could bring, has the potential to create an

environment for the mentally ill in their community which would hopefully lead to

treatment, healing, and re-integration into the community much more quickly and have a

smaller monetary impact.

This seems so simple. Just bring all those who care or are affected together and

make something happen, right? Unfortunately, one who is a realist can see that this idea

is complicated and has many obstacles. Actually, the culture of the police itself is a

barrier to this convergence of all the stakeholders working together to solve this problem.

In the police culture, there is constant debate over what the actual responsibilities of an officer are. Before any community can work in a joint effort between the community and the police, the expectations of the police must be clearly established. Police organizations are complex institutions with intricate roles and responsibilities. Police officers on the street level are often a diverse group of individuals and are generally a reflection of the community and the institution in which they operate. That is, they have many community norms and values as well as institutional policies and organizational pressures they must adhere to. These pressures, when combined with the daily demands of the public, enhance the attractiveness of Community Policing.

Community Policing is the policing model which followed the Professionalism Era and No Tolerance model of policing, discussed above, which characterized the first half of the 20th century. In the 1970's, during a time of intense protests by anti-war and civil right groups, "the police came to symbolize what these groups sought to change in their government and society. Focusing attention on police practices and polices became an effective way to draw attention to the need for wider change" (Gaffigan; 1994: 6). The police at this time found themselves unable to handle the social unrest and this brought about the examination of policies and practices employed by those agencies. Between 1967 and the early 1970's, there were three separate Presidential Commissions which resulted in numerous recommendations for changing the traditional police bureau. The 1967 President's Commission on Law Enforcement and the Administration of Justice, the Kerner Commission of 1968, and the 1970's Scranton Commission all focused on social unrest and the following police response. From these commissions came a multitude of studies calling into question the effectiveness of many aspects of the previous police

models. For example, a research experiment showed that neither crime nor the attitudes

of citizens changed when patrol was randomized (Gaffigan; 1994). Through this process

of disproving the effectiveness of the previous policing model, an empirical study of

community policing was done and the project demonstrated that "interactions with the

community could improve the attitudes of officers towards their jobs and towards the

communities they served and could encourage the officers to develop creative solutions

to complex problems" (Gaffigan; 1994).

What started as an idea or concept has since evolved, with the help of over forty

years of research and practice, into what many consider a necessary element of policing.

What was once a radical change from traditional policing has become a building block

for a successful police organization. "The goal of Community Policing is to reduce crime

and disorder by carefully examining the characteristics of problems in neighborhoods and

then applying appropriate problem-solving remedies" (Gaffigan; 1994). Thus, the

uniqueness of American communities is preserved and the service given by officers is of

the highest quality. That is the whole point of community policing: recognizing that every

community is unique, geographically, politically and socially, and stakeholders from each

community can find solutions to their distinctive problems.

There are two core components to Community Policing: community partnership

and problem solving. Community partnership is important because it builds trust between

the police and the citizens whom they serve.

> "This trust will enable the police to gain greater access to valuable
> information from the community that could lead to the solution and
> prevention of crimes, will engender support for needed crime-control
> measures, and will provide an opportunity for officers to establish a
> working relationship with the community. The entire police organization

must be involved in enlisting the cooperation of community members in promoting safety and security" (Gaffigan; 1994: 13).

The officers involved in Community Policing are an integral part of the activities and culture of any community. It is with the support and cooperation of the community they function in that officers are able to fulfill all their necessary duties. With a joint effort and positive working relationship between law enforcement professionals and community members, healthier and safer communities can develop.

The second important component of Community Policing is problem solving. The theory that Community Policing employs is that

> "crime and disorder can be reduced in small geographic areas by carefully studying the characteristics of problems in the area, and then applying the appropriate resources…" and on the assumption that "Individuals make choices based on the opportunities presented by the immediate physical and social characteristics of an area. By manipulating these factors, people will be less inclined to act in an offensive manner" (Eck; 1987; 16-17).

Individual communities will have unique problems or populations that officers will encounter daily. For example, a large city may struggle with a high amount of gang activity or robberies while a rural community may be more prone to drug manufacturing or burglaries. Community policing works to understand the characteristics of those communities and, with community members and the police working together, find equally unique solutions to reduce a targeted problem.

This is, therefore, where the two components of community policing, community partnership and problem solving, come together. It is only with the help of a community that officers can correctly identify issues and apply resources. In the same way that a community will have unique criminal characteristics, there will also be unique solutions and resources available through the community to aid the officers. This is why

community policing is such a good idea: officers are on the streets interacting and working with community members in order to understand the community they serve. The idea is that there is no alienation between community members and the police, nor is there a problem too insignificant with which to go to the police.

Community Policing, however, has not gone without criticism. There are many who feel that officers involved in community policing programs have stepped away from their more popular purpose, crime fighting, and picked up social work instead.

Viewing officers as having aspects of their job being the equivalent of social service work is a newer concept. This idea came about when community policing was a popular police policy but the term didn't sit well with many law enforcement officials. Being a social service worker can be a thankless job which one associates with being a pushover and, in relation to crime fighting, too lenient.

> "Critics of community policing refer to such service involvement as "social work" and not "real police work." Often they call officers involved in these important programs "super nice guys" or "lollicops" and describe their work as being "soft on crime." But crime- and the fighting of crime- cannot be separated from the social context in which it occurs" (Hahn, 1998: 78).

