Honors Thesis Proposal

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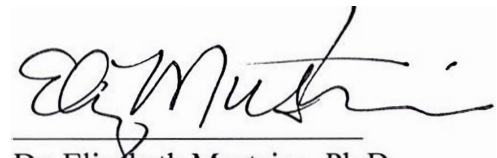
Views of Reality: Perceptions of Police

Responses to Mentally Ill People
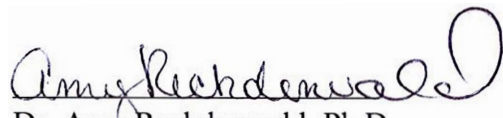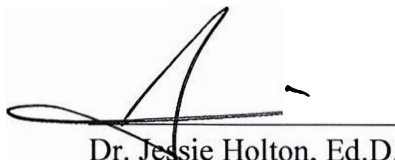
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Introduction

      People, including police officers, tend to form negative perspectives about diverse groups of people, especially if certain individuals stand out as "different" from the norm. The current study aims to explore this phenomenon by focusing on how Facebook users perceive the interactions that take place between mentally ill individuals and law enforcement officers. The question comes down to whether having some type of mental disorder can affect the perception people may have about how police may respond to situations involving the mentally ill. According to the labeling theory, by labeling someone as "deviant", this can drive them to engage in deviant behavior. Therefore, the response of the label is the influential factor rather than just the deviant act itself. When it comes to criminality, labeling theory argues that labels are applied by those with power to those without power. Those that have that power, such as the court system, police, and other officials use laws to determine those that are deviant or non-deviant. Labels among individuals may vary given the interpretation of these laws by those in power.

      What is interesting about this theory is that deviance is not solely related to just criminal acts but really towards any behavior that is considered out of the norm given the social context. So, the behavior of someone that has a mental disability may be considered "deviant" if people perceive it violates typical social norms. The way in which an officer may respond to that label of "mentally ill" can influence their decision-making process in certain situations. So, based on this theory, it is hypothesized that the experimental group will view police response more negatively than the control group. In other words, the experimental group won't attribute as much measures such as victim blaming knowing individual in excerpt is mentally ill compared to the control group. Research discussed below has indicated different ways in which people define

mental illness, police-training models used to approach cases involving mentally ill individuals, and the results of these interactions that have raised awareness.

Literature Review

Definitions/Perspectives of Mental Illness

Not everyone views mental illness in the same way due to different experiences and beliefs. Decades ago, there was a controversy about the definition of mental illness and how to treat it. From the perspective of a psychoanalyst in the twentieth century, Szasz (1974) argued against labeling psychological conditions as mental "diseases". He also questioned the legitimacy of applying these labels to certain individuals. An example of this was Jean-Martin Charcot's (1825-1893) hysteria patients which the author quoted, "Most of Charcot's hospitalized patients, whether those with or without organic neurological diseases-and, as we shall see, it was often extremely difficult to make this distinction at the time-were hospitalized not so much because they were sick but because they were poor, unwanted, or disturbing to others" (Szasz, 1974, p. 18). Szasz wanted to point out that deviance, or out-of-the-norm behavior, should not be labeled as a mental illness like in this case with hysteria. He believed the physical and mental aspect should have been separated.

In Dixit's (2005) study on the meaning of mental illness in a social framework compared to what is scientifically understood, he identified a variety of mental illness categories from the data collected from 36 engineers. Although the sample was small and lacked education diversity, the findings revealed that mental illness was still associated with criminal behavior and deviance (Dixit, 2005). According to the study, a mentally ill person was perceived as "different from normal human being", "distant from society", and "harming the society as a whole" (Dixit, 2005, p. 9). These attributions were stated in relation to the social definition of mental illness; however,

the participants were able to differentiate between physical illness and mental illness in their writings where most believed that bodily sickness was easier to detect or cure while psychological illness was harder to cure and not as easy to identify (Dixit, 2005). This is similar to what Szasz (1974) was referring to in regard to the distinction between physical sickness and a true "illness" of the mind.

