Routledge
Taylor & Francis Group

Victims & Offenders

An International Journal of Evidence-based Research, Policy, and Practice

ISSN: 1556-4886 (Print) 1556-4991 (Online) Journal homepage: http://www.tandfonline.com/loi/uvao20

The Evolving Police Response to Individuals with Behavioral Health Challenges

Melissa S. Morabito

To cite this article: Melissa S. Morabito (2018) The Evolving Police Response to Individuals with Behavioral Health Challenges, Victims & Offenders, 13:8, 1033-1036, DOI: 10.1080/15564886.2018.1527737

To link to this article: https://doi.org/10.1080/15564886.2018.1527737

VICTIMS & OFFENDERS
2018, VOL. 13, NO. 8, 1033–1036
https://doi.org/10.1080/15564886.2018.1527737

Routledge
Taylor & Francis Group

INTRODUCTION

The Evolving Police Response to Individuals with Behavioral Health Challenges

Melissa S. Morabito

University of Massachusetts Lowell, Lowell, Massachusetts, USA

Police are responsible for addressing a myriad of community problems, but none may be more challenging than responding to calls for service involving people with behavioral health challenges (e.g., mental illnesses and/or substance abuse disorders). Police are tasked with being frontline responders to a public health crisis (Steadman et al., 2000; Thompson, 2010) to which they are often ill-equipped to adequately respond.

Unfortunately, these are hardly new concerns for the police. Indeed, in 1967, Egon Bittner described the expansive role of the police and the associated difficulties they experienced in responding to people living on skid row. Bittner (1967) noted that patrol officers "frequently help people to obtain meals, lodging, employment" and "direct them to welfare and health services" (p. 709) in an effort to solve these residents' problems. Thus, interactions with vulnerable populations have long extended the responsibilities of the police far beyond traditional crime fighting, due to the high likelihood that they will interact with people with behavioral health challenges. These interactions require an immense amount of time (Bittner, 1967), and can frequently result in unsatisfactory conclusions for both the police and the community. Patrol officers recognize that helping these vulnerable people on their beats is preventative, as it can stave off problems at a later date for both the patrol officer and the community as a whole.

Police frequently had and continue to have limited options for providing the needed support and developing creative solutions across much of the United States. Yet, asevidenced in this special issue, police responses to people with behavioral health challenges have evolved. Beginning with the development of the Crisis Intervention Team approach in Memphis, Tennessee, in the late 1980s, there has been a movement to provide police with these necessary resources to adequately respond to residents with behavioral challenges. Not surprisingly, because these are police-based interventions, they have historically been evaluated based solely on quantifiable police outcomes, such as reductions in the use of force, arrest, and police time spent in the emergency room.

This approach is problematic for a number of reasons. First, there are times when the use of force or arrest is a necessary and appropriate outcome. Coercive control is a crucial component to the police role (Klockars, 1985). Accordingly, there will likely never be a time when the police use of these coercive tactics will (or should) be altogether eliminated. Rather, it may make sense to track these outcomes to be sure that police are using force and making arrests of people with behavioral health challenges only when necessary. The second problem is that the focus on these easily quantifiable outcomes means that evaluations do not take into account that the police work as part of a larger system in the community. If a program offers a cost savings or benefits to police, but increases costs to

CONTACT Melissa S. Morabito melissa_morabito@uml.edu

other emergency services provider such as emergency medical services or emergency departments, it may not be an overall effective program for the community. The total costs and benefits of these programs must be factored in to any evaluation. Finally, police can be trained in as crisis counselors, but the status quo will not change if there are not enough behavioral health and other support services available to vulnerable people after the crisis has passed. By only addressing the crisis, we are putting a band aid on a larger problem. This creates a repetitive cycle in which help is only available when a person is in acute crisis and not after he or she has been stabilized. A more holistic and complete response that includes but is not limited to mental health treatment, addiction services, and stable housing is needed to truly address the need.

