How Do Police Officers Experience Interactions with People with Mental Illness?

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Abstract

Studies show that encounters between police officers and people with mental illness occur frequently and can prove to be challenging and, in some cases, dangerous for all parties involved. Little is known about how officers perceive interactions with persons with a mental health condition. This study addresses this research gap by examining frequencies, request for police dispatch, challenges, and subjective perceptions of such interactions. A total of 958 police officers from Hamburg (Germany) completed a questionnaire assessing the frequency of police dispatches involving persons with mental illness, including request for police dispatch and subjective challenges and perceptions associated with the interaction. Findings suggest that the majority of officers experienced interactions with persons with mental illness as conflictual due to behaviors they perceived as unpredictable and irrational including verbal and physical aggressions. The data also showed significant differences between female and male officers in regard to what they perceived as challenging. A total of 27.9% of officers felt anxious during the interactions. Less knowledge about mental health problems was associated with greater anxiety. The study revealed the German police officers' subjective perception of police dispatches involving people with mental illness. The results underline the importance of fostering a partnership between the police and the mental health care system in day-to-day police routine practices and through education and training programs. Training should focus on improving the recognition of mental disorders and specific communication skills.

Keywords Police · Mental illness · De-escalation · Communication · Training

Introduction

Police regularly interact with people with mental illness (Kesic et al. 2013). A study by Livingston (2016) showed that in the process to seek mental health care, one in ten has an encounter with the police. Heyman and McGeough (2018) suggest that police are one of the central gatekeepers on the pathway to psychiatric care. Persons suffering from schizophrenia or bipolar disorders are overrepresented in instances of police force (Kesic et al. 2013). Additionally, schizophrenia has been shown to be a risk factor for violent offenses, particularly in combination with substance abuse (Douglas et al. 2009). Compared with a person without a mental disorder, a person with a mental disorder has a higher risk of arrest and

requires 87% more police resources (Charette et al. 2014). Reasons for encounters between police and people with mental illness often relate to non-criminal incidents (Charette et al. 2014). Despite this, individuals with a mental disorder are more likely to experience police force, incarceration, and a longer time spent in custody (Fisher et al. 2011; Kane et al. 2018; Morabito et al. 2017; Rossler and Terrill 2016). Research suggests that 40% of individuals injured as a result of police force suffer from mental illness (Holloway-Beth et al. 2016). In an Australian sample of prisoners, 75% met the diagnostic criteria for a current mental disorder (Baksheev et al. 2010). Individuals suffering from (specific) mental health conditions are more likely to threaten to use or to actually use weapons against officers (Kesic et al. 2013), although little is known about the specific interaction between psychopathology and socioenvironmental factors at play (Fisher et al. 2011).

As this brief overview suggests, interactions between police and people with mental illness occur frequently and can be conflictual. Although officers do not receive a formal education in clinical psychology or psychiatry,

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they need to identify specific behaviors as indicators for mental disorders (McTackett and Thomas 2017). Additionally, police officers tend to approach people with mental disorders as dangerous counterpart which can result in a self-fulfilling prophecy (Ruiz and Miller 2004; Watson et al. 2004). Internationally, police forces use different interventions to prepare for these encounters, ranging from street triage (police and health care joint response) to crisis intervention team (CIT) to communication trainings and the use of taser guns (Krameddine and Silverstone 2015; Livingston 2016; O'Brien and Thom 2014; Rodgers et al. 2019; Teller et al. 2006). Street triage programs have been shown to decrease traumatic experiences and stigmatization of individuals with mental illnesses (Rodgers et al. 2019). CIT programs can reduce the incidence rate of violence used against people with mental illnesses and the impact of negative stereotypes (Morabito et al. 2010; Watson et al. 2017). Studies have looked at a number of resource intensive aspects of police dispatches involving people with mental illness (Charette et al. 2014; Martin and Thomas 2015), but there is still insufficient knowledge about the request for police dispatch, the challenges, and subjective perceptions associated with such interactions.

Police Encounters with People with Mental Illness in Germany

International research suggests an overrepresentation of people with mental illness in police fatalities (Holloway-Beth et al. 2016; Kesic et al. 2010; Kesic et al. 2013). Studies examining this link in Germany are rare. Litzcke (2006) found that German officers show a greater social distance towards people with poor mental health compared with a control group. German media report frequently about local incidences where a person with a mental health condition sustains fatal injuries during a police encounter (Finzen 2014). Although official statistics do not exist, it has been suggested that 16 persons suffering from mental illness were shot to death by the German police between 2007 and 2014 (Finzen 2014).

