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Mental Health Response for Law Enforcement

by

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Abstract

Law enforcement has been responding to mental health crisis calls for as long as it has been a profession. Police officers are asked to respond and solve difficult problems, using a variety of tools. This paper will identify what tools law enforcement is currently using to deal with these difficult calls and also the different techniques police officers should be using as our response continues to change. With ever-changing expectations from the public, along with rapidly evolving case law, this paper will show why law enforcement's response to mental health crisis calls needs to change and what law enforcement needs to do to get there.

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Chapter 1: Introduction

Law enforcement officers in the United States are frequently called to mental health crisis calls. These types of calls, because of the mental state of the subject, can often end in the use of force by officers who are tasked with solving this difficult community problem. The community and law enforcement are quickly learning that a new approach is needed to deliver critical resources to individuals who are experiencing a mental health crisis as opposed to just detaining the individual and bringing them to the hospital. This problem is increasingly more difficult when dealing with suicidal subjects who possess weapons. Police departments often find themselves asking: when should we walk away and when should we stay to get the person help?

Several law enforcement agencies across the country are finding new and innovative ways to deal with mental health crisis. These strategies usually involve a co-responder approach, and specifically during an armed suicidal crisis, a crisis negotiation approach. These strategies can help departments deal with suicidal subjects in an attempt to resolve the situation peacefully. However, if the armed subject is intent on causing harm to themselves, and no one else is in danger, should police departments walk away and leave the person where they are? Do police departments have an ethical obligation to stay and offer resources to the individual at all costs? This paper will discuss the ethical considerations for law enforcement leaders when police departments are confronted with this difficult situation in their communities.

Background

The community's need for a law enforcement response to mental health crisis is something that will continue to grow. Law enforcement has been responding to these calls for the past century and the need will not be decreasing as our population continues to grow. The community continues to deal with a shortage in mental health resources and frequently relies on

law enforcement for help. According to one journal, “A sizable group of individuals in the United States cycle in and out of jails, prisons, mental health hospitals, homeless shelters, and other expensive public institutions over time. This little-studied population represents significant unmet need and the inadequacy of services for complex consumers” (Harding & Roman, 2017). And although it is difficult to calculate the number of people suffering from mental health illness, one report suggests “over 40 million men and women suffer from some form of mental illness and public health institutions and treatment centers are universally underfunded” (McGrath, 2017, para. 1).

Statement of the Problem

The name law enforcement, as used to identify police officers in the United States, is misleading in that it only identifies part of the job we ask our officers to do. In reality, police officers are community caregivers who are responsible for solving society’s complex problems when there is no one else to call. Mental health issues often plague communities who do not have appropriate resources to provide to people having these issues. Traditionally, this work falls on police officers who have very little training in identifying and treating mental health issues.

This conundrum is only exemplified when officers respond to suicidal subjects. On a typical suicidal call, officers will be dispatched to the address and are asked to deal with the subject. Most of these calls result in a non-violent encounter with the officers capable of getting the individual the help they need. However, some of these calls are inherently dangerous when the subject possesses and threatens the use of a weapon. Officers have traditionally dealt with these problems and found ways to problem solve and get the individual help even though we have no legal obligation to do so. This can create problems when the use of force is needed to place the subject into custody for a mental health hold. Police departments across the United

States have begun to ask themselves if the inherent risk of intervening on a violent suicidal subject is worth getting them help. Or is it better for the department to walk away? This moral and ethical dilemma needs to be examined further to explain.

Conclusion

But what if we could change our police response to better help these subjects? What if we could complete some level of care in the field in conjunction with mental health professionals? Would we see a reduction in the needs from the community for mental health resources? Would we save valuable police time by reducing the necessary transports to hospitals and jails? And would the community ultimately benefit from a more informed and better trained police department capable of dealing with all mental health issues? I will answer these questions and others in this paper and show why law enforcements response to mental health calls needs to evolve to meet the community's needs.

Chapter 2: Review of the Literature

Administration of Mental Health Response for Law Enforcement

The administration of a new mental health response for law enforcement will be challenging. Members in law enforcement have traditionally been resistant to change and this can create challenges for law enforcement leaders. This resistance is based on the policing culture at the department and the likelihood of an us vs. them mentality. Police officers are often asked to be as efficient as they can be. This creates a culture where the officers feel that they need to solve problems as quickly as possible in order to move on to the next problem. Once officers have perfected a desired solution that is efficient and less time-consuming, they are reluctant to trying a new strategy that might take more work from them and change their existing tactics.

In order to effectively implement change in law enforcement we need to change the police culture as well. According to one journal, “organizational change efforts will continue to fall short if they fail to shift policing culture” (Cohen, 2017, p. 111). Law enforcement leaders need to recognize that the current culture at their police department will be a factor in the success or failure of the desired change. Identifying roadblocks for the proposed change is important in recognizing the challenges to the desired change, and much of these roadblocks come from the police culture.

Changing police culture could be considered more difficult than the proposed change itself. In order for a department to implement a “softer” approach to solving mental health problems, the culture “should embrace a guardian—rather than a warrior— mindset” (The White House, 2014). Police departments should use the “warrior-to-guardian proposal as a proxy for the type of cultural change a department might pursue” and “as a requisite foundation for other

policy and practice changes” (Cohen, 2017, p. 114). If the police department has this type of culture with a focus on community policing, they can expect to be ready for a philosophical change in their response to mental health crisis.