One doesn't need to wonder why officers do not like this designation. Many police officers view social service work as undesirable and perhaps even a stereotypically feminine occupation (versus the stereotypical, and historically male, occupation of policing). With this bias in mind, which title sounds more appealing: crime fighting or social service work? In the often macho world of law enforcement, crime fighting will always sound more attractive. However, it is very important that citizens and officers alike understand that policing and social service work have many similar concepts. Stabilizing and maintaining a community is an important and common goal between

them. An important aspect of developing a strong and connected community is for there to be strong ties between members which bond them together. Police and social service workers alike are responsible for helping to develop and maintain those bonds. When it comes to working with the mentally ill in the community, those developed bonds play an incredibly important role in the individual's health.

> "Studies of the social networks of seriously mentally ill people have demonstrated a relationship between their network structures—the size, density, reciprocity, multiplexity, and the strength of ties—and both their well-being and their use of mental health services… mental health providers can base interventions on their clients' unique networks in order to help them restructure their social networks so that they may cope better with their illnesses…emphasis is placed on the complementary roles of informal networks and formal organizations in helping clients identify and access mental health services" (Meireles; 2010).

It takes social service work to help restore these people. And, as the above discussion makes clear, police officers are often the front line and first responders for the mentally ill, whether officers like it or not. What many officers need to do is expand their horizons and look at themselves as professionals who are more than crime fighters. Betty Woodward, a Portland Police Officer for more than 20 years, said in a personal interview: "Police are not social service workers though they are doing social work about 90% of the time" (Woodward; 2011). No one would know better than she all the different aspects of policing and if social service work truly is that big of a part of policing, then more officers need to embrace a new style of policing.

Police will always be interacting with the mentally ill. The fact of the matter is that regular citizens often do not know whom to call when confronted with a person in mental distress and therefore 911 is the easiest and quickest number to use. Even if there were to be services or organizations that are responsible for the care of mentally ill in

communities who are posing problems, the American population would most likely still call the police first. The point is that police officers are absolutely going to encounter those with mental distress; it just is not going to happen that they escape all such incidents over the course of their careers. Policy makers and those in the training and administration departments have quickly learned that the mentally ill communities are a special population with very unique needs.

Imagine what it would have been like when those mental health service centers, clinics, and hospitals were closed. While officers may have been glad not to be wasting time that they originally would have spent waiting for formal admittance and transfer of care to these facilities, the new practices and policies which began to be used must have been just as, if not more, frustrating than before. On the flip side of this disturbance of routine, something else happened. Just as when a new program or aspect of a program is added to one's daily habits, the police began to expand not only their own practices and customs but they also obtained new wisdom and knowledge to make the transition from having the mentally ill institutionalized to having that special population immersed within American communities. Whether this advancement and progression of tactics and abilities was an admirable attempt at social service or a desperate attempt to save money through the deinstitutionalization process, the role of a police officer shifted from one of crime-fighting and order maintenance to one that also must provide help to those in need of mental health care.

> "Their acquired wisdom enables police to act as a "streetcorner psychiatrist" when called to the scene. In this way, they help to maintain many mentally- disordered persons within the community, and make deinstitutionalization a more viable public policy" (United States; Teplin, 1986:12).

Police officers did not choose to close the majority of mental health facilities but, with no where else for society to turn, it has been the effort of the police which has helped to bridge that loss which has helped to maintain social order. Without the efforts made by police agencies around the country, there may have been a disastrous end following the transition away from state mental health hospitals. Without the additional role that officers had to start playing, one which required them to often have daily interactions with this population of people, the policies which enabled the furtherance of deinstitutionalization could not have continued.

For US citizens however, the way the police handled the mentally ill may not have been the best solution. Arrest, which has been a favored method, is not much more than a short-term solution to this problem and this method has had some unintended consequences. These consequences include overcrowding in prisons and jails, and a large population of people not receiving the treatment that they need to be healthy, functioning members of society.

With the change from institutional to community care of the mentally ill, taking on certain aspects of the social service needs of this population is logical for police officers. A popular criticism of Community Policing is that officers approach interactions with mentally ill offenders with the mindset of a Social Worker, meaning that in the process of assisting the individual, officers "let them off", or do not charge them with a crime. The important concept to remember, however, is that not every interaction between an officer and a citizen, whether they are mentally distressed or not, is best served with a formal sanction. This does not imply that there should never be an encounter with a mentally ill person that should end in imprisonment. There are plenty of

instances where that may be the necessary and right course of action for an officer to take-- remember that mentally ill people are responsible for 3% of violent crime (Clear; 148). The community may best be served by incarcerating felony offenders, whether they are mentally ill or not. However, for the average mentally ill offender, correctional institutions are just not the place for them. When an officer is called to a situation where they can identify the offender as mentally ill, that officer needs to look past the deed and try to answer a few questions: Is this person a present danger to those in the community? Is this person an immediate danger to themselves? What are my available resources to get this person the help that they need? Officers who asks themselves these questions are not, as Hahn (Hahn; 1998) describes, our modern day "lollicops". It's not just about doing a job, but about doing a job correctly for all parties involved.

It's difficult if not near impossible to always know what the right thing to do is. Community Policing, when it feels more like social service work, seems to go against the grain of popular policing. Many officers themselves are a barrier to the potential success of Community Policing. Popular police culture indicates that crime fighting and social service work are like water and oil, the two do not mix. Social service work, to them, is like water. Water is useful for some things, necessary for life, but is most commonly used as a diluter. American law enforcement officials associate using social service work as a policing technique, which is a result of Community Policing, is a "watering down" of situations and has no place in crime fighting. For them, the oil is the real stuff. It's the heavy duty ingredient, the ingredient leading to arrest and prosecution.