A representative German national cohort study found a 12-month prevalence of 28% for mental disorders (Jacobi et al. 2014). This prevalence rate is comparable with the 12-month prevalence of mental disorders in the USA (Kessler and Wang 2008). Little is known about how German police officers perceive encounters with people with mental illness and at which rate these occur. This study examines German police officers' experiences in regard to how frequently they respond to calls involving a person with a psychiatric disorder, the reason for the dispatch, and reported subjective challenges.

Methods

Design and Recruitment

The study was conducted from October to November 2019 with the Hamburg (Germany) police force. Hamburg is the second biggest town in Germany with over 1.8 million inhabitants. Every officer who potentially could have had contact with a person with a mental health disorder during routine police tasks was a potential participant of the study. According to the Hamburg police force, this inclusion criterion was met by 3686 officers across all general police stations, harbor police stations, riot police (which support the police stations), and traffic police. Information about the study for each of the 3686 officers was sent to all police stations and distributed to the officer's mailboxes. Due to the hierarchal and bureaucratic system in the German police, it was assured that every officer received a letter including a cover letter and the questionnaire. The cover letter explained the aim of the study and asked for voluntary participation. Additionally, the questionnaire was provided through the intranet in case some of the officers did not receive a personal letter. Before and during the survey, the study was promoted on the intranet and the Hamburg police journal. Participants were asked to send back the questionnaires anonymously to the University of Applied Sciences of the Hamburg Police Department.

Measurement

The questionnaire involved items regarding gender, age, time spent in service, and unit. On a 5-point Likert scale, the questionnaire assessed (1) frequency of dispatches including contact with persons with mental illness (1 = *never before* to 5 = *several times daily*), (2) frequency of dispatches with conflictual contact (1 = *never before* to 5 = *several times daily*), (3) request for police dispatch, and (4) the main challenges in such situations. Additionally, participants were asked to assess on a 5-point Likert scale (1 = *not true* to 5 = *absolutely true*) the significance of (5) empathy and (6) patience as psychological interventions during dispatches involving a person with a mental health condition as well as (7) their own subjective perception of these encounters (e.g., anxiety). Terms (e.g., conflictual) were not further operationalized to provide a short form of the questionnaire in order to increase support from the police department and officers' individual willingness to participate. The questionnaire can be provided by authors on request.

Data Analysis

Due to the explorative focus of the study, we calculated frequency rates, explorative correlations, and mean comparisons for gender differences.

Results

Sample Characteristics

A total of 958 officers participated in the study (32.3% women). Most participants were between the ages of 35 and 39 years. Mean time spent in service was $M = 17.25$ years ($SD = 12.01$). A total of 868 officers (90.6%) were stationed at police stations, 56 officers (5.8%) at harbor police stations, and 23 (2.4%) were traffic police officers. The police station cohort included 114 (11.9%) riot police officers, as riot police support police station officers under certain circumstances.

Frequency of Dispatches Involving Persons with Mental Illness

The frequency of dispatches involving persons with mental illness is shown in Table 1. A total of 422 officers (44.1%) reported such dispatches multiple times per month. A total of 417 (43.5%) reported conflictual encounters multiple times per month. Two officers (0.2%) reported a strong decrease of the number of dispatches, 4 (0.4%) a slight reduction, 188 officers (19.9%) reported no change, 427 officers (45.2%) reported a slight increase, and 323 officers (34.2%) a strong increase of encounters. There was a positive correlation between dispatches experienced and years in service $r = .19$ ($p < .01$).

Request for Police Dispatch Involving Persons with Mental Illness

Table 2 shows different requests for police dispatch involving persons with mental illness. Individuals needing help as request for police dispatch was the strongest predictor for an intervention ($n = 689$, $\% = 72.2$). Five hundred and three officers (52.7%) reported verbal arguments as a common request for police dispatch. Officers had contact less often with persons with mental health conditions when they responded to calls related to traffic accidents ($n = 15$, $\% = 1.6$) and fare evasion ($n = 60$, $\% = 6.3$).

Table 2 Request for police dispatch with PmI ($N = 954$)

Request for police dispatch	n	%
Need for help	689	72.2
Verbal argument	503	52.7
Threat	436	45.7
Disturbing the peace	429	45
Physical argument	377	39.6
Trespass	280	29.4
Shop lifting	90	9.4
Fare evasion	60	6.3
Traffic accident	15	1.6

PmI persons with mental illness

Subjective Experience of Dispatches Involving Persons with Mental Illness

As shown in Tables 3, 265 officers (27.9%) reported fear during dispatches involving individuals with mental illness. The majority (797; 83.9%) reported feeling not overwhelmed due to these encounters. However, 724 officers (76.3%) stated a lack of knowledge about mental disorders. Less knowledge about psychiatric disorders was associated with an increased fear during dispatches ($r = -.23$, $p < .01$). We tested for explorative gender differences and found that female officers ($M = 2.89$, $SD = .89$) reported less anxiety compared with male officers ($M = 3.10$, $SD = .86$, $t(944) = -3.450$, $p = 0.001$ $d = .24$), but more frequently reported feeling overwhelmed due to the encounters ($M = 2.00$, $SD = .81$) compared with male officers ($M = 1.80$, $SD = .69$, $t(944) = 4.005$, $p = .000$, $d = .27$). Female officers also reported more knowledge about mental disorders ($M = 2.15$, $SD = .89$) compared with male officers ($M = 1.85$, $SD = .83$, $t(942) = 4.972$, $p = .000$, $d = .35$).