Readiness for Change

The philosophical change in response to mental health crisis will be impactful on the workforce and the community they serve. Police department leaders need to recognize the need for this change and embrace the new role in the response. Leadership should strive to buy-in and focus on how to lead by example during initial implementation. The importance of leadership buy-in cannot be overstated, this new approach will not work without the support of the first-line supervisors. Leadership should “examine how their agencies do business and acknowledge their accountability for public safety outcomes in the community” (Justice System Partners, 2015). Buying into the change includes the acknowledgment of the importance of accountability to the change.

Once the problem is clear to all staff and members recognize the need for change, the transition to the new philosophy will be easier. During this initial change, leaders should “take steps to continually improve their agency’s effectiveness, committing to ongoing learning and implementation of best practices” (Justice System Partners, 2015). This change should be directly in line with the departments renewed focus on a modern, progressive, and efficient problem-solving public safety organization. The police department can use this change as a first step into this direction including a renewed focus on progressing past old policies and procedures that are currently hampering our public safety service to the community. The initial step into this

direction will be difficult, however, once the department is progressing in the right direction, they are ready for the desired change.

Change Strategy

Once the police department is ready for change an appropriate strategy needs to be used to facilitate the transition. This change strategy can be developed by command staff and should be used for all changes moving forward. This strategy will certainly be polished over time; however, agencies should try and maintain a single strategy to ensure continuity within the change process. If a thorough change strategy is developed, police departments will see a “fundamental shift— away from policies and practices that were instituted decades ago and toward those that work for today’s world” (Justice System Partners, 2015).

One change strategy police departments can use is one developed by Justice System Partners in 2015. This change strategy was developed with input from former criminal justice leaders who have experience dealing with changes in their respective disciplines. The result was a ten-step process for implementing change. These steps include: Collaborate, Lead, Analyze, Engage, Plan, Implement, Innovate, Align, Reflect, and Improve. These steps can be used to successfully implement a new mental health response plan for police departments in an effort to overcome some of the challenges police departments traditionally see with change.

Collaborating is an important first step in developing the new mental health response. For an agency to truly know the correct direction of their mental health response, they need to know the other agencies involved in the response and what they specifically do. Agencies should strive to constantly collaborate with their partners, and this is a strong example of why it is so important. During the initial discussions of developing this plan, agencies should reach out to

other disciplines in an effort to identify the most effective response based on the communities needs. Criminal justice leaders should “step out of their silos and consider how the different elements of the system interrelate, and how each contributes to public safety outcomes” (Justice System Partners, 2015). This collaboration will help the program succeed by developing trust between the different agencies. All organizations involved should have a “shared understanding of the system, both as it exists now and what it can be in the future” (Justice System Partners, 2015). This collaboration will be key to the success of any mental health response plan adopted by police departments.

The next step is to lead. The first part of leading is identifying a vision for the proposed change. This vision should align with the department vision and be based on the community’s needs. Leadership should ensure that the entire department knows this vision and is accountable to it. Leaders have a unique opportunity to shape the mental health response plan to meet the current trends in the community. This vision should also be collaborative and encompass the importance of working with our partners. According to Justice System Partners, “Each leader is responsible for committing his or her agency to change, and for being accountable for that change” (2015). This commitment and accountability should be seen through examples set by leadership at the agency. Leaders should make the mental health response expectations abundantly clear and assure adherence to it for the sake of accountability.

Step three of the change strategy is to analyze, specifically looking at data and trends. The new mental health response should be data driven and based on an immediate need according to the departments data. Police departments are historically good at keeping data, particularly data related to calls for service. Police departments should be able to justify the need of a new mental health response by the large quantity of mental health calls they respond to.

Police departments should ensure their agency is currently tracking mental health calls appropriately so that they can be separated from traditional calls for service.

The data should be broken down further to identify the need for a co-responder program and/or de-escalation training. As Justice System Partners explain, “The most effective system change efforts are guided by data at every step in the process” (2015). Police department leaders should review use of force data and dispositions of mental health calls and include this data in the development of their mental health response plan. The new response plan should have a data review process included so department leaders can actively monitor the success or failures of the program.

The fourth step in the change strategy is for leaders to engage. This is an important step in overcoming the initial reluctance to change to this type of philosophy on mental health response. Engaging with staff, and more specifically the staff being affected by this change, is critically important to the development process. First, it ensures that the affected staff have an opportunity to provide input to the change. Second, the opportunity for input will result in a higher level of buy-in to the change. Police department leaders can use this step to garner support of the change prior to actually implementing the actual change.

The next step is to plan. The planning process for the new mental health response plan should encompass information and feedback gathered in the previous steps. According to the Justice System Partners, “The planning process compels partners to consider their specific goals and how those goals will be achieved, while the plan itself is an invaluable communication and quality assurance tool” (2015). The plan should include timelines to hold members accountable

for their assigned duties in the development process. Leadership should stay true to this plan; however, maintain flexibility as roadblocks and adversity present themselves.

The sixth step in the change strategy is to implement. The implementation process includes the “revision of policies and procedures, staff training, and quality assurance” (Justice System Partners, 2015). The implementation process of the mental health response plan will consist of a full policy revision to include the desired focus of the vision for the new plan. Once completed, the implementation will include training for all members responsible for responding to mental health calls. This training will include a PowerPoint presentation focusing on why the change is needed and what the new process entails. First line supervisors should have additional training with command staff to include tabletop exercises focusing on real world scenarios involving mental health response and crisis.

