

## **We Know about the Problems – What about the solutions? Policing People with Mental Illness**

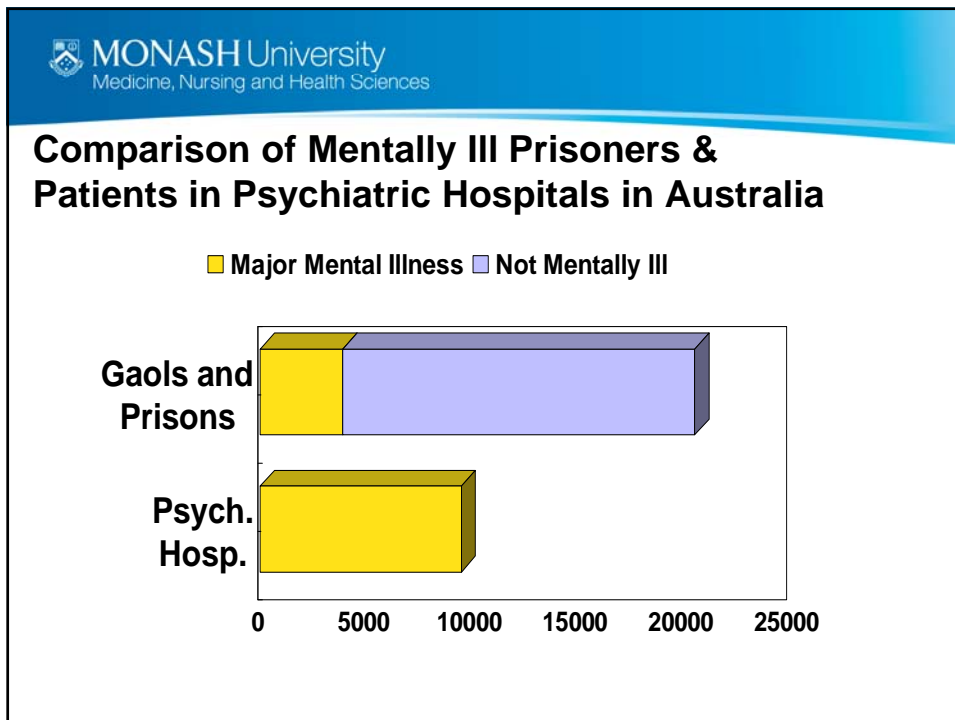
Professor James Ogloff & Associate Professor Stuart Thomas  
Centre for Forensic Behavioural Science  
Monash University and Forensicare

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## **The Identification of Mental Disorders in the Criminal Justice System**

**Incontrovertible evidence now exists to  
show that the prevalence of mental  
disorder among those in the criminal  
justice system (prisoners, offenders on  
community orders and accused on  
remand) is significantly greater than is  
found in the general population.**

**- Ogloff, Davis, Rivers, & Ross, 2007**



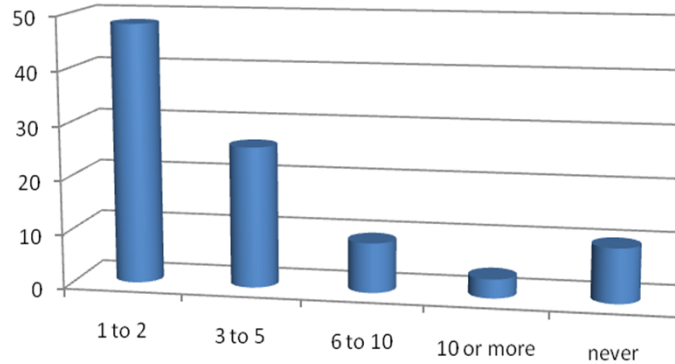
**Project PRIMeD:**
**Police Responses to the Interface with Mental Disorder**

- **Chief and Partner Investigators:**
  - Prof. James Ogloff
  - A/Prof. Stuart Thomas
  - Prof. Paul Mullen
  - A/Prof. Trish Martin
  - Asst Commissioner Ken Lay
  - Dr. Christine Tye
  - Commander Ashley Dickinson
  - Prof. Jeffrey Pfeifer
  - A/Prof Jonathan Clough
- **Research Fellow/Project Managers:**
  - Dr Stefan Luebbers/Sergeant Cath Wilkins
- **Doctoral Students:**
  - Dr. Gennady Baksheev
  - Dr. Joel Godfredson
  - Dr. Irina Elliott
  - Dr. Dani Kesic
  - Dr. Tamsin Short