Subjective Challenges in Dispatches Involving Persons with Mental Illness

A detailed list of all subjective challenges officers described is presented in Table 4. We conducted chi-square tests to test for gender differences in the challenges. Female officers more

Table 1 Frequencies of usual and conflictual police dispatches with PmI

	Never	Less than once in a month	Several times per month	Several times per week	Several times per day
Police dispatch with PmI (%)	6 (0.6%)	167 (17.4%)	422 (44.1%)	338 (35.3%)	26 (2.6%)
Conflictual police dispatch with PmI (%)	18 (1.9%)	426 (44.7%)	417 (43.8%)	87 (9.1%)	4 (0.4%)

PmI persons with mental illness

Table 3 Subjective experience of PO in dispatches with PmI

	Disagree	Rather disagree	Undecided	Rather agree	Agree
Anxiety of dispatches with PmI	28 (2.9%)	225 (23.7%)	432 (45.5%)	224 (23.6%)	41 (4.3%)
Feeling overwhelmed in the interaction with PmI	305 (32.1%)	492 (51.8%)	132 (13.9%)	19 (2%)	2 (0.2%)
Sufficient knowledge about mental disorders	319 (33.6%)	405 (42.7%)	183 (19.3%)	35 (3.7%)	6 (0.6%)

PO police officers, *PmI* persons with mental illness

often experienced a person's behavior as unpredictable, χ^2 (1, $N = 950$) = 16.349, $p < .001$; however, the relationship was not strong (Cramér's $V = .131$, $p = .000$). Female officers also reported more often feeling challenged by the impatience of their colleagues, χ^2 (1, $N = 950$) = 7.270, $p < .01$, yet this correlation was also not strong (Cramér's $V = .087$, $p = .007$). In addition, female officers showed a tendency to feel more challenged by the helplessness of a person with a mental health condition, χ^2 (1, $N = 950$) = 3.781, $p = .052$. However, the correlation was weak (Cramér's $V = .063$, $p = .052$). In addition, female officers found their own feelings of helplessness more challenging, χ^2 (1, $N = 950$) = 17.147, $p < .001$. The correlation was weak (Cramér's $V = .114$, $p = .000$).

Significance of Psychological Interventions

Officers evaluated practicing patience ($M = 4.39$; $SD = .77$) and empathy ($M = 4.32$; $SD = .82$) during the encounters as important. Female and male officers did not differ in the rating of the importance of patience and empathy ($p = $ n.s.).

Discussion

German police regularly interact with individuals with mental illness. Studies examining the subjective experience of these interactions are rare. This study was conducted with the aim to contribute to an understanding of violent escalations that victimize persons with a mental health condition and to discuss important implications for police training and education. The results underline the high relevance of general knowledge regarding mental illness and different states of mental distress, an ability to perceive and recognize such mental states and use specific communication strategies.

The majority of officers experienced conflictual interactions with persons with mental illness multiple times per month, with the majority reporting an increase over time. To the authors' knowledge, this is the first study introducing a temporal dimension. The positive association with service duration supports this result. Reasons for the increase of such police encounters remain unclear. The prevalence increase of mental disorders in general is estimated to be rather small and mainly related to demographic changes (James 2018; Richter et al. 2019). Results from a

Table 4 Subjective evaluation of challenges in the interaction with PmI with gender differences

	Overall $N = 950$		Female PO $n = 308$		Male PO $n = 641$		χ^2	Cramér's V
	n	$\%$	n	$\%$	n	$\%$		
Unpredictability behavior of the PmI	848	88.5	292	94.8	552	86.0	16.349***	.131
Verbal aggression	548	57.2	173	56.2	373	58.1	0.317	.018
Physical aggression	533	55.6	185	60.1	346	53.9	3.215	.058
Communication difficulties	505	52.7	176	57.1	327	50.9	3.220	.058
Insufficient knowledge about mental disorders	338	35.3	118	38.2	338	35.6	1.485	.040
Helplessness of the PmI	240	25.1	90	29.2	150	23.4	3.781	.063
Spectators	149	15.6	41	13.3	107	16.7	1.781	.043
Impatience of other colleagues	145	15.3	61	19.8	84	13.1	7.270**	.087
Helplessness of other colleagues	81	8.5	36	11.7	44	6.9	6.309*	.081
Time pressure	78	8.1	22	7.1	55	8.6	0.567	.024
Own helplessness	51	5.3	30	9.7	61	5.4	17.147***	.134