In relation to Dixit's (2005) study demonstrating that mental illness could be viewed as a form of social deviance, Lucksted and Drapalski (2015) argued how society's stigmatization can affect a person's self-concept if they have some kind of mental illness. Specifically, they discussed the effects that self-stigma can cause, such as a decreased sense of recovery, reluctance to participate in treatment, loss of hope, and other side-effects that are formed when people have negative connotations about mental illness (Lucksted & Drapalski, 2015). Comments or phrases that carry a certain stigma, such as those made by the students in Dixit's (2005) study that point out their difference in society, could be internalized and lead to more self-harm, according to Lucksted and Drapalski (2015). They suggested strategies to address this problem in ways that can prevent, reduce, or even remove self-stigma from the label "mentally ill". An example of how societal stigmatization can manifest is apparent in Salzer's (2012) comparative study between college students with a mental illness and the general student population. With the use of surveys, responses from 449 mentally ill students were analyzed to assess their relationships and campus experiences compared to a sample of general students (Salzer, 2012). Just as the author hypothesized, findings indicated that students with a mental illness had less engagement on campus and poorer social relationships which resulted in lower graduation rates (Salzer, 2012). This study demonstrates how the stigma of mental illness can affect other aspects of people's lives, such as education and socialization.

Interestingly, another study by Rusch, Evans-Lacko, and Thornicroft (2012) demonstrated contradictory results in their research on the effects of public views towards people's attitudes and disclosure about mental illness. More specifically, their findings through survey data analysis showed positive attitudes when classifying major psychiatric disorders as mental illness and greater intentions to disclose; while revealing negative attitudes and fewer intentions to disclose to family/friends when classifying stress-related/behavior-related conditions as mental illness (Rusch, Evans-Lacko, & Thornicroft, 2012). Unlike Salzer's (2012) study where college students were affected negatively by the stigmatization of mental illness, Rusch et al.'s (2012) study supported the idea that a better understanding of mental illness can increase positive attitudes therefore lessening the stigma of being mentally ill. Instead of assuming all mentally ill individuals are "crazy" and "unstable", improved knowledge on the definition of psychological disorders was shown to help decrease negative typecasts.

Relative to stereotypes, which are likely to result from labeling, Meloy (2014) described several myths people typically associate with mass murder. Among the seven misconceptions about this type of murder, the second myth claims that these killers could be divided into "psychotics", "depressives", and "psychopaths" (Meloy, 2014). Meloy argued that mental disorders cannot be simply classified into one category because they range in complexity that sometimes overlap with other areas of psychology, such as a mix of both mental and personality disorders. When a person with a mental illness is automatically thought of as a "psychopath", people typically presume they are violent and dangerous. Monohan (1992) further questions this relationship using epidemiological research. After examining some of the evidence that researchers and the public have gathered from the association between violence and mental illness, Monohan analyzes this by looking at it from two perspectives; violence among mentally

ill people and mental illness among people engaging in violent behavior. The first viewpoint looked at the frequency of violence committed by mental patients before, during, and after being hospitalized (Monahan, 1992). For the second perspective, Monahan (1992) used the example of determining mental illness among people that are receiving the consequences for their violence in places like jail and prison. With this in mind, the author asserts that there must be some form of relationship between violence and mental illness.

Police-training Models and Approaches

Following the link between violence and mental illness, it's important to examine what kinds of tactics the police use to respond to situations involving mentally ill people. Chappell and O'Brian (2014) briefly examined how police response strategies have evolved over some time in a way that has recently become more systematically analyzed through research. People realized around the nineteen sixties that police interactions with the mentally ill could escalate to violent and even deadly force if there was no proper approach to go by. Since then, various kinds of policing models have emerged when police recognized that they had to cooperate with mental health specialists in addition to the justice system for these kinds of cases (Chappell & O'Brian, 2014). One of the policing models that emerged was the Memphis Crisis Intervention Team (MCIT) program, which essentially paired trained officers with mental health professionals to improve encounters with mentally ill individuals (Chappell & O'Brian, 2014). According to Martinez (2010), the first Crisis Intervention Team (CIT) model was created in Memphis, Tennessee during the nineteen eighties (p. 170). Steadman and Morrissette (2016), as well as other researchers, also confirm this in their studies. This helps explain where the current model originated from which nowadays, has become very widely used based on most research.