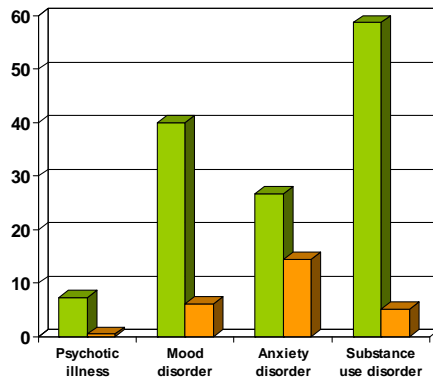
**Areas investigated:**

1. Screening mechanisms to identify mental illness.
2. Survey of police members (frequency, knowledge).
3. Prevalence of mental illness among detainees.
4. Police identification of mental illness.
5. Police discretion when dealing with MI people.
6. Exploring police encounters and interface with services.
7. Police apprehensions of MI people.
8. Disproportionate use of force against MI people.
9. Crime and mental illness.
10. Victim/police interactions.

Members' estimate of number of mentally ill people seen per week



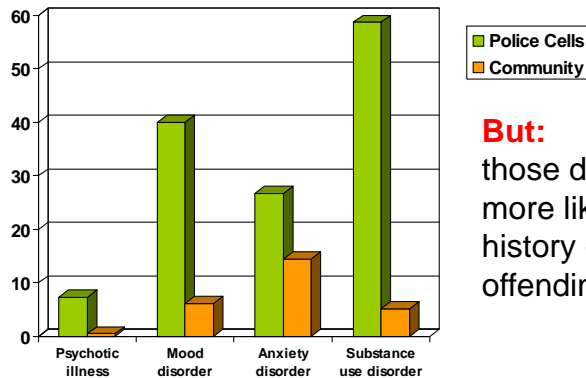
Prevalence of mental illness in police cells compared to the community?



■ Police Cells  
■ Community

- The odds of meeting diagnostic criteria for a **psychotic disorder** were **15 times higher in detainees** than in the general population.
- Compared to the general population the odds of meeting diagnostic criteria were highest:
  - Men - substance use disorders
  - Women – mood disorders

## Prevalence of mental illness in police cells compared to the community?



**But:**  
those detained are no more likely to have a history of violent offending than others

## MH Histories

### Previous psychiatric hospital admissions

- 18% of 200 San Diego Police detainees (Shuckit et al, 1977)
- 17% of 486 Philadelphia Police detainees (Guy et al, 1985)
- 11% of 339 New Jersey Police detainees (Gibbs, 1987)
- 20% of 613 Victoria Police detainees (Ogloff et al, 2010)

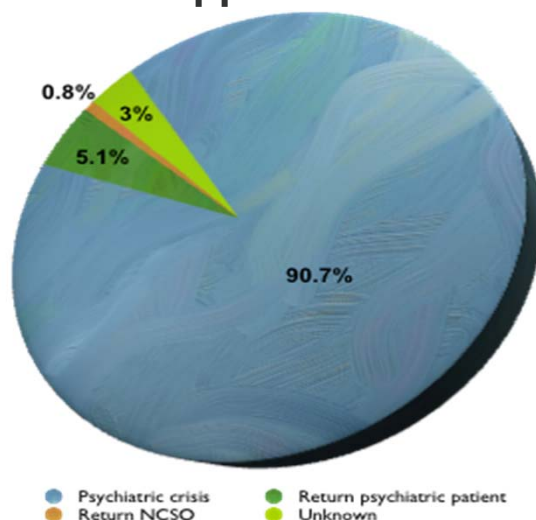
### Previous contact with psychiatric services

- 33% of 339 New Jersey Police detainees (Gibbs, 1987)
- 52.9% of 613 Victoria Police detainees (Ogloff et al, 2010)
- 17% were active treatment clients at time of arrest