This special issue explores these challenges and the evolving criminal justice response to people with behavioral health challenges. The eight articles in this issue advance our understanding of the changing criminal justice response and set an agenda for future research. The issue begins by exploring the importance of language in describing the police response to people with behavioral health challenges. We cannot manage what we cannot measure, and there is an ongoing debate about how to best track police encounters with people with mental illnesses and substance abuse disorders. Measurement is difficult; researchers and practitioners often rely on 911 call takers to identify behavioral health calls. However, we know that calls involving a behavioral health challenge often are not coded in a police department's record management system and, as a result, they cannot be counted. Yet, anecdotally, any patrol officer will tell you that almost every call for service has a behavioral health component. This means that it is very likely that we are under-counting these types of calls and the extent of police time dedicated to their response.

The first step in measurement is coming to a consensus about the language used to conceptualize the extent of the problem. It is evident from the literature—even the articles within this issue—that there are a variety of different terms and methods for measuring mental illness and other behavioral health challenges. In the first article, Frederick, O'Connor, and Koziarski (2018) analyze the frames, terminology, and definitions used in the scholarly literature surrounding interactions between the police and people perceived as having a mental health problem to examine the subsequent implications.

While context is important for enhancing our understanding of any problem, it is particularly relevant to the ever-shifting substance abuse epidemic. In the second article, Lurigio, Andrus, and Scott (2018) provide both background and a snapshot of this crisis by exploring the recent history of the opioid epidemic in the United States and the corresponding police response. They also examine the nature and extent of overdose prevention programs implemented in 42 states.

In the majority of encounters with people with behavioral health challenges, police informally use discretion to determine their response. Many of these encounters include offenses in the "gray area" (Wood, Watson, & Fulambarker, 2017), which means that they could be classified as crimes, but they do not necessarily have to be. When officers elect not to use a formal disposition, there is no documentation of the informal response. As such, it is impossible to learn about these informal encounters through the use of official police records. One method that researchers have used to overcome this obstacle is through officer interviews. In the third article in this issue, Bohrman, Wilson, Watson, and Draine (2018) use interviews with police officers to better understand how they assess

for the presence of mental illness when responding to calls for service. Specifically, the authors use interviews to unpack the different sources of information that police rely on for decision making and how they use those data. These interviews can be crucial for understanding police officer mindset—something that cannot be gleaned from arrest or use of force reports.

Another approach to learning about encounters that are informally resolved is to use records collected by other emergency service providers that work in collaboration with the police but maintain a separate database. In the fourth article, Morabito, Savage, Sneider, and Wallace (2018) use this approach, relying on records collected by the Boston Emergency Medical Services and the Boston Emergency Services Team to understand the types of calls and responses utilized by the Boston Police Department's co-responder program. From these records, they are able to create a more complete picture of the need for emergency behavioral health services in the City of Boston.

For those incidents that are documented by the police, there is still a great deal to be learned from official records. In the fifth article, Gill, Jensen, and Cave (2018) examine the specific continuum and progression of force and resistance reflected in police encounters with people with behavioral health issues. Using narratives from incident reports from one police department, they examine the ordering and progression of resistance and force from the officer's own understanding of the encounter. They also conducted a department-wide survey in order to more fully flush out the officer perspective about these encounters.

Next, Yang, Gill, Kanewske, and Thompson (2018) use calls for service from Roanoke County, Virginia, to assess whether research findings regarding the disposition of calls involving people with mental illnesses in large urban centers can be generalized to more suburban and exurban areas. Through the use of a survey, they further measure officer perceptions of mental health options available to them for disposition of these calls, and their related satisfaction in responding to these encounters.

