The Importance of Co-Response Mental Health Teams to Improve Interactions Between Police and Persons with Mental Illness

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Introduction

- Police contacts with persons with severe mental illness (SMI) have been increasing since the deinstitutionalization movement (Hollander et al., 2012); some of these contacts are fatal (DeGue et al., 2016).
- Between 7% to 31% of all police contacts in North America are with people with SMI (Blais et al., 2020; Hollander et al., 2012; Livingston, 2016; Shapiro et al., 2015).
- 20% to 50% of fatalities by police involved a person with SMI (DeGue et al., 2016).
- Thus, researchers have been investigating ways to improve police contacts with individuals with SMI, including use of co-response teams, and increased officer training in mental health (Blais et al., 2020).
- Co-response mental health teams (CRMHT) result in lower rates of critical incidents by police thereby leading to improved officer mental health and fewer mental health apprehensions and less criminalization of SMI.

Current Research

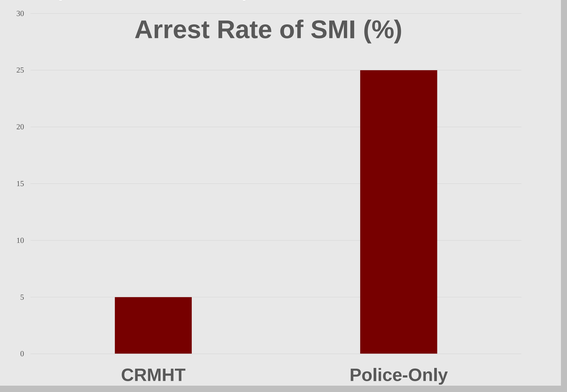
- Police are often the first point-of-contact in the community with SMI and have become the front-line gatekeepers to mental health supports and services (Blais et al., 2020).
- Police do not have sufficient training in supporting people with SMI, therefore communities and law enforcement have responded by implementing specialized CRMHT (Shapiro et al., 2015).

Current Research (Cont'd)

- The co-responder model varies widely by region but is typically composed of a mental health clinician teamed with police officers trained in mental health who respond to emergency calls with people with SMI (Shapiro et al., 2015).
- The team aims to improve contacts with those with SMI by providing de-escalation, increasing community linkages and supports, removing pressure from the criminal justice system and the health care system, and are economically viable (Shapiro et al., 2015).

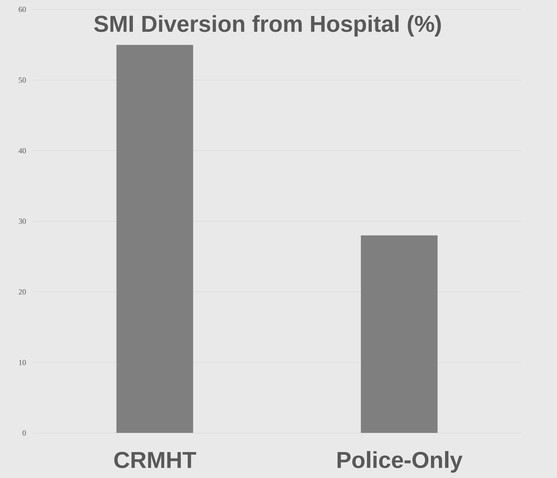
Proposed Interventions

- Research has shown that CRMHT have several positive benefits: improve police interactions, reduce use of force with people with SMI, reduce time police have to spend on calls, increase cost-effectiveness, improve perceptions of the police by the community and people with SMI, and result in less critical incidents by police (Blais et al., 2020; Shapiro et al., 2015).



Proposed Interventions Cont'd

- CRMHT also reduce the overall incarceration rate of SMI in the justice system and provide more linkages to services for SMI (Shapiro et al., 2015).



Forensic Implications

- Forensic psychologists, especially those who oversee CRMHT, can increase officer crisis intervention training that aims to reduce aggressive and confrontational approaches with people with SMI (Borum, 2000).
- Training should also focus on educating about mental illness, teaching compassion, and reducing bias towards SMI (Wood & Watson, 2017).
- Less critical confrontations will decrease officer stress, burnout, trauma, pressure, and increase confidence (Borum, 2000).

Forensic Implications (Cont'd)

- Attorneys should be aware of this research because utilizing CRMHT will reduce the criminalization and overall incarceration rates of people with SMI (Scott et al., 2000), thereby reducing pressure on the court systems (Shapiro et al., 2015).
- CRMHT also reduce apprehensions of people with SMI under the mental health act (Dyer et al., 2015; Heslin et al., 2016), which will free up time for attorneys to focus on other cases.

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