Step seven is the leaderships focus on innovation. Sometimes when a specific change is desired there might not be existing solutions. Although this is not true for mental health response, leadership will still need to be innovative in their approach. According to the Justice System Partners, “Innovation requires that the best and the brightest from across the system explore what exists, develop creative approaches, garner support for implementation, and, most importantly, evaluate the impact of changes” (2015). The mental health approach should be specific to the department and community’s needs, which will certainly take some innovation by all stakeholders.

The next step needed in the change strategy is to align. Members of included in the development of the mental health response need to ensure the process is aligned with department goals and objectives. This will take some review and fine-tuning of the departments objectives to

adapt to this new approach. Leadership will need to ensure all of these align in order to give clear guidance to staff on the new approach to mental health response.

Step nine involves the ability of leadership to reflect. Leaders should use this step to “step back and examine whether target outcomes are being achieved, whether practices are contributing to those outcomes as intended, and whether new approaches have had unintended consequences” (Justice System Partners, 2015). This is one of the most important steps in the change strategy. After implementing a new mental health response, leadership should constantly be evaluating the effect of the new process and any improvement needed. This evaluation should also be data driven for comparison to past approaches to mental health response. And finally, step ten in the change strategy is to improve. Any shortfalls identified in the reflection step should initiate a change and improvement to the mental health response, so it is aligned with the desired goals.

Potential Roadblocks

Although thorough planning will help identify roadblocks and ways to work around them, there will certainly be other roadblocks that were unforeseen. One of the initial roadblocks will be the resistance to change. This resistance can be dealt with by the cultural change strategies identified earlier in this paper. Law enforcement leaders will need to understand that there will be some officers who resist this change no matter what they try and do. Leaders will need to focus on the greater department population who are ready to support this change while still remembering to address the members who are most reluctant to the change in philosophy.

Another potential roadblock in the development of the new mental health response will be the multi-agency, multi-discipline approach. In order to have an effective mental health

response plan, police departments will need to work with their partners to develop innovative solutions. This has the potential to be a difficult process as it will entail input from multiple different agencies from several different disciplines. Part of the buildup to this development should include the building of new partnerships and maintenance of existing partnerships to ensure a seamless transition to the new approach.

Part of the mental health response will include a co-responder program. This co-responder program will be a joint venture between the law enforcement agency and the local mental health resources. Funding of this co-responder position will be difficult; however, the benefits of such program will prove fruitful for all agencies involved. Police department leaders should continue to push for state legislation and funding of mental health resources with a focus on co-responder programs in order to deal with the inevitable budget constraints of such programs. Leadership should also consider applying for any appropriate grant funding involving mental health resources.

Selecting a Change Agent

Selecting a change agent, or project leader for the development of the new mental health response plan, is an important part of the change. According to the Justice System Partners, “Leaders also act as change agents within their own agencies, establishing a vision for change; nurturing that vision through communication, education, and implementation; and engaging in an iterative process of measurement and quality improvement” (2015). The selected leader needs to be open to change and be a progressive thinker. The leader should know the department’s current mental health response to include its strengths and weaknesses. The leader should be able to conduct thorough research and be willing to corroborate with other agencies. And finally, this

leader should be able to hold the police department accountable for past mistakes as well as any future mistakes.

Strategies for Selecting a Workgroup

Police department leaders can “gain considerable credibility if officers are enlisted as change agents, encouraging them to get involved in the design and implementation of change” (Toch, 2008). This strategy is important to garnering buy-in to the change prior to implementation. The workgroup should consist of a member from all departments involved in the response plan. The change agent, or project manager, will be involved in the selection of members to the work group. The workgroup will immediately develop goals for the new mental health response plan based on the community’s needs. The workgroup will ultimately follow the change strategy to being the planning process for the new approach.

Ethical Considerations for Mental Health Response for Law Enforcement

Law enforcement, as used to identify police officers in the United States, is misleading in that it only identifies part of the job we ask our officers to do. In reality, police officers are community caregivers who are responsible for solving society’s complex problems when there is no one else to call. Mental health issues often plague communities who do not have appropriate resources to provide to people having these issues. Traditionally, this work falls on police officers who have very little training in identifying and treating mental health issues.

This conundrum is only exemplified when officers respond to suicidal subjects. On a typical suicidal call, officers will be dispatched to the address and are asked to deal with the subject. Most of these calls result in a non-violent encounter with the officers capable of getting the individual the help they need. However, some of these calls are inherently dangerous when

the subject possesses and threatens the use of a weapon. Officers have traditionally dealt with these problems and found ways to problem solve and get the individual help even though we have no legal obligation to do so. This can create problems when the use of force is needed to place the subject into custody for a mental health hold. Police departments across the United States have begun to ask themselves if the inherent risk of intervening on a violent suicidal subject is worth getting them help. Or is it better for the department to walk away? Law enforcement leadership is finding that this moral and ethical dilemma needs to be examined further.

According to Minnesota Statute 1997, section 253b.05 s.2, “A peace or health officer may take a person into custody and transport the person to a licensed physician or treatment facility if the officer has reason to believe, either through direct observation of the person's behavior, or upon reliable information of the person's recent behavior and knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or developmentally disabled and in danger of injuring self or others if not immediately detained.” It is important to note that the statute authorizing police officers to place someone on a mental health hold states “may”, not “shall”. This is the first step in examining the legal obligation for police officers to intervene. One can also look at United States Supreme Court Case *Deshaney v. Winnebago County* (1989), where the court ruled that the government does not have a duty to protect private citizens unless they are in custody or a special relationship is formed.