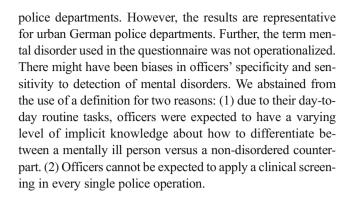*PO* police officers, *PmI* persons with mental illness

$* \leq .05$; $** \leq .01$; $*** \leq .001$

representative German population study do not indicate an increased prevalence of mental disorders (Jacobi et al. 2014). However, the rate of some conditions, such as bipolar disorder or drug dependence, seems to be on the rise (Richter et al. 2019). Other potential reasons could be a reduction in inpatient treatment capacities as well as increased social isolation due to the aging of society. Future research should examine the reasons for the here presented (perceived) increased frequency of police encounters with people with mental illness.

Almost 90% of the officers experienced a person with a psychiatric disorder as unpredictable and irrational. Representative studies show that mental disorders such as schizophrenia or substance abuse are associated with a somewhat higher likelihood for violence (Link et al. 1999). Furthermore, individuals suffering from schizophrenia rather evoke fear in others compared with individuals suffering from a depression (von Lersner et al. 2019). Unpredictability is a strong predictor for fear, which reinforces social distance (Angermeyer et al. 2016). Almost one-third of the officers reported fear during an interaction with a person with a mental disorder. On the one hand, the awareness of fear is an important indicator for dangerous situations. On the other hand, research shows that anxiety can negatively influence cognitive capacity in shooting scenarios, meaning the officers need to compensate for their decreased ability to concentrate (Nieuwenhuys and Oudejans 2010, 2011). In line with priming theory (the perception of a certain stimulus influences the reaction to a subsequent, related stimulus), it can be argued that certain stereotypes associated with people with mental illness increase the proportion of violent behavior. This would be in line with research that shows the impact of prejudices in a weapon identification task (Payne 2001; Rivers 2017). Future research should test the influence of officers' cognitive labeling of a person as unpredictable or mentally ill on their behavior in ambiguous situations. Interestingly, more than 50% of the officers have felt challenged by verbal and physical aggression displayed by a person with a mental health condition. Notably, verbal aggression was perceived at least as challenging as physical aggression. Moreover, 50% of the officers rated problems in communication as challenging.

Limitations

Although this study attempted to conduct a complete survey of the Hamburg police force, the response rate was 26%. This however was expected due to the high workload of the officers. Due to the confidential nature of the sociodemographic data, we were not able to compare our sample with the total population of the police force. It is therefore possible that the data comprises a sample bias. This bias could not be eliminated without compromising a voluntary participation in the study. As Hamburg is one of Germany's biggest cities, the presented results may not be generalizable to all German police departments. However, the results are representative for urban German police departments. Further, the term mental disorder used in the questionnaire was not operationalized. There might have been biases in officers' specificity and sensitivity to detection of mental disorders. We abstained from the use of a definition for two reasons: (1) due to their day-to-day routine tasks, officers were expected to have a varying level of implicit knowledge about how to differentiate between a mentally ill person versus a non-disordered counterpart. (2) Officers cannot be expected to apply a clinical screening in every single police operation.

Implications

Our results emphasizes the importance of teaching communication skills as a relevant part of police education and training with a focus on techniques emphasizing empathy, open questions, and validation. Lipson et al. (2010) recommend the communication technique *Suspended disbelief* in an exchange with individuals with delusions and unusual thinking. From a psychological perspective, this would be classified as a validation technique. Furthermore, in order to decrease stereotypes and social distance, training programs should provide officers with a mandatory opportunity to make interpersonal contact with people with mental health conditions (Wundsam et al. 2007). As we also found that less knowledge about mental health was associated with more anxiety during encounters, it is advisable to include sections in training programs that focus on improving mental health literacy in general (Jorm 2000; Wise, Christiansen, & Stewart, 2019). Future research should evaluate CIT programs in German police forces as one promising approach to improve police responses to people with mental illness (Watson and Wood 2017). CIT training enables officers to better understand behaviors exhibited and respond with psychological interventions such as talking, making an effort to listen, and allowing sufficient time (Canada et al. 2012). Advisable are scenario-based training programs where officers learn communication skills, empathy, and de-escalation skills (Krameddine and Silverstone 2015). This is in line with other research that emphasizes a less authoritarian appearance and communication style (de Tribolet-Hardy et al. 2015).

Compliance with Ethical Standards

Disclaimer The Hamburg Police Department had no further involvement with regard to study design, analysis or interpretation of the data, writing process, or submission of the article.

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