For as entertaining and perhaps as cheesy as it is to compare the life work of these professional individuals to water and oil, it does ring true. This is perhaps the most

complex problem revolving around policing the mentally ill and unfortunately it is

engrained as part of American culture. How officers view themselves is absolutely

relevant and an important aspect of policing and it is affected by the subculture of the

police as well as what society expects of its officers. In community policing, officers and

citizens will see and, more importantly, understand that crime fighting and social service

work go hand-in-hand. And with community policing, the confluence of the two are clear.

With a community-policing model, police officers are able to interact with persons from

the mentally ill community and, after being able to identify an individual as mentally ill

and then working with other community members, view that person with a social service

mind-set. How do we, as a community, solve this problem? What does that person really

need? What does the community need? What do police officers need to work with this

group of community members?

The interesting thing about community policing and its relation to social work is

that it implies that officers need the assistance of the community to do their job.

> "Community policing is, in essence, a collaboration between the police
> and the community that identifies and solves community problems. With
> the police no longer the sole guardians of law and order, all members of
> the community become active allies in the effort to enhance the safety and
> quality of neighborhoods" (Gaffigan; 1994: 7).

In order to effectively use their discretion but ensure justice at the same time, it is

important to know and understand the individuals the officer is dealing with. In order to

fully understand a situation and therefore have all the facts about an incident that took

place, a police officer relies on the assistance of the citizens in the community. This is

incredibly important. Officers cannot always rely on the newest high-tech gadget to solve

crime and keep communities safe. Community problem solving, including crime

prevention and justice rendering, is a team effort. It requires cooperation between the community members where the problem took place and the law enforcement agency that practices there. Without the efforts of the everyday citizens, the police would have a much more difficult time doing their job, and community policing provides the framework for that cooperation.

Under a community-policing model, it often becomes clear that arrest, citations, or removal to an in-care facility are not always the best course of action. Some mentally distressed people honestly just need a listening ear. This is because there are many different types of mentally ill people. Many of them are just confused people with bizarre behavior while others may have severe psychoses like schizophrenia. There are so many different types of mental illnesses and the effects that they have on each individual is unique to that person. Communities need to bring the various stake holders together to develop programs and innovative ways to reach out and provide service for these people. Every city will have different specialists and perhaps unique ways to help this group of afflicted people. The extent of services developed may be completely dependent on the resources in the community and the needs of the population who have a diagnosed mental illness. Options available could include opening small mental health clinics or even individual families opening their homes to people with a certain mental illness.

The community functioning in a cooperative partnership with the local police bureau will bring about necessary change for the handling of the mentally ill. Portland, Oregon is one such city that has recognized the need for immediate change (see Appendix B for a summary of the Portland Police Bureau's vision for future police interactions with mentally ill offenders). In Portland, on May 5th, 2011, Portland Police

Officer Betty Woodward received a call about a mentally ill man yelling threats at workers in a resource shelter (Woodward; 2011). Upon arrival she interviewed the woman who witnessed the behavior of the mentally ill man and Officer Woodward sent out a description of the man and a call to intercept him. Not long after a radio call came through matching the description of the man. Betty arrived on scene to join the officer who made the stop. After a few moments conversing with the man who was ranting about officers being "liars" and making unintelligible comments about someone trying to kill the police, mental health workers were called in and the officers left the scene.

This was a real life situation where, thanks to a community- police partnership, there was able to be an immediate transfer of care. Without community programs and concerned community members, there wouldn't have been the option of calling in mental health workers that day. Portland is a city that is trying very hard to establish itself as a just city when it comes to dealing with the mentally ill, but imagine the outcome of a similar situation to the account above, happening in a city the does not subscribe to the concept of Community Policing. Without a doubt, that man would have ended up in the local precinct for his behavior and threats; that is the beauty of Community Policing. There are alternative options available for officers, and community members can have the opportunity to contribute to the restoration and stabilization of other members suffering from mental distress. When mentally ill offenders are non-violent, Community Policing provides a frame-work for the care of such individuals to be transferred back from the Criminal Justice System to the Health care System.

The majority of people who suffer from a mental illness and come in contact with the police are non-violent. In 2004 the Bureau of Justice did a thorough study of the

inmates in the Alaskan Department of Corrections. The purpose of this research was to put together the institution's inmate data and try to create good policies for recognizing mentally ill offenders. In the section of the forum discussing the types of crimes for which the mentally ill offenders were incarcerated, it was stated that 63.5% of all mentally ill offenders were arrested and charged with non-violent offenses (Fabelo; 2004: 12). This is a fact that many American citizens are unaware of because they gather a majority of their information from the local media. The popular news media often highlight cases involving very disturbed people who hold hostages and are so dangerous that police often end up having to use deadly force to be able to regain control of the situation.

> "Since so many Americans obtain their view of the world through movies, television, and the news media, however, the perpetuation of this and other exaggerated stereotypes of mentally ill people reinforces culturewide stigmatization… mental illness is a poor predictor of violence, ranking well after these factors: youth, male gender, history of violence, or poverty. Aside from people who abuse substances, people with mental illness commit violent acts at the same rate as nonpatients, and 80 percent to 90 percent of people with mental illness never commit violent acts" (Levin; 2004: 10).

What is important to recognize is that just as with everyday people, there are many different types of mental illness and a very diverse population of people contained within this sub-section of the American population, some violent, but most not. In fact, those who are non-violent mentally ill "offenders" are often people who engage in strange behavior and are most reported to the police for social disorder offenses such as creating a public disturbance. Examples of this could be talking to oneself, walking in the street, making or committing inappropriate actions or comments, or a range of other behaviors that might disrupt business or make someone witnessing the behavior uncomfortable.