For police departments, the question remains, if we have no legal obligation to intervene, then why would we? This type of decision making is described in our text as “bounded ethicality”, which “refers to the cognitive structuring whereby decisions are interpreted using variables that do not include ethics” (Pollock, 2019, p. 92). The decision making for police

departments, when deciding to leave, is solely based on the legality and gives no consideration to “whether the action is moral” (Pollock, 2019, p. 92). This is where the moral dilemma between police intervening and deciding to walk away and not force the subject to get help is seen. Many police departments have shifted their approach and decided to leave violent suicidal subjects in their residences if no crime was committed. Although police officers have been traditionally seen as the community’s problem solvers, we have seen it is sometimes more beneficial to walk away from problems in hopes they will resolve themselves peacefully.

The moral dilemma is exemplified if one examines what could happen when officers leave. Is there a possibility that the suicidal subject leaves and hurts someone else? Could a bullet go through a wall unintended and hit an innocent person? These are difficult questions police departments have to ask themselves when making the determination to stay on scene or leave. Police departments can help resolve this moral dilemma by asking their community what it expects and listen to what they say. Police departments should always respond to suicidal calls with a focus on providing the subject with every resource available. Police departments should also be looking at innovative ways to solve these problems, such as co-responder programs. In these programs, officers are paired with mental health professionals who assist in providing the subject resources, with the ultimate goal of solving these problems peacefully. Police departments should also train their department members in the legality of these situations and have clear policies guiding officer’s behavior.

Now that the ethical dilemma is clear, administrators need to develop a plan to implement a solution that accounts for this dilemma. This plan should be based on community expectations and what’s in the best interest of the city. To formulate this action plan, police departments should develop an administrative workgroup to develop the department’s response to these types

of incidents. This workgroup should consist of higher-ranking members of the department with knowledge in patrol response as well as a SWAT perspective of this issue. The more well-rounded the group is the better the action plan will be. The police department's legal counsel, typically the city or county attorney, should also have representation in the group. It will also be important to have community representation in an effort to be transparent and meet the community's needs and expectations. This representation could be difficult to identify; however, representation is important. This member could be someone from one of our already established partnerships, specifically someone from our local mental health center.

Once the work group is identified, the Chief of Police will need to set some standards and expectations for the group, to include a timeline. The group will be expected to meet every other week until an action plan and proposed policy is ready for final approval. These meetings will be structured around solving the main ethical dilemma, at what point does the police department force action or walk away from suicidal subjects? The group will create not only a policy and action plan, but also identify key steps in the problem-solving process involving suicidal subjects.

The final action plan and subsequent policy would involve the following elements: initial response to the suicidal call, identifying safety risks posed to the officers and public, identifying mental health resources for the subject, if and when to activate a SWAT response, and timeline expectations for suicidal calls. These elements would be expanded on in the policy as well as the training for department staff.

As stated earlier, whether we respond to suicidal subject calls or not will not change. Our communities trust our police departments to be community caretakers and to offer assistance when requested. Police departments have resources and well-established community partnerships

that could significantly benefit someone who is going through a mental health crisis. These resources and partnerships should be used in conjunction with a well-researched and developed police response. When practical, the police department's response to a suicidal subject should include our co-responder unit. The co-responder unit consists of a seasoned mental health professional who can appropriately diagnose a situation and the validity of the claims. These mental health professionals also have access to historical medical records that could assist in getting the subject the appropriate level of resources or care. The initial response, if used appropriately, would be able to resolve the vast majority of the suicidal calls police departments respond to. The need for this type of response will grow, and law enforcement leadership will need to identify ways to expand the co-responder program. The value of the program is already evident; however, the more they are utilized the more the police department will find ways to utilize their expertise.

Identifying mental health resources will fall on the police department's already established co-responder program. This program has access to resources for individuals experiencing mental health issues. By being associated with the local mental health center, the members of the co-responder unit have access to some of the best doctors and treatments for mental health issues. The co-responder team can then utilize these resources to find solutions in the field when dealing with behavioral health calls. The resolution of the behavioral health call will depend on the level of care the subject needs and if the co-responder team is able to provide that care.

On suicidal subject calls, the co-responders will need to analyze the situation differently than just a normal behavioral health call. The suicidal threat will need to be measured to determine the level of risk the subject is to his or her safety. The mental health professional that

is embedded with the officer on the co-responder program will take the lead on diagnosing the need of the subject. If the subject threatened suicide and meets Minnesota Statute 253b.05, the co-responder team should place a hold on the subject and transport the subject to the hospital for further evaluation. If the co-responder team determines that the subject is not at risk of suicide or harm to themselves, the co-responder team may decide to leave the individual at their place of residence. The co-responder team should leave the subject with resources and numbers to call if they need further assistance.

Over time the co-responder team will get to know community members who regularly suffer from mental health crisis. This is a huge benefit to the police department and community as the co-responder team will become familiar with the specific needs of each client. When the high utilizers of the co-responder team become apparent, the team should regularly track the interactions and have action plans in place for the top ten clients. These action plans should provide specific information on how to de-escalate the client in times of crisis and be provided to the entire patrol unit. The patrol unit can use these resources in the event that the co-responder team is off-duty and they need to respond to a mental health crisis involving a client on the top ten list.

