

Bibliographic Essay

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Introduction

Police Departments across the United States face difficulties on appropriately dealing with mental health cases. Mental health has been a crisis in America for a very long time; furthermore, it has become increasingly focused on due to the fact that younger generations are fighting for the rights of proper mental illness treatments. More than 9.8 million people in America suffer from a mental health illness that impacts their every move (Shah, 2019). Officers are not trained sufficiently on how to deal with mental health crises, and this unfortunately leads to seriously injuring, or killing individuals who suffer from a mental illness, as well as mass-incarceration rates. This issue stems from the issue of our poor and disorganized mental health care organizations. Through recent years officers have taken the responsibility of dealing with mental health crises, when that is not their job. Police officers have adopted the role of social workers by undertaking the responsibility of addressing citizens who suffer from mental illnesses. However, they are not appropriately trained to adequately deal with the various circumstances that can arise in the presence of the population experiencing mental health issues. This phenomenon is known as the idea of panacea. Their job is to protect and serve the society in which we live in to create a safe environment through dealing with crime nationwide. Mental health professionals, social workers, and counselors should be the first response to resolve mental health crises in communities; however, that is not the case. Due to the lack of training officers attain for dealing with mental health crises, officers immediately resort to arresting the individuals, instead of appropriately handling the situation. Furthermore, an effect of officers undertaking the responsibility of addressing mental health crises creates a higher level of incarceration rates amongst citizens with mental illnesses. This paper aims to illustrate the issue of police use of deadly force toward individuals with mental illnesses and its impact on the

incarceration rate of this population. With 11 million people incarcerated in our system, mental health patients make up about 45% of that population (Vitale, 2021). In terms of deadly force produced by police officers, there have been 3,933 fatal shootings involving police officers within 2015-2018, with about a quarter of them being individuals who suffer from a mental health problem (Campbell, 2019). This stems from officers having to respond to mental health crises when they are not properly trained in how to deal with individuals who have mental illnesses. Furthermore, various programs and policies created to reduce the prevalence of this problem will also be discussed, such as the CIT programs. Therefore, through analyzing this issue, this paper will dig deep into previous studies and literature relating to this issue we see in policing today.

Literature Review

What We Know

The community expects the police to have taken over the responsibility of dealing with mental health crises, but they have a lack of training in that area. According to Vitale (2021), anywhere from 5-20% of encounters with police officers involve an individual with a mental health issue. Furthermore, a higher amount of people with mental health issues are fatally killed by police than people without mental health issues (Shah, 2019). Unfortunately, implicit bias is something that is used by officers and the public, which can be a factor in this issue (Nhan, 2019). Implicit bias is known as bias that people do not realize they have because of stereotypes implemented in the world by society (Nhan, 2019). Another factor that leads into deadly force by officers is the idea of “suicide by cop”, meaning that mental health patients count on the response of police officers to use deadly force when they call for help (Vitale, 2021). As noted above, between the years 2015 and 2018, 3,933 fatal police shootings were recorded, 949 of

those people suffered from a mental health illness (Campbell, 2019). That makes up almost a quarter of the total fatal shootings in that time, suggesting that mental health plays a part in police deadly use of force.

With mental health being an extremely prevalent issue in our present time, a considerable number of the nation's incarcerated population is made up of individuals that suffer from some sort of mental health illness. According to Diamond et al. (2001), he reviewed several studies that concluded that close to 130 jail inmates that were in the sample size suffered from some sort of mental illness or disturbance, with almost 90% being male offenders. Furthermore, the same source concluded that another study he reviewed, a little more than 400 inmates in prison, which was their sample size, were recommended to be treated medically, with 13.2% of those incarcerated individuals suffering from mental health problems (Diamond et al., 2001). With 11 million people incarcerated in the United States Criminal Justice system, mental health patients make up about 45% of that population, making up of 15% of men and 30% of women (Vitale, 2021). As noted above, in the United States of America, more than 9.8 million people suffer from a considerably serious mental health condition, which impacts them daily (Shah, 2019). Interestingly enough, close to 13% of incarcerated individuals who suffer from a mental health illness have been sentenced for murder charges in the United States (Matejkowski et al., 2008). The incarceration rate in the United States is high as it is, but that population is made up of more mental health patients than not (Ogloff et al., 2013). Unfortunately, our nation has extremely limited resources, reduced opportunities for success for people who struggle with mental health illnesses, and lack of programs for dealing with mental health illnesses (Martínez, 2010). This causes patients to not be treated and places these individuals at risk of encountering officers and

being incarcerated, causing our jails and prisons to turn into mental health facilities rather than Criminal Justice facilities (Martínez, 2010).