Due to the vast amount of diversity within the mentally ill population there is no conceivable or reasonable way to train officers to recognize what type of illness an individual may be suffering from. It's not to say that the training couldn't happen, it just would be difficult, expensive, and incredibly time consuming- almost impossible and at minimum contrary to the training needs of most police officers. Officers should be able to identify a violent mentally ill person from a non-violent but when it comes to distinguishing between and therefore reacting appropriately to non-violent individuals, recognition of a type of mental illness can be more difficult. In order to police this population effectively, officers need a practical way to identify a type of individual experiencing an episode of mental distress. Linda Teplin, an expert in the field of policing the mentally ill, created three classifications which she uses to describe categories of non-violent mentally ill people (Teplin; 1986: 8). Teplin described the neighborhood character, the troublemaker, and the unobtrusive person, as three very different and recognizable groups of persons.

The first defined category of people Teplin describes is the "unobtrusive mental" (Teplin; 1986: 10) which is the most common type of mentally ill individual. These are individuals who do strange things, often acting in a way that is not typical for everyday citizens, but, for these people: "symptoms of mental disorder are relatively unobtrusive and are likely to be handled informally. Such persons offend neither the populace nor the police with vocal manifestations of their illness. Quiet "mentals" are seen as being more disordered than disorderly, and are unlikely to provoke arrest" (Teplin: 1986; 10). Bizarre, yes, but these people are considerably different from any other type of mentally ill individual. They are a danger to no one, they don't offend, they are unlikely to behave in

a way that is criminal, but they are found in most, if not all, American communities. Due to the fact that this group poses few, if any problems for the community or law enforcement officials, there is no need to police these individuals. As one might imagine, not all mentally ill individuals fit into this category. Unfortunately for police officers, the alternate classifications describe individuals who are not as easy to interact with.

The neighborhood character is the next type Teplin described. This "character" is one who could be defined as an individual who is well acquainted with the local police because he or she is frequently the object of complaints by other citizens. This is the

> "person who [resides] within the community and whose idiosyncrasies are widely renowned among police working within the precinct, defined by police as "mentals" but never hospitalized because they are "known quantities." Police have certain expectations regarding the parameters of the neighborhood character's behavior. As a consequence, a greater degree of deviance is tolerated from them. More important, an officers' familiarity with the citizen's particular symptomology enables them to readily "cool them out," further facilitating an informal disposition" (Teplin; 1986: 9).

The community-policing model, and policies at the local agency which follow this model, enables officers to have this "cooling out" relationship with the neighborhood character. Such a relationship is necessary to bring about positive interactions between the local police and the mentally ill of their community. Developing interactive relationships is a goal of community policing but it is dependent first on the policies and procedures that officers are being trained with, and second, whether or not the officer acts in a way that follows that instruction. The ability to "cool them out", as Teplin says, is a skill that is picked up through training and, perhaps more importantly, on the job through experience and constant interaction with the "character". These mentally ill people are often those who just need a listening ear and assertive yet calm instructions rather than formal law

enforcement action taken against them. These people are also able to avoid serious consequences by knowing their local officers and those officers knowing them. With community policing this is possible. Imagine the time and effort which could be saved if an officer was able to help someone experiencing mental distress simply by talking with them and therefore taking part in returning them to their rational state.

It is not to be assumed that there are never any consequences for criminal behavior committed by the neighborhood character. Teplin explains that officers have a standard for those people. This means that although the expectations that an officer might have of a person who experiences frequent mental illnesses will be different than the bar set for the rest of the population, there is a standard of conduct for those "known quantities". Think of the "known quantity" as a regular. This is someone who resides in the community who is constantly interacting with the police. This individual has consistent bouts of their illness; Officers following a community policing model would know the "norm" of a certain individual, meaning that the local officers would have had enough interactions with the individual to have developed an unofficial expectation of behavior and would therefore be able to be helpful in identifying their needs and possible ways to assist them.

The third and final type of non-violent mentally ill people described by Teplin is the local troublemaker. These people are constantly socially disruptive and cause many problems within the community but are most commonly committing misdemeanor crimes. He or she, according to Teplin, is the person most likely consuming alcohol or some type of drug, which enhances their illness and can make them more likely to break laws (Teplin; 1986: 9). These types of people can be a point of conflict between the law

enforcement agency and the community that it serves because, although a law or two might have been broken, there is little purpose to a formal arrest. "Police feel that, although intervention may be periodically warranted in such cases, such persons are not worth the trouble" (Teplin; 1986: 9). Teplin says this because although a law was broken and in some cases arrest may be necessary, often that individual gets right back out of jail and commits the exact same offense over and over again. It is a waste of time, of manpower, and of a portion of scarce resources when they are used on an offender who isn't getting any better. If communities could experience the change resulting from caring for this special population of afflicted individuals that can be brought about through the application of community policing principles, such communities will be able to help this sub-category of mentally ill person in a way that suits the needs of the offender as well as fits the resources available in that community. One such resource could be homeless shelters with volunteers or students training to assist with mental illness patients.

Police officers have daily interactions with members of the mentally ill community. These "regulars" are a problem for the entire Criminal Justice System. They flood the courts and correctional system including prisons, jails, parole, and probation; and the entry point for each individual starts with the police. American communities and mentally ill individuals would be able to be restored if the cycle of arrest, booking, court appearances, community supervision, and possible lock-up, and release could be broken. That pattern has to change, and the most logical place for that change is at the street level by applying the tenets of good community policing. Community policing makes sense. It offers a fresh perspective and an alternative method for police to use when dealing with the mentally ill. Police, the courts, correctional officials, and citizens face those suffering

with mental illnesses practically daily. With a community policing method and approach

to encountering this special sub-group of the population, all the stakeholders will be

brought together to craft and create a unique solution to this vexing problem.

