



Treatment Advocacy Center Briefing Paper

Law enforcement and people with severe mental illnesses

SUMMARY: A natural outgrowth of a mental health system that withholds needed treatment until a person with a mental illness becomes dangerous is that police officers and sheriff's deputies are forced to become front line mental health workers. The safety of both law enforcement officers and citizens is compromised when law enforcement responds to crises involving people with severe mental illnesses who are not being treated. In 1998, law enforcement officers were more likely to be killed by a person with mental illness than by an assailant with a prior arrest for assaulting police or resisting arrest. And people with mental illnesses are killed by police in justifiable homicides at a rate nearly four times greater than the general public.

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Law enforcement officers are the first responders

There is no question that law enforcement officers are increasingly the ones responding to people with mental illnesses who are in crisis. Most state laws permit law enforcement officers to take these individuals into custody and transport them to hospitals if they meet the legal criteria for psychiatric evaluation.¹ In 1976, the New York City Police Department took approximately 1,000 "emotionally disturbed persons" to hospitals for psychiatric evaluation. By 1998, this number had increased to 24,787.²

A survey of sheriffs in Virginia disclosed that virtually all survey participants had encountered arrestees with psychiatric illnesses.³ Sheriffs in California reported that 9 percent of emergency calls were related to a mental illness crisis.⁴ The number of police responses to complaints about "emotionally disturbed persons" in New York City rose from 20,843 in 1980, to 46,845 in 1988⁵, to 64,424 in 1998.⁶

In Florida, law enforcement officers respond to people with mental illnesses who are in crisis by having them assessed under the state's mental health treatment law, the Baker Act. In 2000, there were 34 percent more Baker Act cases (80,869) than DUI arrests (60,337). Florida law enforcement officers alone initiate nearly 100 Baker Act cases each day. That is comparable to the number of aggravated assault arrests for the state in 2000 (111 per day) and 40 percent more than the arrests for burglary (71 per day).⁷

Safety of officers is jeopardized

In 1998, people with mental illnesses killed law enforcement officers at a rate 5.5 times greater than the rest of the population.⁸

In 1998, law enforcement officers were more likely to be killed by a person with a mental illness (13 percent) than by assailants who had a prior arrest for assaulting police or resisting arrest (11 percent).⁹

Since 1998, six law enforcement officers have lost their lives in encounters with assailants with mental illnesses in the Washington, DC metropolitan area alone.¹⁰

Safety of people with mental illness is jeopardized

People with severe mental illnesses are killed by police in justifiable homicides at a rate nearly four times greater than the general public.¹¹

In Phoenix, incidents in which police used force with mentally ill people tripled between 1998 and 2003, continuing to rise despite a training program introduced in 2001 to teach officers about mental illness and how to appropriately respond to a mentally ill individual in crisis. In 2002, 30 chronically mentally ill people had confrontations with Phoenix police that ended with force, from physical restraint to shooting.¹²

Nearly one third of those killed in police shootings in New York City in 1999 were mentally ill.¹³

A review of 30 cases of people shot and killed by police in Seattle disclosed that one-third of the people showed signs of being emotionally disturbed or mentally ill at the time of the incident.¹⁴

“Suicide by cop”

There are also many cases where individuals with mental illnesses provoke police into killing them. This is now commonly called “suicide by cop.”

One study examined more than 430 shootings by Los Angeles County deputies between 1987 and 1997 and found that incidents determined to be suicide by cop accounted for 11 percent of all police shootings and 13 percent of all fatal shootings. The study found that suspects involved in such cases intended to commit suicide, specifically wanted to be shot by police, possessed or appeared to possess a lethal weapon, and intentionally escalated the encounter, provoking law enforcement officers into shooting them.¹⁵

A study in British Columbia found that 10 percent to 15 percent of cases where law enforcement officers acted with deadly force could be considered premeditated suicides.¹⁶

Anecdotal, this phenomenon is far from uncommon. In 1997, Moe Pergament was driving erratically on the Long Island Expressway. When the police pulled him over, he brandished what turned out to be a toy gun he had purchased earlier that day and advanced on them, despite warnings to stop. The police shot and killed him. They found 10 letters in his car, including one addressed “to the officer who shot me.” It said: *“Officer, It was a plan. I’m sorry to get you involved. I just needed to die. Please send my letters and break the news slowly to my family and let them know I had to do this. And that I love them very much. I’m sorry for getting you involved. Please remember that this was all my doing. You had no way of knowing.”*¹⁷

