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The **Criminal Justice Institute** provides management, forensic science, and computer-related education and training, as well as research services and technical assistance, to Arkansas' law enforcement and criminal justice community.

This quarterly newsletter is designed to provide timely information to improve the management, leadership, and performance skills of law enforcement supervisors.

Your comments and suggestions are solicited and welcomed.

Please make copies of this publication and distribute them to others in your agency.

Law Enforcement Response to the Mentally Ill:

Dealing with the Dangerous Mind



As a police officer, have you ever asked yourself, “What makes people do the things they do?” On a daily basis, you have to deal with domestic disturbances, suicides, shoplifters, alcohol and drug abusers, child abusers, suicidal and homicidal individuals, and the list goes on. During the years I spent as a law enforcement officer, I also found these situations very perplexing. It was only after I returned to school and obtained my Masters degree in counseling that I discovered some very interesting answers to this age-old question.

Mental illness is a serious public health problem and is second only to heart disease as the most disabling disease. According to the World Health Organization (WHO) and the Harvard School of Public Health, mental illness accounts for nearly 11% of the total worldwide disease burden. Everyone probably knows someone who has a mental illness or has it themselves. Mental illness knows no boundaries for economic or social status, age, sex, occupation, or educational level.

In this issue of *Management Quarterly*, you will be provided with insight and information on the different forms of mental illness you will encounter in the field. In issues to follow, you will be provided with information on how to deal with this phenomenon, including how to approach subjects who may be mentally ill, how to talk with them, and when and how to make physical contact with them. Equipped with this information, law enforcement officers will learn ways to effectively resolve incidents involving persons with mental illness, allowing officers to go home safely at the end of their shift and possibly preventing officers from having to take a life.

History of Mental Illnesses

When most people think of mental illness, insane asylums, comatose patients, and evil Nurse Ratched may come to mind. In reality, new technology, psychotherapy, and improved medical and pharmacological treatment have brought the science of mental illness into the 21st century.

Despite these advances, people still tend to cling to some widespread misconceptions about persons with mental illness:

The mentally ill cannot work at regular jobs. *False.*

You see them everyday. Chances are you probably work with them, live with them, and socialize with them—without knowing they have a mental illness.

Mental illness and mental retardation are the same. *False.* Mental illness can be treated; mental retardation cannot.

Persons with mental illness are dangerous. *False.* They are only dangerous when they are psychotic—off medication and/or influenced by drugs or alcohol.

Persons with mental illness are lazy. *False.* With treatments, they can live productive lives.

Persons with mental illness are ALL creative. *False.* All are not creative; some are.

Mental illness cannot be treated successfully. *False.* Many forms of mental illness can be treated in a short period of time. Some require lifelong medication and treatment.

Mental illness is a moral failing, a divine punishment, or demonic possession. *False.* There is no one known cause for mental illness. Mental illness is caused by a combination of biological, psychological, and environmental factors.

If persons with mental illness really wanted to, they could get better by applying old-fashioned will power. *False.* Psychological, biological, and environmental factors cannot be overcome by mere will power.

There are many other common misconceptions about mental illness in addition to the ones listed above. As a law enforcement officer, it is important that you educate yourself about these myths to ensure that you are not using them to make decisions in the field.

Statistics on Mental Illness

According to the World Health Organization, one out of every three Americans is suffering from some form of mental illness. To put this in perspective, think of your two best

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friends. If both of them are okay, then maybe it's you!

Surveys by mental health advocates and law enforcement research organizations indicate that as many as one of every 10 police calls in the country—and one in 10 arrests—now involves a person afflicted with a mental disorder. Investigations of police documents, county inquest records, and witness accounts have found that one-third of the people killed by police show signs of being emotionally disturbed or mentally ill at the time of the incident. Recent FBI studies have found that almost half of the law enforcement officers who have died in the line of duty were killed by psychopathic individuals.

Research also shows that of the persons with mental illness who arrested by police, 20% are arrested before they ever receive treatment. The *Criminal Justice Mental Health Consensus Project 2002*, a two-year study, found that approximately two million persons with mental illness are in prisons or jails. (Approximately 10 million are booked over the course of a year). In addition, approximately 16% of the population in jails have some form of mental illness. Los Angeles County Jail, Cook County Jail (Chicago), and Riker's Island (New York City) each hold more people with mental illness on any given day than any hospital in the United States.

The recent *Surgeon General's Report on Mental Health* revealed as many as 60–70% of incarcerated youth have a mental disorder, 20% have a

severe disorder, and 50% have substance abuse problems. The most common disorders are conduct disorder, depression, attention deficit/hyperactivity, learning disabilities, and post-traumatic stress.

Conduct disorder is defined in the *Diagnostic and Statistical Manual of Mental Disorders* and should be of particular interest to law enforcement. The primary signifier of conduct disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. These behaviors fall into four main groupings: aggressive conduct that causes or threatens physical harm to other people or animals, non-aggressive conduct that causes property loss or damage, deceitfulness or theft, and serious violations of rules. A recent U.S. Department of Justice Publication, *Child Delinquency*, discusses how youths who start offending early in childhood—age 12 or younger—are far more likely to become serious, violent, and chronic offenders later in life than are teenagers who begin to offend during adolescence. Public concern regarding this trend has been sparked by high-profile cases involving children who commit violent crimes.