Another important aspect of the action plan will be determining any safety concerns surrounding any behavioral health or suicidal subject call. Some of these safety concerns will be immediately apparent. If the individual is threatening suicide with a weapon, the co-responder team will be assisted by additional patrol resources which will be dependent on the threat. Any suicidal threat involving a firearm will involve a supervisor also responding to the scene. This supervisor will constantly evaluate the need for additional resources and if officers can communicate with the subject from a safe place. The patrol supervisor, in conjunction with the

patrol lieutenant, will make a determination if additional resources are needed, particularly from the SWAT team. The patrol unit supervisors will be familiar with the threat or risk assessment of the given situation to determine what resources are needed. This threat assessment contains several different aspects of the situation that would dictate the protentional use for SWAT or SWAT tools. The threat assessment should be reviewed with both SWAT leadership as well as upper administration to determine the final needs.

The SWAT team should be used cautiously for suicidal subject calls. As one Daigle Law Group article stated, “It is incumbent on all of us that we use those tools wisely and judiciously” (2019). Courts have consistently ruled that the use of a SWAT team can trigger a 4th Amendment claim, thus questioning the reasonableness of the use (Daigle Law Group, 2019). Because of this, police departments should evaluate the need of the SWAT team, particularly on non-criminal suicidal subject calls, based on an in-depth threat assessment. If the SWAT team is needed based on their expertise and tools needed, particularly the Crisis Negotiation Team (CNT), then leadership should use “an increased sensitivity to dealing with the non-criminal subject and a stronger leaning towards negotiation and de-escalation as opposed to immediate entry” (Daigle Law Group, 2019). The CNT should be staffed with mental health professionals, ideally from the co-responder team, and be focused on de-escalating the situation as opposed to traditional SWAT tactics.

An important piece to this action plan and the ethical nature of the decision to leave or intervene should include a strong emphasis on the timeline of the event. The police department should be committed to spending significant time and resources on the event prior to making this decision. Supervisory personnel should exhaust all resources, as well as allow some time to pass,

prior to leaving the scene of a violent and armed suicidal individual. This decision should weigh the risk to the public and whether the individual is in a private residence or not.

The police department can determine if, based on the circumstances and location of the incident, that they have a governmental interest to stay until the resolution of the incident then officers should remain on scene until completion. This governmental interest should be gauged by using the well-established Safety Priorities. The Safety Priorities have been used to dictate SWAT tactics for decades and can be used in these situations to determine if the police department has a governmental interest in protecting the public from a non-criminal, violent and armed, suicidal subject. The Safety Priorities rank the priority of life in violent situations. The Safety Priorities are as follows: Hostages, Civilians, Police, and then the Subject/Suspect. If the department can justify the need to protect the public based on these principles, then the use of SWAT could be justified to help solve the problem.

Once the policy is drafted the command staff would meet and review it. The command staff would tweak it if needed and give the group any feedback and thank them for their efforts. The Chief would meet with the mayor to ensure that the policy reflects the mission and vision of the city as well. Once this is complete, there would be formal training, with a section on the new policy. Moving forward, this training would be conducted annually with a complete policy review as part of it. All sworn members of the department will be expected to know this policy and abide by it. Command staff would also meet with our first line supervisors to garner support. As our text states, “research shows that supervisors shape the attitude of line officers toward wrongdoing” (Pollock, 2019, p. 215). Law enforcement administrators need to be clear that any new policy is supported and promoted by our first line supervisors to ensure its success. Command staff also needs to model the type of behavior they expect from their employees.

Modeling is described in our text as a “learning theory concept that people learn behaviors, values, and attitudes through relationships” (Pollock, 2019, p. 87). Command staff needs to be positive role models in all aspects of law enforcement, but most importantly when making ethical decisions.

This policy, as with anything done in law enforcement, will constantly be evolving and reflective of the expectations of our community. Law enforcement is continuing to adapt to pressures from the community and accepting community input is important. Police department administrators need to make time to listen to community members, both their complaints and praises, in order to ensure we are serving them appropriately. Communities demand service from officers who are ethically sound with high integrity standards. A police department’s ethics policy should reflect these community expectations while maintaining a constant, open communication line with community members. Any recommendations at changing the policy would be given through the proper chain of command to the Support Commander.

This action plan should be formed and implemented in conjunction with a renewed focus on strengthening leadership by using leadership styles which promote police officer input in solving problems. Our text states, “transformational leadership” involves “less social distance between leaders and employees” and “greater participation of employees” (Pollock, 2019, p. 100). Transformational leadership can be “correlated with higher stage of moral reasoning of the leaders” (Pollock, 2019, p. 100). Police departments with leaders who possess a higher level of moral reasoning will benefit from their leaders making decisions not just based on black and white facts and legalities, but also the moral obligations our departments owe to the communities we serve.

The goal for the action plan and policy would be to create a solid department culture, best described as a “consensus paradigm”, where the members “have similar beliefs, values, and goals” (Pollock, 2019, p. 232). If law enforcement administrators ensure their departments have updated, ethical policies, which are current and embraced by their staff, they can expect to have highly professional interactions with members of the communities they serve and their officers making ethically sound decisions in the field. Ethical accountability is important to everything we do in law enforcement, but never more important than in our interactions with the community. Accountability will be built into the fabric of every policy, including the policy on the police departments response to suicidal subjects.