Watson and colleagues provide a more in-depth analysis on what the CIT model consists of, including its efficiency and application; which they refer to as a multi-level conceptualization of this model (Watson, Morabito, Draine, & Otatti, 2008). The CIT approach involves 40 hours of specialized training in mental health and legal matters for volunteer patrol officers to effectively assess cases involving mental illness (Compton, Broussard, Reed, Crisafio, & Watson, 2015; Watson et al. 2008; Watson et al. 2010). This way, police have prior skills in advance before responding to scenarios like a dispatch call for instance (Watson et al. 2008). Research also mentions de-escalation training as an example of a skill taught in the CIT model and that the program requires a specific mental health drop-off center to evaluate any person police officers bring in (Martinez, 2010; Steadman & Morrissette, 2016). Some of the benefits that come with this model, as Watson et al. (2008) described, are maintaining community safety, redirecting persons from jail, improving the individual identifying with mental illness, and other positive effects. From the conceptual stance of the implementation of the CIT, research supports that it should be able to decrease the need for physical force by police, improve officer skills in encounters with mentally ill persons, decrease events of arrests, increase access to mental health treatment, and diminish the occurrence of injury to both the police and mentally ill person involved (Watson et al., 2008). The overall study suggests that with this conceptualization model of the CIT and additional research on police interaction with mentally ill people, police-training strategies can continue to improve and develop new approaches.

Furthermore, in their study of CIT effectiveness, Watson et al. (2010) wanted to analyze one of the major purposes of this model, which is to divert mentally ill persons from the criminal justice system. After gathering patrol officer's call outcomes data from different police districts in Chicago, results showed that CIT trained officers directed a greater number of mentally ill

persons to mental health services compared to non-CIT trained officers (Watson et al., 2010). Findings also proposed that these CIT trained officers were more likely to promote the direction of mental health services when having positive views on mental health resources, especially with prior experience or familiarity with mental illness. However, results did not show a decrease in arrests after CIT implementation (Watson et al, 2010). The study admits that one reason for this may be that since several officers acknowledged through interviews that they do not arrest mentally ill people, the question is whether these volunteers perhaps felt some kind of inclination based on their personal experience or understanding of mental illness that may had impelled them to become CIT trained officers (Watson et al., 2010). The authors recognized that there is room for improvement by giving an example such as increasing the accessibility of the mental health system in order to enhance police-training tactics (Watson et al., 2010).

Along with the popular CIT model, Martinez (2010) also discusses two other major models that police use to respond in cases involving mentally ill individuals as well as examples of different U.S. police departments that have implemented some of these models. One approach he discussed is the Mobile Crisis Team (MCT) model where a behavioral health expert assists police officers at the scene; however, unlike the CIT model, officers do not make decisions regarding the mentally ill person on their own but rather in collaboration with a clinician that works professionally with the police department. The other response plan is the Community Service Officer (CSO) model which involves a six week police-training program for applicants with previous experience in social work and after that, they help police at the scene with calls related to mental health. The difference between this model and the MCT, is that a CSO is an employee of the police department instead of just a mental health specialist. In general, the

author speculates on whether or not these approaches are sufficient enough to provide police officers the skills they need to correctly aid individuals with a mental illness.