The desperation is echoed in this excerpt from a story in an Arizona paper: “A despondent man was fatally shot Saturday by Phoenix police in what authorities said may be a case of suicide by cop.... During nearly 40 minutes of negotiations, [a spokesperson] said, the obviously despondent driver repeatedly aimed the weapon at his head. Eventually, he stepped out of the car and pointed the weapon at his head, then took aim at police, she said. Five officers opened fire, mortally wounding the man ...”¹⁸

And in Nevada, this account of a man who warned 911 of his plans: “In what Sheriff Bill Young called a classic case of suicide by cop, Las Vegas police officers killed a man early Wednesday after he reached for what they believed was a gun The victim, whose identity was withheld pending notification of his relatives, called 911 and told a dispatcher he wanted police officers to kill him, police said. ... The officers called a crisis intervention officer to talk to the victim without any luck. The officers then got within 20 feet of the man and shot him with a Taser gun in an attempt to subdue him without injury. The Taser temporarily incapacitated him. However, once the electrical charge from the device wore off, the man reached for his waistband and pulled out what police believed was a gun, police said. At that point, three of the four officers present opened fire and shot the man several times. The man was pronounced dead at University Medical Center.”¹⁹

Weak treatment laws contribute to the problem

Part of the problem is ineffective treatment laws that require someone to be dangerous to themselves or others before they can be treated over objection. Such laws force law enforcement officers to become involved when a person deteriorates to a dangerous condition. Police are also necessarily called in when a person with mental illness is symptomatic but the mental health system cannot respond because the person does not yet qualify as dangerous.

Eight states still have no mechanism to mandate treatment in a community setting – Connecticut, Maine, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, and Tennessee. As inpatient beds continue to dwindle and hospitals continue to close, this often means that people who are in crisis end up in the streets or in jails instead of in treatment. That means more interactions with law enforcement instead of medical personnel.

Police trying to protect people with severe mental illnesses often use “mercy bookings” to get them off of the streets. This is especially true for women, who are easily victimized, and often raped, on the streets.

Pennsylvania changed its mental illness treatment law in 1974 to require dangerousness. Consequently, Philadelphia’s police chief issued a directive that nondangerous people who could no longer be taken into custody under the Mental Health Act could be arrested for disorderly conduct. That practice continues today when officers and deputies find there is no alternative way to get psychiatric help for a person who is psychotic but not yet obviously dangerous.²⁰

Managing the risks

Innovative programs designed to manage the risk of encounters with people with untreated mental illnesses have been implemented in some communities.

Crisis intervention training. After a tragic altercation between police and a person with severe mental illness, Memphis, Tennessee developed Crisis Intervention Teams (CIT). CIT officers are “generalist-specialist” law enforcement officers who have 40 hours of training and experience in a special duty assignment (responding to emotional disturbance crisis calls), in addition to making regular police services calls. This approach fosters a partnership between law enforcement and the community. CIT officers learn to interact with people with mental illness who are in crisis in a way that de-escalates, rather than inflames, a tense situation. CIT officers can also divert a person to a mental health treatment facility rather than jail when appropriate. CIT has been shown to reduce officer injury rates five-fold. More and more cities are beginning to make use of such training, including Portland, Oregon; Albuquerque, New Mexico; Seattle, Washington; Houston, Texas, San Jose, California; Salt Lake City, Utah; and Akron, Ohio.²¹

Mental health officers. Some places make use of a similar program on a smaller scale. In Florence, Alabama, Melissa Beasley is the designated mental health officer. She is called to the scene whenever a suspect is believed to have a mental illness. She is trained to assess whether the person is mentally ill, if the person is dangerous to himself and/or others, whether the person can make a reasonable decision about treatment, and if the person is currently undergoing treatment. Lt. Beasley then takes the individual to the hospital to be evaluated. If the mental health facility determines that the person is mentally ill and should be admitted for treatment, a petition is filed to keep the person in the facility until a court hearing seven days later. The petition is filed by a family member or, if none is available, by Lt. Beasley.²²

