

The BJA Executive Session on

Police Leadership

2018

The BJA Executive Session on Police Leadership is a multi-year endeavor started in 2010 with the goal of developing innovative thinking that would help create police leaders uniquely qualified to meet the challenges of a changing public safety landscape.

In support of an integrated approach to creating safe and viable communities across America, the project directors recruited 20+ principals from a range of disciplines. The principals, in turn, led national field teams of practitioners focused on the work of policing and the organization of the future.

To gain new insights on leadership, the *BJA Executive Session on Police Leadership* engaged police chiefs in documenting their own paths and invited leaders to participate in various audio and video forums to tell their stories and discuss the future of policing and police leadership.

Please visit our website, www.bjaleader.org, to learn more about this project and to access a broad array of interactive, multimedia resources.

The principals are supported in their work by a team that includes project co-directors Darrel W. Stephens and Nancy McKeon, and BJA Senior Policy Advisor Steve Edwards.

Police Leaders and Mental Health Advocacy

by
Darrel W. Stephens

One of the most enduring challenges for the police is dealing with the mentally ill. Although there are no precise statistics on calls to the police, it is estimated that nationally about 10% deal with mental health situations (Maciag 2016). In many cases, officers find themselves dealing with the same individuals on these calls. In Los Angeles, for example, 67 people with mental illness accounted for 536 calls in the first 8 months of 2004 (Reuland 2009). And in Honolulu, police recognized 94 of 148 individuals involved in mental health incidents (Reuland 2009).

Police officers handle almost all of these calls without incident but, when something goes wrong, they attract considerable attention from the public and mental health advocates. They can have tragic consequences for both the officer and the individuals involved.

FBI Uniform Crime Reporting statistics from 1997-2006 show that encounters with mentally ill subjects accounted for 1.8% of all assaults and 2.3% of the officers killed (Reuland 2009). These encounters can also be deadly for the

mentally ill. The Washington Post police-shooting database indicates about 25% of the fatal shootings by police officers involve the mentally ill (Washington Post 2018). The table below was created from the Washington Post database. It shows that in a significant number of fatal encounters with the police, the mentally ill individuals were armed with a gun or knife.

Officer Involved Shooting Deaths Involving Mentally Ill (Washington Post Database)					
Year	OIS	%	% Guns	% Knife	% Unarmed
2018 (5/3/18)	64	18	50	25	6
2017	236	24	52	28	5
2016	242	25	46	30	3
2015	257	26	NA	NA	NA

Police have worked over the years to improve the way they handle these calls in an effort to improve the safety of both the officers and the mentally ill. The primary approaches police have taken include (IACP 2016):

- **Policy Changes.** Police have developed or updated policies that provide guidance on handling encounters with the mentally ill. The policies address the procedures for taking a mentally ill individual in custody to transport them to treatment facilities.
- **Training.** The most significant effort police have made is in the improvement of training for officers. Most departments provide all sworn officers, call takers and dispatchers with Mental Health First Aid (MHFA) training that is an 8-hour block of instruction on dealing with the mentally ill. Many departments also provide a 40-hour Crisis Intervention Training (CIT) program for selected officers. Some departments have committed to providing CIT training to all of their officers.
- **Special Units.** Some agencies have established special units to respond to calls involving the mentally ill. These units vary depending on the community. Some the teams are all police officers. In others, the team will include a mental health professional. Some of the teams will engage in case management and follow up in situations where there are multiple calls about the same problem.
- **Partnerships.** Police and mental health providers have joined together in many cities in an effort to improve services provided to those affected by mental illness. These partnerships include courts, clinics and schools to enhance coordination among institutions that deal with the mentally ill.

These are all steps that are moving the police in the right direction. The IACP is providing national leadership to improve police response to the mentally ill through the creation of the One Mind Campaign in 2016 (IACP 2018). To join, the campaign encourages police to pledge to: partner with one or more mental health providers, develop an agency wide policy, provide Mental Health First Aid training to 100 percent of the sworn officers and selected non-sworn personnel, provide Crisis Intervention Training to at least 20 percent of the sworn

officers. The response has been promising – 376 agencies have made the pledge and joined the campaign.

The efforts the police have made to improve their response to the mentally ill are promising; they seem to have made a difference and they should continue. The police will always have an important role to play in ensuring their encounters with the mentally ill are handled appropriately and without the use of force. However, at the end of the day, the mental health system itself must grow its capacity to provide services.

A recent study indicates that adults (18-64 years old) with serious psychological distress have increased to 3.4% of the population while mental health care services have deteriorated (MacDonald 2017). The challenge for police leaders is to continue efforts to improve the police response while becoming vocal advocates for expanding mental health services. Underfunded mental health services are costly to the police, jails, social services and many other areas. Police leaders can help the community and political leaders understand the wide-ranging impacts of untreated mental illness.

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