Programs and policies have been implemented in departments nationwide to try and resolve the issues of mass incarceration rates and police use of deadly force amongst individuals suffering from mental illnesses. The CIT program is one of the main ones that have been created and implemented. Crisis Intervention Training/Teams (CIT) programs have been implemented to guide law enforcement's approach to mental health service calls. With this, departments have hope that the programs will fill the missing gap between the healthcare system for mental health patients and the Criminal Justice approach to these patients (Ellis, 2014). Through these programs, departments have been able to train officers on how to approach mental health crises, as well as increasing a positive perception of mental health patients amongst police officers (Bonfire et al., 2014). Literature reviews the effectiveness of these programs in search of an improvement of officer strategies in dealing with mental health crises (Ellis, 2014; Hanafi et al., 2008; Rogers et al., 2019; Watson et al., 2008). With the increasing amount of exposure to individuals struggling with mental health illnesses, CIT programs are useful to officers in developing skills in dealing with those individuals (Baker & Pillinger, 2020; Bonfire et al., 2014; Ellis, 2014; Hanafi et al., 2008; Rogers et al., 2019; Watson et al., 2008). Through this literature it has been highly emphasized of the importance for officers to receive training on how to appropriately act when officers encounter a mental health crisis service call (Baker & Pillinger, 2020; Bonfire et al., 2014; Ellis, 2014; Hanafi et al., 2008; Lamb et al., 2002; Rogers et al., 2019; Watson et al., 2008).

What We Don't Know

While examining literature on the approach police officers have on mental health crises, there is a noticeable gap left in the literature. A gap that is noticeable would be that it talks about the positives of programs like the CIT programs that departments have implemented nationwide; however, there is a lack of knowledge on if there are any negatives of these programs. In addition, as we have seen through the literature reviewed above, not all officers within the department get CIT trained, which could make people wonder why that is. If you have a department that implements the CIT program, why are not all officers trained for it. As we have seen in the literature reviewed, not all officers are trained in CIT; however, all officers have the possibility to be called to a mental health crisis service call. Literature also covers that CIT programs have been implemented in some, but not all departments nationwide, is this because of a police department's budget, or is there more reasons to cause this. Furthermore, with the focus only being on police officers, have we thought of if deputies or correctional officers are trained the same way with CIT programs. If not, why not? When mental health patients enter jail after being arrested, if deputies or correctional officers are not trained to deal with those type of subjects, how will they be able to alleviate any issues or crises within the jail that arise from mental health patients? To include, incarceration rates have been extremely high regarding mental health patients as noted in the review above. With the CIT programs being so new, data on incarceration rates amongst mental health patients is extremely limited and lacking thereof. It would be helpful in further years to see how much of a difference programs and policies have had on officers' approach of mental health patients, specifically on how much incarceration rates and an officer's use of deadly force on mental health patients have changed through the years.

What Methods have been Used in the Past

Through this literature, many researchers have used various methods when taking a research approach on this issue we see in policing today. These research methods included surveys, interviews and focus groups, quantitative data through databases containing valuable numeric information, data collected from other studies, and experimental design studies with participants. It has been known to researchers that surveys are not the most reliable informative pieces of data, as people tend not to tell the full truth, just put random answers, and put answers that they think researchers want to hear. On another note, interviews and focus groups have seemed to gather valuable information, as people are more likely to tell you the truth in these instances. Quantitative data can be good valuable data, and could be inaccurate data, as participants can fudge numbers and data to make it look better. For the best type of information regarding this issue in policing, qualitative interviews, focus groups, and numeric data provided by police departments are arguably the best methods to use to examine this issue in policing described above.

Conclusion

This paper examined the literature provided on approaches the police department have upon mental health patients. Upon reviewing this literature, it was concluded that fatal shootings amongst mental health patients from the police are higher levels than individuals who do not suffer from mental health problems. Furthermore, it was found that the population of incarcerated individuals are made up of a considerably high number of mental health patients. The issue of the United States of America having extremely limited resources and treatment opportunities for these individuals has been a root cause. As shown above, the lack of resources and programs to help individuals with mental health illnesses has been a huge factor in why our jails and prisons have developed into a mental health facility rather than a justice system. With

police departments lack of training on the approach of mental health patients, this has caused an increase in incarceration rates, as well as an increase of fatal shootings of individuals suffering from mental health by police officers. With this, it has been argued by scholars that departments need to implement training and programs to create a better approach to mental health crises and patients. One of the main programs that has been a top focus has been the CIT programs, which has been shown to be highly effective, as shown above. Furthermore, as a result that these programs are so new, there is a significant lack of data to show how effective they truly are and if they are creating a positive outlook for our Criminal Justice system here in the United States of America.

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