In order to get a better insight as to what police may think about the CIT program, Compton et al. (2015) gave two surveys to 171 sheriffs/chiefs and 353 police officers in Georgia with questions related to this model. One of their hypotheses was that CIT-trained officers would have less work burnout and more job satisfaction than non-CIT trained officers which their results did not confirm. According to the study, some of the problems of executing the CIT model that sheriffs and chiefs observed were that it was not easy for officers to take time away from typical work for training, the cost, inadequate access to mental health resources, and not having a bigger task force (Compton et al., 2015). Their findings did, however, support their other hypothesis that CIT-trained officers would be less likely to use force in response to a vignette where a man is described as having a psychotic disturbance. This shows how the CIT model can diminish officer's use of force in cases involving mental illness even if Watson's et al. (2010) study did not show any decrease on arrests. Taking into consideration what some of the officers thought about this program, researchers agree that their needs to be more research on how to better improve police-response tactics.

Steadman and Morrissette (2016) focused on this subject by asking how to go beyond CIT training and looking at what needs to be done to make this model more effective; because even though Watson et al. (2008) discussed how the CIT approach should be decreasing events of arrests, the results from Watson's et al. (2010) study in Chicago proved otherwise. Instead of just concentrating on what strategies police need to use to deescalate a situation involving a mentally ill person to make appropriate decisions, Steadman and Morrissette (2016) argued that there should also be a focus on bettering the relationship between police and behavioral health

providers. These specialists devise and apply crisis care services which are used to treat psychological symptoms. With law enforcement and mental health services working together more effectively, perhaps this could provide positive results for the community in general. Another example of how to enhance police-response strategies are given by Newcombe (2014) in his research on predictive policing. Some of the advantages discussed about this method through technology include: improved accuracy of profile matching, advanced predictions of times/places where crimes might occur as well as crime victims, and other valuable data. With better control over the policies behind technology used for predictive policing, this can be a very useful tool to obtain crime data analysis. If successful technology can provide information beforehand on whether or not criminal offenders have a mental illness, this can help police predict what to expect and therefore respond accordingly.

Outcomes of Police Interactions with Mentally Ill Individuals

As mentioned earlier in Monohan's (1992) study, they gave an example of how mental illness can be looked at among people in jails/prisons that are already receiving the outcome of their violent behavior. Lamb and Weinberger (1998) further discussed the number of mentally ill people that are imprisoned instead of receiving proper mental health treatment. They used data from different references to discover that the percentage of offenders in jails/prisons had poor functioning and chronic mental illness; and that a greater number of mentally ill offenders were arrested compared to the overall population. Considering that Watson's et al. (2010) more recent study showed that the CIT police-response model did not decrease arrests among mentally ill persons, this shows how a little more than a decade ago there was a large amount of mentally ill persons arrested and incarcerated than offenders that were not mentally ill (Lamb & Weinberger,

1998). So with or without the CIT program, arrests of mentally ill persons were and still are an issue.

Another study analyzed whether a number of certain factors such as previous violent encounters, substance abuse, and diagnosis of mental disorder had an effect on situations where police force was used (Kesic & Thomas, 2014). After analyzing over 4,000 police cases that involved force to determine what distinguished violent from non-violent behaviors, results indicated that amongst other characteristics, police perceptions of apparent mental illness was one influential factor that increased the likelihood of violent behavior against police when force was used (Kesic & Thomas, 2014), suggesting that violence in force situations may increase if police perceive an evident mental disorder.

In regards to arrests among mentally ill people, Mulvey and White (2014) questioned whether police force and suspect resistance were more likely to take place in arrest incidents with mentally ill suspects. With data from interviews with 942 participants that were recently arrested by police in Arizona, results supported a link between increased resistance against police and mental illness (Mulvey and White, 2014). This demonstrated that police may respond to mentally ill suspects differently than other suspects as Kesic and Thomas's (2014) study pointed out through evidence that police force increased when a mental disorder was perceived. Schulenberg's (2016) research on the decision-making process of police when dealing with mentally ill offenders is another example that supports the notion that these persons receive higher rates of arrests, police contacts, and criminal charges for noncriminal behavior and minor offenses. Through observational data collected in Canada, findings showed a greater likelihood for mentally ill individuals to receive a citation. This may imply an inherent bias that reinforces criminalization of the mentally ill. Schulenberg also notes that with better collaboration between

the criminal justice system and mental health resources, police decision-making strategies may improve.