Leadership will also need to continually support our staff while we implement change. This can be done by showing appreciation on a consistent basis when warranted. Departments can also accomplish this by utilizing guidelines similar to the University of Concordia’s Responsible Stewardship of People. This principle states to “nurture talent and treat people with respect and uphold their dignity” (University of Concordia – St. Paul). We can also be cognizant of the Stewardship of Decisions, which states we will “Be mindful of the intended and unintended consequences of decisions on various constituents (especially the vulnerable) and on the environment” (University of Concordia – St. Paul). If the police department can utilize these principles effectively, we can expect to have a highly ethical culture which promotes accountability of all its members during their interactions with the public.

Legal and Behavioral Considerations for Mental Health Response

Law enforcement, and police officers in general, are increasingly becoming the community’s sole responder to mental health crisis because of the lack of resources for people

suffering from mental health illnesses. This can create problems as most police agencies have minimal mental health training and most police officers are not trained to diagnose or treat people suffering from mental health illness. Police officers are inherently trained to solve the immediate problem, which typically means bringing the mentally disturbed person to jail or the hospital. This is putting a strain on jails and hospitals. Law enforcement also knows most people suffering from mental health issues don't belong in jail; however, even when the subjects are brought to the hospital, they are frequently out in a matter of days with no true mental health resources or follow up.

But what if police departments could change their response to better help these subjects? What if police departments could complete some level of care in the field in conjunction with mental health professionals? Would police departments see a reduction in the needs from the community for mental health resources? Would police departments save valuable police time by reducing the necessary transports to hospitals and jails? And would the community ultimately benefit from a more informed and better trained police department capable of dealing with all mental health issues? This paper will answer these questions and others and show why law enforcements response to mental health calls needs to evolve to meet the community's needs.

The Importance of Mental Health Response

Police officers traditionally respond to mental health calls several times a day. Whether these calls are actually labeled as a mental health call is dependent on the situation. Most police officers would argue that the majority of the calls they respond to involve mental health at some level. The mental health portion of the calls can be dependent on the individuals state of mind which can be affected by psychological disorders, chemical dependency, or stressful events at the

time of the call. Because of this unpredictability, calls involving a mental health crisis are inherently dangerous for police officers because of the unknown intentions of the subjects.

Suicide by Cop

Unfortunately, these calls often result in police use of force. As stated earlier, police officers are trained to solve problems quickly and effectively, usually resulting in them finding the quickest solution to the problem they are presented with. Police departments are recognizing how valuable additional mental health and de-escalation training is to their officers. This paper will cover mental health and de-escalation training later, but sometimes these calls involve an individual who won't benefit from any resources the police have to offer.

Suicide by cop is a growing trend and something that is difficult to train police officers for. This type of mentality of the subject is the exact reason why our continued response to mental health response is important. According to the Police Executive Research Forum, "From 2015 to 2018, there were approximately 900 to 1,000 fatal officer-involved shootings in the United States. And by various estimates, approximately 10 to 29 percent or more of officer-involved shootings involve Suicide by Cop incidents. Thus, it is reasonable to believe that there may be 100 or more fatal SbC incidents each year" (PERF, 2020). These statistics don't include the 60 incidents that police officers were able to deescalate the situation and take the person into custody.

Suicide by cop is one of the most dangerous mental health situations police officers will find themselves in. Because of this, training and preparing for these situations will not only result in better outcomes for these types of calls, but also provide police officers with tools to deal with all mental health calls.

The Future of Law Enforcement's Mental Health Response

This section will detail what law enforcement needs to do to adapt their mental health response to today's community needs. This response should be multifaceted and involve all community partners and resources available to police departments. If police departments are able to rally together these resources, we will see a significant reduction in a resource intensive problem that police departments deal with every day.

De-escalation and Training

De-escalation has been brought up and demanded of police officers in recent years. De-escalation involves the use of time and verbal techniques to de-escalate situations prior to the use of force. According to one study, after de-escalation training "officers reported positive change in their attitudes toward adolescents after attending PTB training. Officers also improved their knowledge of skills that could be used to de-escalate future interactions" (Schwartz et al., 2017).

Although the importance of de-escalation is well known, police departments can't solely rely on this tactic to resolve mental health crisis. De-escalation should be one tool of many to deal with mental health calls. De-escalation training will benefit officers by offering them a tool to slow down, take their time, and solve the problem based on what the subject's needs are at the time. Police officers will slowly realize that the way we have been resolving mental health calls is outdated and that tools such as de-escalation can be used to safely manage difficult calls.

The Minnesota Peace Officers Standards and Training Board (POST) approves learning objectives pursuant to MN State Statute 626.8469, for "in-service training in crisis intervention and mental illness crises; conflict management and mediation; and recognizing and valuing community diversity and cultural differences to include implicit bias training to every peace

officer and part-time peace officer employed by the agency”. Based on this statute, Minnesota police officers are required to conduct a minimum of 16 hours of this type of training in a three-year training cycle year.

Although not implemented until 2018, this statute is a step in the right direction toward a more effective police response to mental health calls. It will take several years before every police officer is fully trained and meeting this statute. Only after this will we truly be able to measure the effectiveness of the statute and training requirements. While police are receiving more training in this area, it is important to look at all resources in the community and how these resources can come together to effect change on our mental health response. The first step towards this is looking at the co-responder model.