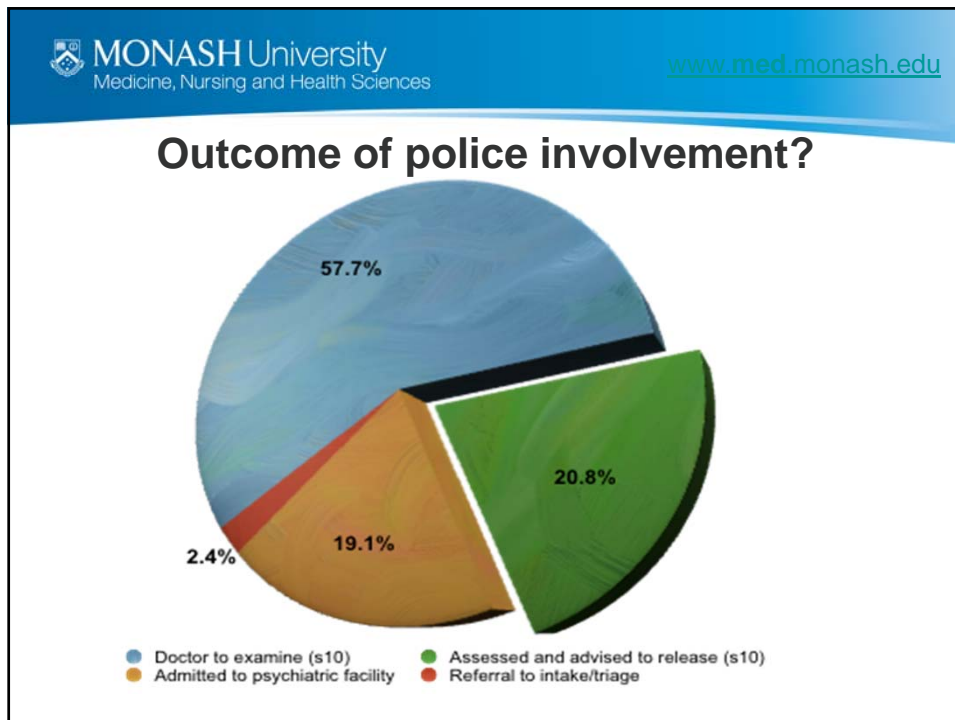
## Biggest Challenges Police Identify

1. Gaining support from mental health agencies
2. Communicating with mentally ill people
3. Avoiding the use of force in encounters
4. Gaining the trust and co-operation of mentally ill people
5. Identifying and understanding mental illness

## Police Apprehensions under the MH Act



- Almost 5,000 apprehensions annually
- 1 every 2 hours



MONASH University  
Medicine, Nursing and Health Sciences

### Outcome of police involvement?

Who are not admitted?

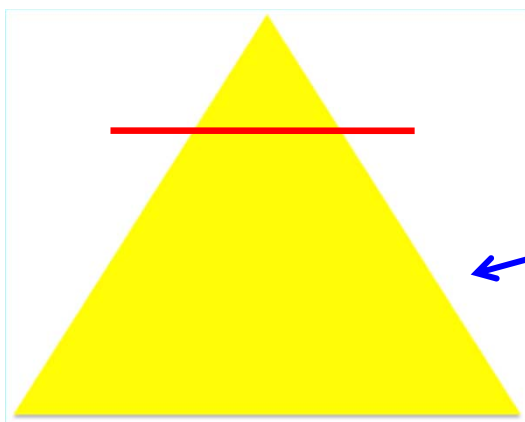
Tend to be those with:

- \* Personality disorder
- \* Substance use disorders
- \* Intellectual disability
- \* ABI / TBI
- \* Low level criminal offending

## Fatal Use of Force

- All fatalities involving police in Victoria 1980 – 2007 (n = 48)
- Info gleaned from UoF, LEAP, RAPID/CMI, coroners reports
  - More than half (54%) had an Axis I disorder
  - Vast majority (82%) had significant criminal offending
  - Number of mentally ill persons involved in fatal incidents has remained roughly the same pre and post mid-1990s (15 vs. 13)

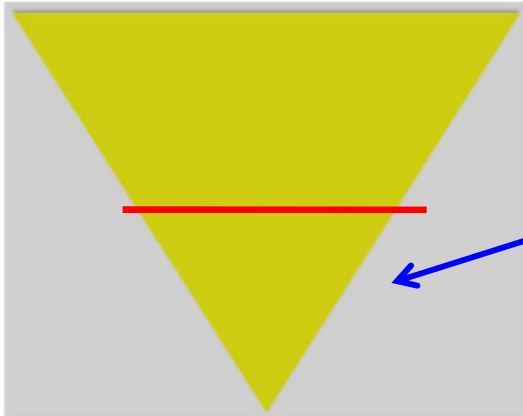
## The starting point...