Examples already exist of police departments that have adopted community

policing principles to address the issue of the mentally ill in their communities. For

example, in Texas, the Houston Police Department realized that there were a small

number of mentally ill individuals who were responsible for a large portion of emergency

calls for service. "These individuals utilize police services and other emergency services

on a habitual basis resulting in excessive calls for service and needless law enforcement

encounters" (Lee: 2010; 4). Recognizing the massive amount of resources being used on

members of the mentally ill community, the Houston Police Department began to

research the impact this population was truly having. What they discovered was an

alarming historical pattern of interactions that needed to be stopped.

> "When responding to calls for service involving people with serious
> mental illness, The Houston Police Department has always operated under
> a traditional model of policing by utilizing reactive methods. The patrol
> officer would take a call for service, respond to the location, assess the
> situation, and take the appropriate measures to resolve the issue. The
> average patrol officer would become quite familiar of their frequent
> encounters with the same chronic consumers calling the emergency
> services to complain about various issues that seem to affect them on a
> daily basis… Officers usually found no real solution other than making an
> arrest or committing them for an emergency evaluation. Then, within
> weeks or even days, the same chronic consumers would be back out on the
> streets or at their homes reverting back to their crisis modes. This
> "revolving door" process has always been a perpetual cycle with no viable
> alternatives or methods to disrupt these patterns" (Lee: 2010; 6).

It's no wonder that the Houston Police Department chose to take action and develop a

community-based program to disrupt that cycle.

In February of 2010, the Houston Police Department launched a pilot program aimed at reducing the amount of contacts and calls for service made by the mentally ill community members. The program they developed is called the Chronic Consumer Stabilization Initiative (CCSI) and it was so successful that the Houston Police Department won the 2010 Community Policing Award given by the International Association of Chiefs of Police.

The main goal of this program was to divert these chronic offenders away from their routine and repetitive encounters with law enforcement officers. It started with the staff of the CCSI identifying 30 mentally ill individuals who, within a 6 month period of time, were responsible for 553 reported events, averaging one hour of work for an officer per event (Lee: 2010; 14). Obviously, these people cost a lot of time and energy. Through the CCSI, the thirty individuals were assigned a case manager who was responsible for educating and finding treatment options for their mentally ill clients. This process took cooperation between the police, the case managers participating in the trial program, and community members helping to create or locate treatment, but the effort paid off:

> "After intense intervention by the two case managers, the same 30 individuals were only reported to have been involuntarily committed for a total of 39 times, a significant decrease by 76.4% while only 65 offense reports and 65 known calls for service were generated resulting in a 67.3% decrease. The end result revealed a total of 169 reported events with a 70% overall decrease observed within six months of the pilot" (Lee: 2010; 14).

Just the fact that there was a 70 percent decrease in the overall number of calls and interactions with the police should prompt other police bureaus to find alternate ways of viewing the mentally ill. By allowing case managers and community members to step in and shoulder some of the responsibility for caring for the chronically mentally ill in the community, the city of Houston freed up its officers to fulfill other necessary duties. Not

only do the officers have more time to spend elsewhere but 9-1-1 lines are also opened up

because many under emotional distress receive the help they need from trained mental

health professionals rather than from the police. Since launching this pilot program and as

of December 2010, Houston, Texas, has evolved to employ the largest Crisis Intervention

Team in the nation as well as a Mental Health Unit within the police bureau. The

program also drew the approval of the management who reaped many benefits from this

program:

> "The long term benefits of this program for the police department [are]
> redirected resources which can be more appropriately utilized by patrol
> officers. In terms that are meaningful to executive management, this
> translates to potential savings in operational costs associated with
> manpower, redirected patrol services to address other criminal activities or
> calls to service, and possibly reducing the probability of officers being
> involved in a situation where deadly force may be used" (Lee; 2010; 4).

Houston is not the only city to experience success by including community-based

policing ideas in its policies to responding to members of the mentally ill community.

Louisville, Kentucky has also employed community policing techniques to approach the

issue of increasing interactions between police and the mentally ill. Prior to the new

program that police and community members created, Louisville experienced patterns of

interaction between the police and the mentally ill very similar to those in Houston.

> "Prior to the new program, the most common officer response was to use
> the level of force necessary to gain control over the individual and take
> them into custody either to the local hospital or jail. Many who were jailed
> were eventually re-arrested and became part of a cycle" (Edelen: 2002; 1)

The cycle of arrest, release, and then arrest again seems to be very typical, existing in

many modern American communities. The number of calls for service that involve these

mentally ill persons is massive and highlights the amount of dollars and time that the

police spend trying to deal with these individuals:

"In 2001, LPD [Louisville Police Department] received over 2,500 calls for service involving such duties as assisting emergency medical services personnel with a mental patient, serving mental inquest warrants, and responding to attempted or threatened suicides" (Edelen: 2002; 3).

The alarming rates of recidivism and calls for service were enough to prompt Louisville police administrators to find a better way of handling the mentally ill.

In January 2001, the Louisville Police Department developed a 24-hour citywide Crisis Intervention Team (CIT) program. The program included new specialized training for police when interacting with the mentally ill in the community, changes to the Bureau's policies and procedures regarding these interactions, as well as promotion of the new program in the community (Edelen: 2002; 6). The goals of CIT was to work with the mental health community and the criminal justice system to develop long-term alternatives to arrest when interacting with citizens in mental distress.

The program brought together all the stakeholders by pulling together a group of community professionals to discuss the issue of mental health and to develop a comprehensive program and strategy that could be implemented by the local police officers.