Ultimately, researchers agree that there needs to be more research on ways to improve encounters between police and mentally ill individuals. Margolis and Shtull's (2012) research is an example on how the severity of mental illness on campus has raised awareness on what police strategies and information are needed to effectively respond to these situations. According to the study, "Although most people with mental illness are not violent, some individuals with mental illness do become agitated and act out dangerously, to themselves or officers, especially when alcohol and drugs are involved" (Margolis & Shtull, 2012, p. 318). Campus police officers must adapt to their environmental context in order to properly handle situations involving mental illness because of other factors like alcohol which are known to be popular on campus.

Although the current study section has investigated different types of perspectives people may have about mental illness, there is a lack of understanding of how people believe police will or should respond to situations involving mentally ill individuals based on their definitions of a mental disorder. The study intends to bridge this gap in the literature by using survey analysis to see how people actually apply their perceptions of mental illness to what they believe police should and will respond given a short vignette of a confrontational scenario. While Kelsic (2014) demonstrated that police have a greater likelihood of violent behavior when mental illness is evident, limited research actually shows the effects of how people in general may believe police will respond if they recognize a mental illness or not.

So even though research supported that public views on mental illness do affect police-response training methods, the literature only revealed the effects of this from the police perspective. It's important to see how people's opinions and ideas about mental illness directly

impact their perspective on how police may respond to these situations. The hope is that results from this study will advance knowledge about public opinion of mental illness and police involvement.

Methodology

Data. The current study uses quantitative data. Initially, data is collected using a convenience sample to gather respondents, but then respondents are randomly assigned to two conditions: the experimental condition (excerpt A) and control condition (excerpt B). The experimental group is manipulated by including the phrase "with a mental disorder" in excerpt A. That phrase is then omitted in the control group, excerpt B.

Variables. The independent variable is perceptions of mental illness that is measured in six dimensions: victim blame, suitable for treatment, law enforcement response, scariness, dangerousness, and delinquency. A Likert scale between 1 and 7 is used to measure victim blaming in the statements indicating that the individual is to blame for his issues. The same scale is used to measure if suitable for treatment in the statement, "I think this individual would likely benefit from counseling". The Likert scale is also used to measure delinquency in the question that states, "This individual is a delinquent and should be treated as such". A scale from 1 through 7 measures how scared participants would feel if they saw this person on the street. The same scale is used to measure sense of danger from this individual. The dependent variable is perceptions of police response in a criminal scenario. The question of running into trouble with the law on a scale from 1-5 measures law enforcement response and was drawn from the AMIQ questionnaire where only the name "Bill" was switched with "this individual" for the survey. The same likelihood scale is used to measure how likely participants think this person will be

directed to mental health services which also measures law enforcement response. The control variables include the demographic questions which pertain to age, race/ethnicity, and sex.

Strengths/limitations. One of the strengths of the measures is that participants will not be able to go back to the excerpt to identify any form of mental illness. I can also see whether or not the participants remember or recognize an apparent mental disorder in the excerpt and analyze how they respond to the survey questions. This can help determine what the general consensus about mental illness is and what pre-conceived notions affect the response participants give. However, its limitations are that the survey questions may imply that the excerpt concerns mental illness which may give away that manipulating factor. It also does not take into account other variables that may affect or influence participant's responses. While surveys tend to be reliable, they may not consider participants lying. Also, surveys help collect direct answers but it is possible that a more in-depth interview would have formed a better analysis of what participants feel about the topic.

Method of Research. This study intends to use online surveys sent through the Qualtrics website. There are a total of ten survey questions, seven related to the excerpt and three for demographics. The survey uses the Likert scale and a similar 1-5 scale to measure participant's responses based on personal opinion, experience, or ideas.