Majority of police work  
not involving people  
experiencing MI



## Project PRIMeD now tell us...



Only a minority of police work does not involve people experiencing MI or Intellectual Disability

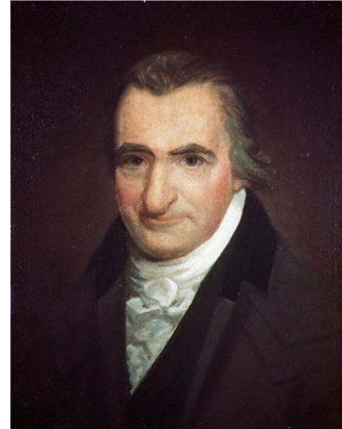
## Opportunities



## **Opportunities**

The harder the conflict, the more glorious the triumph.

Thomas Paine



**or...**

## **Opportunities**

Scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die and a new generation grows up that is familiar with it.

Max Planck



### **Opportunities**

- **Public health opportunity**
- **policy reform, service development, and integration**
- **whole of government response is required**
- **development of training or services by the police alone will not be sufficient**
- **political willingness is required to address the issues arising to enable ministries to work together**

### **Opportunities**

- **Diversion from the criminal justice system to the mental health/social service system for those who**
  - **do not pose a risk of significant violence and**
  - **who have not committed a serious offence**

### **Opportunities**

- **Training of police officers and emergency service personnel (i.e., ambulance drivers/paramedics) to:**
  - understand the signs and symptoms of major mental illnesses and,
  - how to work with and manage people with mental illnesses in crisis, whose thinking and behaviour are irrational and impulsive.

### **Opportunities**

- **Training for mental health professionals regarding risk of violence/offending among MI people**
- **Many contacts MI people have with police arise out of crisis situations and many of the individuals in question are patients of mental health services.**
- **Some (many??) crises could likely be averted**

## **Opportunities**

- **Alas, though, training is not a panacea!**
- **Alone, in fact, it does very little**

## **Opportunities**

- **Service systems are required to address the needs of MI people who come into contact with the police and to assist the police in linking these people to services.**
- **No one model that will best suit all locations.**
- **A number of specialist models are needed to suit the needs of particular regions or circumstances.**

### **Opportunities**

- **Regions with smaller populations**
  - **Crisis intervention teams may be most effective.**
  - **Teams include select police officers with advanced training and experience who would work alongside mental health professionals to provide an outreach service to MI people when a police presence is required.**
  - **These teams would work on an on-call, as need, basis as required.**

### **Opportunities**

- **Regions with mental health services and frequent episodes of contact between MI people and police**
- **Mobile police/mental health services make sense.**
  - **typically a police car jointly staffed by a police officer and mental health professional who is experienced in working with mentally ill people in crisis.**
- **Exist in several jurisdictions internally, and have been trialled in Victoria with success.**

### **Opportunities**

- **Metropolitan Regions**
- **Solutions, such as those presented above, are likely to have only limited utility.**
- **Specialised crisis response units were a critical factor in surmounting many problems that have been encountered in police-mental health interactions (Steadman et al. 2001)**
- **Such units, which are not new and have been described in the literature for at least two decades (Ogloff et al., 1990).**

### **Opportunities**

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- **Specialised crisis response units were a critical factor in surmounting many problems that have been encountered in police-mental health interactions (Steadman et al. 2001)**
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### **Opportunities**

- **Better linkages are required between police and area mental health services.**
- **The research showed that the lack of knowledge and understanding of mental health services presented additional difficulties for police.**
- **Finally, it is important to have integrated mental health services within justice agencies, including police and corrections (prisons and community corrections).**

- **The data suggest systemic problems which require more than a “quick fix”**
  - **May require legislative changes**
    - > **Mental Health Act**
    - > **Acts governing facilities/institutions**
  - **Certainly requires a re-conceptualisation of the service delivery model**
    - > **Perhaps a statewide commission responsible for mentally disordered people in the CJS**



**Thank you**