"LPD [Louisville Police Department] personnel asked individuals from Seven Counties Services (local designated mental health providers), doctors from the University of Louisville's Psychiatric Services, and representatives from NAMI (National Alliance for the Mentally Ill) to become a part of this implementation committee" (Edelen: 2002; 5).

By bringing different types of interested professionals together, the committee was able to form new policies and proactive ways of interacting with the mentally ill. That same committee of individuals still participates in the program it created by assisting in on-going evaluations and monitoring.

This unique program was specifically designed for CIT officers to function as specialists. While these officers may still respond to any routine call, they are always the primary officers responding to calls to service where the subject may be suffering from mental illness.

> "CIT officers use their skill and training to resolve potentially lethal situations. They have the discretion at the scene to determine the proper course of action in each case, with the options of transporting the person to the hospital, arresting the person, or resolving the matter informally" (Edelen: 2002; 7-8)

Louisville has experienced impressive results from this program. The concerns that existed before about excessive force or the amount of calls and resources dedicated to responding to members of the mentally ill community have been lessened significantly.

According to the 2002 evaluation of Louisville's 24 hour Crisis Intervention Team, written by the Commander of Staff Services:

> "only minimal use of force is being utilized, injuries to police and citizens are non-existent, officers involved are using their knowledge and skills correctly and efficiently, fewer individuals are going to jail, more individuals are receiving treatment, and the community has been very supportive. In addition, the created partnerships with community mental health organizations/agencies and the police are resulting in unexpected benefits (such as more effective/expedited patient processing within the hospital) and group problem solving" (Edelen: 2002; 12).

The benefits for using a program derived from community policing principles are clear. While neither Houston nor Louisville could claim that the issue of mentally ill in their communities is now non-existent, neither would deny that adopting community policing when dealing with the mentally ill is effective.

In both cities, Houston as well as Louisville, there were similar problems experienced. One such concern was an excessive amount of calls regarding the mentally ill. How the communities found solutions to these issues was very different. Houston

assigned case managers, finding social workers who could be responsible for finding treatment and provide the needed mental health care. Louisville gathered professionals who were personally impacted by the issue of the mentally ill in their communities and founded a 24-hour response team. The two cities created completely unique solutions based on the interest and resources available. That is the beauty of Community Policing.

No two cities will have the same resources or even the same types of needs. With Community Policing, each community will develop their own unique solutions, targeting resources and creating alternate options for dealing with the mentally ill. What many American communities are missing is a way to organize and share resources in a helpful way that could bring about change. Change is difficult but not impossible and with all the talent and concerned individuals who care about the future of the mentally ill in their communities, long-term solutions are not too far away. Community policing allows stakeholders to be creative. Both Houston and Louisville had their situations improved by employing the principles of community policing. It was not luck that allowed them to find some success. The success in these, and many other cities, is due to community members working together to change how the police interact with the mentally ill.

What now needs to follow is that other communities do the same. By bringing police departments, the courts, mental health professionals, religious organizations, homeless shelters, and all other stakeholders together, a methodology to help people suffering from mental distress that does not involve arrest and incarceration as the first or most viable option can be achieved.

The United States is often referred to as a "melting pot", as a jumble of nearly every known ethnicity, race, and religious preference. Despite the mass diversity, this

country has almost always been able to come together. In terms of care for the mentally ill, American society and individual communities now have the option to be the phoenix rising out of the ashes. The mental health care system is broken and many people with serious problems are slipping through the cracks and living and dying without the care they need. The time is now to step up and find long-term solutions. It is foolish to think that either the problem or the people will someday vanish. Postponing action for the next generation does nothing but prolong the frustration and affliction of those living with mental illnesses and also for those who are interacting with those individuals daily. Mental distress is not going anywhere, it has existed as long as humanity has, but through community policing, individual communities are allowed the privilege of a fresh perspective. Community policing is not all about the wants of police officers; it cannot be accomplished without the support and help of the community in which the officers serve. What to do with the mentally ill in American communities is not a burden that should rest on the shoulders of one group of people; it does not concern only law enforcement and other criminal justice officials. Police need the help, the ideas, and the support of the entire community. It is only with a cooperative and joint effort that community policing can be used as a tool to facilitate change. There is no formula; there are no specific rules, because the method allows each community to form its own unique solution. Using community policing when dealing with the mentally ill provides hope for a solution to this vexing problem. Now is the time for the United States to once again prove itself, to stand up to a problem, work on solutions, and make a place for all those who reside within our borders.

APPENDIX A

An executive Research Forum created a training guidebook for law enforcement agencies to use as a tool to train officers for their future encounters with mentally ill citizens. This True/False test was part of that manual and shows just how ignorant some people can be. We co-exist in a world, in a county, in a city with an innumerable count of people afflicted with mental illness, even if we couldn't always help, it is still important to understand them. Take a look and see how many of these questions you can answer correctly. The answers are on the following page.

1. The best approach for handling a person with mental illness is to be tough and

disinterested in their problems.

2. Police officers should treat people with mental illnesses with the same respect as they

would any other person.

3. The first objective in dealing with people with mental illnesses is to immobilize the

person with whatever force is necessary.

4. When reaching a disposition to a case involving a person with mental illness, officers

will be more effective if they consider the condition of the person with mental illness.

5. The degree of resistance officers receive when dealing with a person with mental

illness will greatly depend on the officers' attitude and demeanor.