In the seventh article, Vaughan et al. (2018) take an even broader perspective, assessing how various system interactions can impact police encounters with people with behavioral health challenges. For example, these encounters involve financial costs in terms of not only personnel salaries and time spent on calls, but also other secondary costs and benefits to the community, which must be considered as well. To explore these and other systemic variables, Vaughan et al. examine whether the spatial concentration and specializations of mental health calls for service are related to the degree and type of social disorganization in urban municipalities across British Columbia.

Finally, to understand the evolving criminal justice response, we must look beyond patrol officers and the neighborhoods that they police to also include the other arms of the criminal justice system. In the eighth article, Makin, Bernat, and Lyons (2018) analyze civil commitments in the state of Idaho to examine the correlates of this decision making and whether petitions for commitment were ultimately granted. They note that the sheer number of petitions means that the courts are trying to find alternative means of providing services to people with behavioral health issues across the state.

Taken together, it is clear from the articles of this special issue that police and the communities that they serve are overwhelmed by calls for service involving people with behavioral health challenges and a lack of available treatment options. While the official numbers remain a relatively low proportion of the total calls for service (Cordner, 2006),

this is likely an undercount given problems with capturing all incidents that involve behavioral health elements. Furthermore, mere proportions are not indicative of the expended resources necessitated by these calls. There also remains the question of why police are tasked with responding to public health emergencies at all. This responsibility is likely due in large part to a woefully underfunded mental health care system in the United States, where oftentimes only the most ill receive services and the criminal justice system is tasked with responding to everyone else. This means that the criminal justice system functions to manage the crisis without connection to long-term care and assistance—the critical building blocks needed to reduce future system involvement.

Acknowledgments

The author sends special thanks to Jenna Savage and Kelly Socia for reading previous drafts of this introduction.

Disclosure statement

No potential conflict of interest was reported by the author.

References

Bittner, E. (1967). The police on skid-row: A study of peace keeping. *American Sociological Review*, *32*, 699–715. doi:10.2307/2092019

Bohrman, C., Wilson, A. B., Watson, A., & Draine, J. (2018). How police officers assess for mental illnesses. *Victims & Offenders*, *13*(8), 1077–1092.

Cordner, G. (2006). People with mental illness. Problem-Oriented Guides for Police Problem-Specific Guides Series No. 40.

Frederick, T., O'Connor, C., & Koziarski, J. (2018). Police interactions with people perceived to have a mental health problem: A critical review of frames, terminology, and definitions. *Victims & Offenders*, *13*(8), 1037–1054.

Gill, C., Jensen, R., & Cave, B. (2018). Exploring physical force and subject resistance in police encounters with people with behavioral health issues. *Victims & Offenders*, *13*(8), 1106–1131.

Klockars, C. B. (1985). *The idea of police* (Vol. 3). Beverly Hills, CA: Sage Publications.

Lurigio, A., Andrus, J., & Scott, C. (2018). The opioid epidemic and the role of law enforcement officers in saving lives. *Victims & Offenders*, *13*(8), 1055–1076.

Makin, D., Bernat, F., & Lyons, J. (2018). Who decides civil commitments? A statewide analysis of initial hold requests. *Victims & Offenders*, *13*(8), 1171–1192.

Morabito, M. S., Savage, J., Sneider, L., & Wallace, K. (2018). Police response to people with mental illnesses in a major U.S. City: The Boston experience with the co-responder model. *Victims & Offenders*, *13*(8), 1093–1105.

Vaughan, A., Ly, M., Andresen, M. A., Wuschke, K., Hodgkinson, T., & Campbell, A. (2018). Concentrations and specialization of mental health–Related calls for police service. *Victims & Offenders*, *13*(8), 1153–1170.

Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "gray zone" of police work during mental health encounters: Findings from an observational study in Chicago. *Police Quarterly*, *20*(1), 81–105. doi:10.1177/1098611116658875

Yang, S., Gill, C., Kanewske, C., & Thompson, P. (2018). Exploring police response to mental health calls in a nonurban area: A case study of Roanoke County, Virginia. *Victims & Offenders*, *13*(8), 1132–1152.