Mental health courts. According to a collaborative survey conducted by NAMI, The GAINS Center, and the Council of State Governments, at least 94 communities across the United States have established mental health courts as of June 2004.²³

Portland State researcher Heidi Herinckx followed 368 people who were diverted to the Clark County Mental Health Court from regular court. She found:

- In the year before being diverted, those in the group were arrested a total of 713 times.
- One year after completing the mental health court program, 199 of the group (54 percent) had no new arrests.
- For that same period, there were only 178 arrests for the entire group – a 75 percent reduction at a time when there was no longer court oversight.
- Probation violations dropped by 62 percent.
- The percentage of those in the group with three or more arrests dropped from 26 percent to 3 percent (an 88 percent decline).²⁴

Eighteen months after introducing a mental health court, Oklahoma County officials assert that the county saves as much as \$15,000 per year by putting an offender in treatment, rather than jail.²⁵

Assisted outpatient treatment. Police officers and sheriff's deputies are often called in to intervene with homeless people who are delusional, transport people with severe mental illnesses who need emergency evaluations to the hospital, and manage domestic disturbances, incidents of violence, and threats of suicide. Studies and data from states using assisted outpatient treatment (AOT) prove that AOT is effective in reducing incidents of hospitalization, homelessness, arrests and incarcerations, victimization, and violent episodes. AOT also increases treatment compliance and promotes long-term voluntary compliance for people with mental illnesses. These outcomes reduce law enforcement contact with people with severe mental illnesses. See the Treatment Advocacy Center's briefing paper on assisted outpatient treatment for more information.

ENDNOTES

¹ Torrey, E. Fuller. *Out of the shadows: Confronting America's mental illness crisis* (1997).

² Bumiller, Elisabeth, *In wake of attack, Giuliani cracks down on homeless.* *New York Times* (November 20, 1999).

³ Walsh, Joseph and Dana Holt. *Jail diversion for people with psychiatric disabilities: The sheriffs' perspective.* *Psychiatric Rehabilitation Journal* 23: 153 (1999).

⁴ Husted, Jane R., et. al.. *California law enforcement agencies and the mentally ill offender.* *Bull. Am. Acad. Psychiatric Law* 23: 315 (1995).

⁵ Emotionally ill pose growing burden to police, *New York Times* (November 16, 1989).

⁶ Bumiller, Elisabeth. In wake of attack, Giuliani cracks down on homeless. *New York Times* (November 20, 1999).

⁷ Florida Department of Law Enforcement, Data and Statistics: UCR Arrest Data, available at http://www.fdle.state.fl.us/FSAC/data_statistics.asp#UCR20Arrest20Data (last visited Jan. 8, 2002). And McGaha, Annette C., and Paul G. Stiles. Florida Mental Health Institute, The Florida Mental Health Act (The Baker Act). *2000 Annual Report:9* (2001).

⁸ The Surgeon General estimated that 2.6 percent of the U.S. population has a severe and persistent mental illness. [U.S. Department of Health and Human Services. *Mental health: A report of the Surgeon General* (1999).] Therefore, there were 7 million people with severe and persistent mental illnesses in the United States in 1998. [Bureau of Justice Statistics (2001). U.S. Census Bureau. Monthly estimates of the United States population. Available at <http://www.census.gov/population/estimates/nation/intfile1-1.txt>. (Visited May 4, 2001).] People with mental illnesses committed at least eight of the 61 police homicides that occurred in 1998 (13 percent) at a rate of 11 per 10 million. [Treatment Advocacy Center. Preventable tragedies database. Available at <http://www.psychlaws.org/ep.asp>. (Visited June 26, 2003).] Fifty-three police homicides were committed by the rest of the population of 263 million, at a rate of two per 10 million. [Brown, Jodi M., and Patrick A. Langan. *Policing and homicide, 1976-98: Justifiable homicide by police, police officers murdered by felons.*] Thus, people with mental illnesses committed police homicides at a rate 5.5 times greater than the general population.

⁹ Brown, Jodi M., and Patrick A. Langan. *Policing and homicide, 1976-98: Justifiable homicide by police, police officers murdered by felons.* Bureau of Justice Statistics (2001). For 13 percent police homicides by people with a mental illness, see note 7.