6. People with mental illnesses are far more violent than most people in society.

7. Police officers have no power to begin the process of committing people with mental illnesses.

8. Basically, mental illness and mental retardation are the same thing.

9. A person with mental illness can still be intelligent and perceptive.

10. Putting an obnoxious person with mental illness in jail is a good way to teach the person a lesson.

11. Responding to people with mental illnesses is a legitimate role of the police.

12. A person with mental illness does not have the same rights as other people.

13. People with mental illnesses can control their bizarre behavior, but prefer not to because of the attention they receive when they act weird.

14. Mental illness is always a permanent condition.

15. Any person who attempts suicide is clearly mentally ill.

ANSWERS TO THE MENTAL HEALTH FORUM QUESTIONS

1. False

2. True

3. False

4. True

5. True

6. False

7. False

8. False

9. True

10. False

11. True

12. False

13. False

14. False

15. False

The Police Response to People with Mental Illnesses: including Information on the Americans with Disabilities Act Requirements and Community Policing Approaches : Trainers Guide and Model Policy. Washington, D.C. (1120 Connecticut Ave., NW, Suite 930, Washington 20036): Police Executive Research Forum, 1997. Print.

APPENDIX B

PORTLAND, OREGON- A CITY IN TRAINING

On Friday, April 15th, 2011, Portland's Chief of Police, Mike Reese, made a speech at the Portland City Club. As he neared the end of his first year as the Portland Chief of Police, he wanted to share and to discuss his vision and goals for the next year as well as to highlight and describe some of the challenges he foresees for this coming year. After briefly expressing his desire to strengthen community relations and to be good stewards of the money allotted to the police bureau, he launched into a comprehensive discussion on the issue of the mentally ill in the city of Portland.

Portland is Oregon's largest city with over half a million people calling it home. Chief Reese was very clear in his hopes and desires for the future between the Portland officers and those in the city that are mentally ill. He identified the problem that is affecting many other cities and the state of Oregon as a whole. He said, "I want our officers to have better relationships with our social service partners than with our jails". He went on to share his vision about how different and how much more powerful Portland would be as a city and the Police Bureau as an organization if the relationship that has been built with local jails was also built with the social service workers in the city.

Chief Reese recognizes the problem with putting officers on the street and asking them to interact and to serve the mentally ill community. "Our officers are really being asked to do a lot of things that we didn't train them for or understand". By this he acknowledged that officers are going into a situation that they are unprepared for and that potentially puts them in danger. Within the past year he reported that police made more than 400,000 contacts with community members. Of those 400,000 interactions, nearly 28,000 involved someone with a mental illness/emotional disturbance, and of those 28,000 contacts, 11,000 mentally ill people were taken into custody. "It's overwhelming our system", he said. That's true. The criminal justice system is not prepared for and does not have the resources to house and take care of this massive amount of the population. Granted that 28,000 contacts involved multiple contacts with the same individuals, that is an immense portion of calls being for service for a person with a persistent mental illness.

While discussing how the social safety net for these people have dissipated, he shared that in 1955 there were 292 per 100,000 people in the population of public psychiatric beds available for people in the midst of mental crisis. Today that number is down to 19 per 100,000 people in the state. "The mental health care system is broken", the "police are expected to manage the behavior of a growing number of the mentally ill people". This was proven true in the last year.

In 2010 there were nine officer involved shootings in the city of Portland. All but one of those people who were contacted by an officer which ended with gunfire had a history of severe mental illness or was emotionally disturbed. Sadly enough, only one of those people had an actual diagnosis of mental illness. "Folks are flying under the mental service's radar". People are slipping through the cracks and officer-involved shootings are just one of many ways that that failure to reach many of the people experiences mental illness returns to backfire on those around.

Although this information seems discouraging, Chief Reese was hopeful about Portland and the changes that have been implemented to break the cycle of miscommunication and misunderstanding between local law enforcement agencies and the population that they serve. 911 dispatchers now, when receiving a call, ask if one requires police, fire, or mental health. This is a huge step forward! In the past police have been the recipients of any type of call involving someone who is mentally ill. The option to ask specifically for mental health services might not be used too frequently yet, it's a new concept, but just that it's available shows so much progress and hope for the future.

New officers are being required to have 40 hours of extensive crisis training. While a lot of the information and experience simulations they are being employed as techniques to teach Portland officers about the mentally ill are new and borderline untested as practical or relevant methods, good information is being passed along.

Portland is also one of the first cities to actively pair its officers with social workers. What is happening is that single-man cars, officers without a partner or not involved in mentoring a new officer who is still in their probationary months, is paired up with a trained crisis case worker, a member of the Mobile Crisis Unit. The point of this is to take a lot of the responsibility for knowing what to do with that individual off of the officer and to put it back where it belongs, into the mental health system. These crisis

case workers focus on getting mentally ill offenders back into treatment and onto their medications. The other main focus is to bring them into a supportive, stable, and positive environment and out of contact with the police.

This is just a start for Portland. Over the next few years it is likely that the police bureau will try many different techniques and methods for dealing with the mentally ill to find what works best for Portland. It will be very exciting to see how this city is changed thanks to the hard work started by its officers.

Portland Police Bureau. *Portland Chief of Police Mike Reese Talks About His Goals as He Nearsthe One Year Mark*. *Oregonlive.com*. The Oregonian, 15 Apr. 2011. Web.

Works Cited

Canada. Mental Health Division. *The Mentally Ill and the Criminal Justice System: Innovative Community-Based Programs 1995*. By Carol Milstone. Print.

Clear, Todd R., George F. Cole, and Michael Dean Reisig. *American Corrections*. Belmont, CA: Thomson Wadsworth, 2011. Print.