Law enforcement contact with persons suffering from mental illness will likely escalate exponentially in the future as people begin experiencing higher levels of stress. *The New England Journal of Medicine* composed a snapshot of Americans from five days after September 11,

2001. Ninety percent of Americans were plagued by nightmares, insomnia, difficulty in concentrating, or other signs of emotional stress in the days following the September 11 attacks. (In public health, a ninety percent rate would be considered an epidemic.) Americans are gradually recovering but remain at a high anxiety level due to terror alerts, weapons of mass destruction, job losses, stock market losses, and a number of everyday stressors.

Law enforcement officers must learn to respond to mentally ill individuals as victims of a crime, witnesses to a crime, possible suspects, as dangerous to themselves or others and, in many instances, two or more of these categories combined.

Causes of Mental Illness: The Brain

There are currently 400 classifications of mental illness listed in the *Diagnostic and Statistical Manual of Mental Disorders IV*, which is currently used by clinicians to diagnose mental illness. While there is no exact known cause for mental illness, we do know that all human behavior is mediated by the brain. The brain is physically shaped by contributions from our genes, experiences, and environment. Individuals may be born with certain genes that have a propensity for mental illness. Life events, socio-economics, gender, and cumulative adversity are contributing factors as well. An example would be to compare diabetes with schizophrenia—you may be born with the propensity to develop either one. Poor diet, stress, lack of health care, or obesity may or may not trigger diabetes to develop. The same circumstances can cause one to develop or not develop schizophrenia.

One of the most awe-inspiring mysteries of the brain is how neuronal activity within circuits gives rise to behavior and even consciousness.

Biological and Physical Risk Factors

Biological and physical risk factors may spawn mental illness in people who are vulnerable biologically, socially, and/or psychologically.

- **Stress** (anxiety or depression)
- **Genes**
- **Infections** (HIV, Measles, Chronic Meningitis)
- **Physical trauma**
- **Nutrition**
- **Hormones**
- **Toxins**
- **Gender**
- **Drugs**
- **Stressful life events and social influences**
- **Breakup of intimate romantic relationship**
- **Death of a family member or friend**
- **Economic hardships**
- **Racism and discrimination**
- **Poor physical health**
- **Accidental and intentional assaults on physical safety**
- **Inadequate health care**
- **Cumulative adversity**—more potent than stressful events as a predictor of psychological distress and mental disorders

High Risk Groups for Mental Illness

- **Women**—Single mothers face twice the risk of depression as do married mothers. Women are also twice as likely than men to experience Post Traumatic Stress Disorder after exposure to life-threatening trauma.
- **Young and Unmarried**
- **African Americans**
- **Individuals with lower socioeconomic status**
- **People with relationship problems** (At least double the risk)
- **Victims of child abuse**—one of most common stressors (15-33% of females, 13-16% of males)
- **Victims of domestic violence**

The visual world is re-synthesized with information about what we see and mixes the information from our emotional memory. The brain contains approximately 100 billion nerve cells, which communicate with each other. Different portions of the brain think, taste, see, plan, smell, contain memory, fear, process pain, and provide emotional and sexual aspects of behavior.

Electrical signals cause chemicals, called neurotransmitters, to be released and absorbed in a healthy brain. If the process is working, the brain is rational, handles stress, and controls anxiety. The “flight or fight” chemical response causes the sweat glands to produce, the heart to beat faster, muscles to tense, and so forth. Lack of certain chemicals can affect a person’s ability to feel pleasure and/or maternal and paternal feelings, as evident in cases such as child neglect or abuse. Lack of certain chemicals may produce a personality

given to bouts of paranoia or inhibited social interaction. On the other hand, the same chemical in abundance may lessen pain and increase pleasure. One chemical example, Phenylethylamine, is a natural ingredient in chocolate, which gives some a feeling of bliss and is sometimes called our “love chemical.” Other chemicals cause energy or aggression—violent behavior. Gamblers and compulsive shoppers receive a rush from betting and buying.

The brain is always changing. Every time a person learns something new, whether it’s conscious or unconscious, that experience alters the structure of the brain.

In the next issue of *Management Quarterly*, we’ll explore the three types of psychological disorders law enforcement will encounter in the line of duty—mood disorders, psychotic disorders, and personality disorders.

For more information on this topic, register for our upcoming course,

Law Enforcement Response to the Mentally Ill

This six-hour course is designed to give law enforcement officers a better understanding of psychiatric illnesses by emphasizing effective interaction between them and the individual in crisis. The workshop will teach officers to recognize issues of priority for the person in crisis, maintain officer safety, and correctly evaluate concerns of danger.

DATES AND LOCATIONS

September 17, 2003
Pine Bluff Police Department

January 7, 2004
Hot Springs Police Department

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