¹⁰ From the Treatment Advocacy Center's Preventable Tragedies database (<http://www.psychlaws.org/ep.asp>): Russell E. Weston Jr., a man with paranoid schizophrenia, shot two Capitol police officers to death at the U.S. Capitol building on July 24, 1998. Francis Mario Zito, a 42-year-old man with a long history of mental illness, was convicted of murdering a Queen Anne's County sheriff's deputy and a Centreville police officer on February 13, 2001. James Logan, a 23-year-old with schizophrenia shot and killed two Prince George's County sheriff's deputies in August, 2002 when they came to his home and attempted to take him for an emergency psychiatric evaluation.

¹¹ There were 367 justifiable homicides in 1998 when the U.S. population was 270 million. [Brown, Jodi M., and Patrick A. Langan. *Policing and homicide, 1976-98: Justifiable homicide by police, police officers murdered by felons.* Bureau of Justice Statistics (2001).] Therefore in 1998, the most recent year for which data is available, justifiable homicides occurred at a rate of 1.4 per million people in the general population in the United States. [U.S. Census Bureau. Monthly estimates of the United States population. Available at <http://www.census.gov/population/estimates/nation/intfile1-1.txt>. (Visited May 4, 2001).] According to the TAC Preventable Tragedies database, there were 37 justifiable homicides of people with severe mental illness in 1998. [Treatment Advocacy Center. Preventable tragedies database. Available at <http://www.psychlaws.org/ep.asp>. (Visited June 26, 2003).] The Surgeon General estimates that 2.6 percent of the U.S. population has a severe mental illness. [U.S. Department of Health and Human Services. *Mental health: A report of the Surgeon General* (1999).] Therefore, there were 7 million people with severe mental illnesses in the United States in 1998. Therefore in 1998, justifiable homicides occurred at a rate of 5.3 per million people with severe mental illness in the United States. Accordingly, people with mental illness were killed at a rate nearly 4 times greater than the general population.

¹² Mentally ill rising challenge for police. *The Arizona Republic* (January 28, 2003).

¹³ Anthony Baez Foundation, et al. *Stolen lives, killed by law enforcement* (1999). And Frye, James J. Policing the emotionally disturbed. *J. Am. Acad. Psychiatry* 28: 345 (2000).

¹⁴ Mental illness frequently deepens tragedy of police shootings. *Seattle Post-Intelligencer*. (May 25, 2000).

¹⁵ Callender, David. Term is new, not situation. *Capital Times* (March 29, 2004). And Huston, H. Range, MD, and Anglin, Diedre, MD, et al. Suicide by cop. *Annals of Emergency Medicine* Vol. 32, No. 6. American College of Emergency Physicians (December 1998).

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- ¹⁶ Parent, Richard B. *Victim precipitated homicide: Aspects of police use of deadly force in British Columbia*. Simon Fraser University (July 1996).
- ¹⁷ Eltman, Frank. Student plans own shooting by officers. Associated Press (November 18, 1997).
- ¹⁸ Whiting, Brent. Armed, depressed man killed by police. *The Arizona Republic* (April 25, 2004).
- ¹⁹ Geary, Frank. Sheriff says death was suicide by cop. *Las Vegas Review-Journal* (April 8, 2004).
- ²⁰ Bonovitz, Jennifer C., and Edward B. Guy. Impact of restrictive civil commitment procedures on a prison psychiatric service. *Am. J. Psychiatry* 136: 1045 (1979).
- ²¹ Dupont, Randolph and Sam Cochran. Police response to mental health emergencies – Barriers to change. *J Am Acad Psychiatry Law* 28: 338 (2000).
- ²² Rosenblatt, Robert. *Law enforcement and the mentally ill*, Special research report of the Regional Organized Crime Information Center (September 2001).
- ²³ NAMI, The GAINS Center, and the Council of State Governments. Survey of mental health courts (May 2004). Accessible at <http://www.mentalhealthcourtsurvey.com>.
- ²⁴ Rice, Stephanie. Mental health court proves effective. *The Columbian* (June 14, 2004).
- ²⁵ Roy Maynard. Some areas take different approaches to jail problems. *Tyler Morning Telegraph* (May 17, 2004).