The Co-Responder Model

The co-responder model is being implemented across the nation to deal with mental health crisis. Law enforcement has learned that this model can be beneficial in not only addressing the needs of the subjects but also limiting the number of resources being spent on these types of calls. In the city of Houston, “the program saves them almost \$488,000 annually by rerouting service calls that would otherwise eat up valuable time and manpower” (Lyford, 2018).

The co-responder model consists of a team of police officers and mental health professionals who co-respond to mental health calls instead of only sending police officers. This multi-disciplinary team (MDT) works closely together in not only responding to active mental health calls but also identifying the high utilizer list. This list consists of individuals in the community who are frequently using public safety services because of their mental health status.

The frequent user list is important for several reasons. First, the MDT is able to identify the risks these individuals have and provide them with the appropriate resources. Second, the MDT is able to gather data on these individuals that can prove beneficial to officers responding to calls involving these individuals. This information can be valuable to the street officer who has no knowledge of the subjects needs and can use this information to try and resolve the problem they are dealing with. And lastly, the MDT is capable of then conducting follow up on subjects to determine if the resources they are receiving are working.

But more important than the information gathered is the initial response. The MDT is capable of providing valuable services to subjects involved in mental health calls. The MDT is able to be the first response to mental health crisis calls and triage these subjects appropriately. As law enforcement has traditionally taken the majority of these subjects into custody and consumed valuable resources, the MDT can instead provide initial evaluations of the subjects in the field and determine which resources are most appropriate. According to one study, “Street triage might reduce the number of people taken to a place of safety” (Puntis et al., 2018).

According to one report, “The things that deter people from certain behavior, like the threat of arrest, aren't always going to work when you're dealing with mental illness” (Lyford, 2018). We know that simply arresting these individuals doesn't deter further behavior because they are suffering from mental illness. This is something that is difficult for a police officer to understand as this is how police are used to solving problems. When implementing a co-responder program, police officers need to keep an open mind, be patient, and be open to change. The police will need to view these co-responders as co-workers, partners that respond with them to help solve these difficult calls.

The Thought-Behavioral Link

Law enforcement officers rarely see any of the treatment or modeling used to help offenders during probation and parole. Law enforcement leaders should develop and implement behavior specific training, so officers have a better understanding of what cognitive behavioral treatments our probation and parole officers are using on offenders in our community. This will prove beneficial to police officers and help them recognize the importance of having a good partnership with probation and parole officers and how they might use this approach when dealing with certain calls for service.

Police departments should also recognize the importance of cognitive behavioral interventions and how they impact other important areas of police departments. One area is the co-responder model, specifically dealing with behavioral health issues. Co-responder programs frequently deal with individuals suffering from mental health issues. The second area, which goes hand in hand with the co-responder group, is the Crisis Negotiations Team. Both of these areas at the police department could benefit from the understanding of cognitive behavioral interventions. Understanding how a person's thoughts are directing their behavior are key in trying to predict a person's behavior. This could prove extremely beneficial for us in resolving stand-offs in our community.

Police departments can also adapt strategies used by corrections to help deal with mental health crisis calls. These approaches include a focus on the specific individual's needs. According to one article, the treatment should "use examples that are in line with the client's presenting problem" (Creed, 2011, para. 19). The article went on to state further that the "therapists must use their clinical judgment knowledge of the individual client to find a method of explaining the model that works well for them and their clients" (Creed, 2011, para. 19). This

shows that there is no one-size-fits-all approach to addressing the needs of offenders, or subjects experiencing mental health crisis. Police departments need to recognize the importance of subject-specific solutions when developing action plans during mental health crisis calls.

Police departments can also use a cognitive behavioral intervention approach when deal with mental health crisis calls. This approach is focused on the subject's action during the call and how the subject's thoughts affect their actions. This approach is broken down into three steps used to closely examine the subject's actions. The first step is the pay attention to the subjects thinking and the specific words being spoke. Crisis negotiators can use this step-in order to gauge the subject's intentions. Negotiators will be able to determine any triggers that affect the subject's behavior and possibly use them to resolve the situation.

The next step is recognizing the risk. After the subject's triggers are identified and the negotiators understand the intentions of the subject, they can narrow down the risk of the subject. This could be difficult to accomplish depending on the subject's willingness to communicate. If negotiators can maintain a solid rapport and dialog with the subject, they can expect to be able to measure the risk level of the subject. The third step is trying to help the subject modify their thinking after the triggers and risk are known. Negotiators can focus the subject on things other than their triggers in order to get a different behavioral response. This cognitive behavioral intervention would be beneficial if adapted correctly as a law enforcement function.

SWAT's Response to Mental Health Crisis

A SWAT (Special Weapons and Tactics) team perspective is important when reviewing law enforcements response to mental health calls. Traditionally SWAT is used to supplement patrol resources on difficult situations. For many years, if patrol had a non-criminal barricaded

subject with a weapon, they would call the SWAT team to help resolve the situation. As law enforcement has progressed, they have started to take a better look at the response to these types of situations. At the forefront of this review is the National Tactical Officers Association (NTOA).

Two important factors need to be considered when deciding whether to use SWAT for these types of situations. According to legal counsel who service the NTOA, departments need to determine “(1) whether the use of SWAT resources is, itself, considered a higher level of force and (2) what limitations have the courts placed on an officer’s use of force to control a non-criminal subject” (Daigle, 2019).