Eck, John E., and William Spelman, et al. *Problem Solving: Problem-Oriented Policing in Newport News*. Washington, D.C.: Police Executive Research Forum. 1987:pp.xvi–xvii.

Edelen, Charlie. "Louisville Division of Police- Herman Goldstein Award Appncauon." 26 Feb. 2002. Web. <http://www.popcenter.org/library/awards/goldstein/2002/02-26.pdf>.

Fabelo, Tony, and Angie Gunter. "Analysis of Alaska Department of Corrections to Identify

Mentally Ill Offenders." JFA Institute, May 2005. Web.

   <http://www.jfa-associates.com/publications/ppope/COTAAlask53105.pdf>.

Fisher, William H., Jeffrey L. Geller, and John A. Pandiani. "The Changing Role of the State Psychiatric. 2009.

Hahn, Paul H. *Emerging Criminal Justice: Three Pillars for a Proactive Justice System*. Thousand Oaks [Calif.: Sage Publications, 1998. Print.

Hospital." *Care Contiuum* May/June 28.3 (2009): 676-84. Health Affairs. Web.

Gaffigan, Stephen J. "Understanding Community Policing: A Framework for Action." *Bureau of Justice Assistance*. Community Policing Consortium, Aug. 1994. Web. <http://www.ncjrs.gov/pdffiles/commp.pdf>.

Gray, Diane. "The History of Early Insane Asylums and Mental Illness." *Associated Content from Yahoo! - Associatedcontent.com*. 30 Apr. 2007. Web.

<http://www.associatedcontent.com/article/221343/the_history_of_early_insane_asylums
.html?cat=70>.

James, Doris J., and Lauren E. Glaze. *Mental Health Problems of Prison and Jail Inmates* (2006).
US Department of Justice. Bureau of Justice Statistics, Sept. 2006. Web.

Lee, Mike, and Barbara Dawson. "Special Support Services Command: Mental Health Unit."
Chronic Consumer Stablization Initiative. Houston Police Department, Feb. 2010. Web.
<http://www.mhahouston.org/cmsFiles/Files/HPD%20CCSI%20PILOT%20REPORT.pdf>.

Levin, Aaron. "Violence and Mental Illness: Media Keep Myths Alive." *American Psychiatric
Association* 39.9 (2001): 10-11. *Psychiatric News*. 4 May 2001. Web.
<http://pn.psychiatryonline.org/content/36/9/10.full>.

Lovell, David, Gregg J. Gagliardi, and Paul Peterson. "Recidivism and Use of Services Among
Persons With Mental Illness After Release From Prison -- Lovell Et Al. 53 (10): 1290 --
Psychiatr Serv." *Psychiatric Services*. Oct. 2002. Web.
<http://psychservices.psychiatryonline.org/cgi/content/full/53/10/1290>.

McNeeley, Charles. *Community Policing: Building Inclusive Communities*. [Jackson, Miss.]:
Lamar Pub., 2006. Print.

Meireles Pinto, Rogerio. "USING SOCIAL NETWORK INTERVENTIONS TO IMPROVE
MENTALLY ILL CLIENTS' WELL-BEING." *National Institutes of Health*. 20 Jan.
2010. Web. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2808640/>.

Moran, Mark. "Jail More Likely Than Hospital for Severely Mentally Ill — Psychiatric News."
45.11 (2010). *Psychiatric News*. American Psychiatric Association, 4 June 2010. Web.
<http://pn.psychiatryonline.org/content/45/11/1.1.full>.

Portland Police Bureau. *Portland Chief of Police Mike Reese Talks About His Goals as He
Nearsthe One Year Mark*. *Oregonlive.com*. The Oregonian, 15 Apr. 2011. Web.

Schmalleger, Frank. *Criminal Justice Today: an Introductory Text for the 21th Century*. Upper
    Saddle River, NJ: Pearson Prentice Hall, 2009. Print.

Simon Cole & Rachael Dioso, *Law and the Lab: Do TV Shows Really Affect How Juries Vote?*
    Let's Look at the Evidence, WALL ST J. May 13, 2005. Web.

Siegel, Larry J. *Criminology: The Core*. 4th ed. Australia: Wadsworth/Cengage Learning, 2011.
    Print.

"State Cuts Force Police To Care For Mentally Ill « CBS Dallas / Fort Worth." *CBS Dallas /*
    Fort Worth - News, Sports, Weather, Traffic and the Best of DFW. 13 Mar. 2011. Web.
    <http://dfw.cbslocal.com/2011/03/13/state-cuts-force-police-to-care-for-mentally-ill/>.

The Police Response to People with Mental Illnesses: including Information on the Americans
    with Disabilities Act Requirements and Community Policing Approaches : Trainers
    Guide and Model Policy. Washington, D.C. (1120 Connecticut Ave., NW, Suite 930,
    Washington 20036): Police Executive Research Forum, 1997. Print.

United States. National Institute of Justice. Communication and Research Utilization. *Police*
    Response to Special Populations. 1987. By Peter Finn and Monique Sullivan. Print.

United States. National Institute of Justice. *Keeping the Peace: The Parameter of Police*
    Discretion in Relation to the Mentally Disordered. April 1986. By Linda A. Teplin. Print.

Walker, Isabelle T. "Mentally Ill and Uninsured in America : AJN The American Journal of
    Nursing." *LWW Journals*. American Journal of Nursing, Mar. 2010. Web. 06 Mar. 2011.
    <http://journals.lww.com/ajnonline/Fulltext/2010/03000/Mentally_Ill_and_Uninsured_in
    _America.17.aspx>.

Woodward, Betty. "A Day with Officer Betty Woodward." Personal interview. 5 May 2011