The first question is complicated, but many would agree that the application of SWAT in these types of situations is an elevated use of force. Surrounding a house with a well-equipped SWAT team, consisting of rifles and armored vehicles, would lead a reasonable person to believe that they are not free to leave. The 3rd Court of Appeals decided that this “Constitutes excessive force if it is not objectively reasonable to do so in light of the totality of the circumstances” (Smith v. Marsaco, 430 F3d 140, 2005). It will be important for police departments to evaluate the totality of the situation prior to requesting a SWAT response. This can often be determined by deciding whether the tools and tactics needed to successfully resolve the situation are beyond the scope of the normal police officer.

The second question is also difficult to answer. Courts have been slowly shaping the standards for police officers use of force on non-criminal subjects as opposed to using the traditional *Graham v. Connor* principles set forth for criminal suspects. Because of this, courts have ruled that several of SWAT tactics used, including distraction devices and gas deployments, are unreasonable force on non-criminal subjects who are only threatening to harm themselves.

Moving forward, police leadership will need to stay up to date on these changes and court rulings to see how they affect their departments response to these types of situations.

It will be important moving forward to distinguish and separate a Crisis Negotiation Team (CNT) and the traditional SWAT team. According to Daigle, “We see an increased sensitivity to dealing with the non-criminal subject and a stronger leaning towards negotiation and de-escalation as opposed to immediate entry” (2019). When we rethink what a “SWAT call-out” is, we should determine which aspect of the SWAT team is needed to effectively respond to the situation. Because of this, there is a SWAT response to non-criminal barricaded subjects that contains a CNT team assisting patrol. CNT is trained in de-escalation and slowing situations down to resolve them peacefully. This initial and limited SWAT response should be enough to resolve many of the non-criminal barricaded suicidal situations police officers frequently deal with.

An important aspect to the CNT response in the future is having a mental health professional attached to CNT. This mental health professional would train with CNT and be able to provide valuable insight into the behavior of the subject. The mental health professional would preferably be one of our co-responders who is used to working side by side with police officers on a regular basis.

Conclusion

Police departments will continue to face the challenge of responding to unpredictable mental health crisis calls. As police departments shape their response and fine tune their resources, it will be important for police leaders to be proactive and progressive in finding new solutions to solving these difficult problems. Departments need to take the first step in developing solutions by recognizing that the response to these calls needs to change. As

demonstrated in this paper, working closely with partners in the community to develop a specific response based on the situation and needs of the subject is important. Police departments have an important job to do, and the community is counting on them.

Chapter 3: Implications, Recommendations, and Conclusions

The implications of not adapting to the complex needs of the community, especially in regard to mental health calls, is a recipe for a fractured relationship with members of the community in desperate need of these services. As shown in this paper, the current approach and response to mental health calls by law enforcement is failing the community's expectations of what the role of their police department is. The community expects a unified, caring approach to getting people suffering from mental illness and crisis the resources they need. The first step in committing to this need is to develop a co-responder response to mental health calls.

Practical Applications

The practical application of a new mental health response for law enforcement is apparent and should encompass a co-responder model. The practicality of a new response is apparent more now than ever before based on the information shared in this paper. Law enforcement administrators need to find innovative ways to partner with community leaders and assets to address the need of the subjects in their community requesting mental health response and resources. Moving forward, a new, hybrid, mental health response should be part of the overall vision of the department. This response and the shape of it should be incorporated in all discussions involving the needs of the community and how the police department can assist in facilitating an appropriate response to these needs.

A look at one police departments application of a co-responder response shows benefits. The Denver Police Department was one of the first major metropolitan police departments in the United States to initiate a co-responder program for mental health crisis calls. The police department took this to the next level by developing a program which doesn't include a police officer response. This unit, named Support Team Assistance Response (STAR), consists of a

mental health professional and paramedic who respond to mental health crisis calls instead of the traditional police response. According to one article, “The STAR program could reduce police calls by nearly 3%” (Hauck, 2021, para. 6). This can be a significant decrease for major metropolitan police departments who response to hundreds of thousands of calls for service every year. This practical application of a renewed, focused, and targeted program to provide service to individuals experiencing mental health crisis has proven successful during real world analysis.

Recommendations for Further Research

Further research is needed to determine the best approach dealing with complex mental health calls for law enforcement. This research should be focused on specific aspects of the recommended mental health response identified in this paper and its effectiveness. The measures for this research should be two-fold. First, the research should focus on the impact of the new mental response on the number of mental health calls in the specific community. This research could identify whether the mental health response is appropriate for the subjects who need services the most in the community. This research would fine tune, and possibly reshape, the proposed mental health response.

Secondly the research should focus on the actual impact of the services provided to the subjects in the community. Recidivism of the subjects and their need for a co-response of law enforcement and mental health professionals should be examined. This research would also help in identifying which type of mental health calls elicit a joint response and which ones only require mental health professionals. This research could fine tune the services and resources provided to these subjects and help get them the help they need in an efficient manner, whether a police officer response is needed or not.

Conclusion

Law enforcement in the United States is often asked to solve some of society's most complex problems. This is highlighted and most recently scrutinized in the examination of law enforcements response to mental health crisis. Specifically, law enforcements duties to intervene on suicidal subject calls have become an issue addressed by the media, the courts, and department policy. As shown in this paper, although law enforcement may not have a legal reason to intervene, our moral compass often draws us into these situations to seek a peaceful resolution. It is recommended that law enforcement leadership embrace this new approach and develop a mental health response that is specific to the needs of the community they serve.

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