Research Design. The current research uses a cross-sectional experimental design. A link will be dispersed throughout social media, specifically Facebook, that direct respondents to the survey. The advantages of this design are that the independent variable in the experimental group can be manipulated in order to compare that to the control group and social media is a convenient way to find participants. However, the disadvantage is that it measures data at a specific point in time.

Population/sample/units of analysis. The study sample is expected to be 300 participants, 150 in the experimental group and 150 in the control group. The population includes anyone 18 or over. Excerpt A respondents would be compared with excerpt B respondents on all survey questions to see if they differ. For example, if people in the experimental group viewed police to be harsher than the control group, I would then be able to attribute that to the fact that the individual in excerpt A had a mental illness and reason that people view police to have a harsher response to people with mental illnesses.

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Survey

1) What is your age? _____

2) What is your sex?
    o Male
    o Female
    o Other
    o Decline to state

3) What is your race or origin?
    o White
    o Hispanic, Latino, or Spanish origin
    o Black or African American
    o American Indian or Alaska Native
    o Asian
    o Native Hawaiian or other Pacific Islander
    o Some other race or origin

The following excerpt will describe a scenario about a specific situation. Please choose the answer that best reflects your opinion.

Excerpt A: A 20-year old male with a mental disorder is in the middle of the street screaming. The neighbors call in a disturbance and the police arrive there shortly after. The police are concerned he will hurt himself or others.

1) On a scale of 1 to 7 (1=not at all dangerous to others and 7=extremely dangerous to others), how would you rate this individual's behavior?

    1 – Not at all Dangerous

    2

    4

    4

    5

    6

    7 – Extremely Dangerous

2) On a scale of 1-7 (1=not at all scared and 7=extremely scared), how scared would you be if you saw this person in the street?

1 – Not at all Scared

2

3

4

5

6

7   – Extremely Scared

3) How likely do you think it would be for responding officers to direct this individual to mental health services?

   Very likely □ Quite likely □ Neutral □ Unlikely □ Very unlikely □

4) How likely do you think it would be for this individual to get in trouble with the law for his behavior?

   Very likely □ Quite likely □ Neutral □ Unlikely □ Very unlikely □

Please rate your agreement to the following statements (1=strongly disagree, 7=strongly agree):

5)   I believe this individual is to blame for his problems.

   1   2   3   4   5   6   7

6)   I think this individual would likely benefit from counseling.

   1   2   3   4   5   6   7

7)   This individual is a delinquent and should be treated as such.

   1   2   3   4   5   6   7

Survey

1) What is your age? _____

2) What is your sex?
   o Male
   o Female
   o Other
   o Decline to state

3) What is your race or origin?
   o White
   o Hispanic, Latino, or Spanish origin
   o Black or African American
   o American Indian or Alaska Native
   o Asian
   o Native Hawaiian or other Pacific Islander
   o Some other race or origin

The following excerpt will describe a scenario about a specific situation. Please choose the answer that best reflects your opinion.

Excerpt B: A 20-year old male is in the middle of the street screaming. The neighbors call in a disturbance and the police arrive there shortly after. The police are concerned he will hurt himself or others.

1)   On a scale of 1 to 7 (1=not at all dangerous to others and 7=extremely dangerous to others). how would you rate this individual's behavior?

   1 – Not at all Dangerous

   2

   3

   4

   5

   6

   7 – Extremely Dangerous

2)   On a scale of 1-7(1=not at all scared and 7=extremely scared), how scared would you be if you saw this person in the street?

   1 – Not at all Scared

   2

   3

   4

   5

   6

7 – Extremely Scared

3)   How likely do you think it would be for responding officers to direct this individual to mental health services?

Very likely □ Quite likely □ Neutral □ Unlikely □ Very unlikely □

4)   How likely do you think it would be for this individual to get in trouble with the law for his behavior?

Very likely □ Quite likely □ Neutral □ Unlikely □ Very unlikely □

Please rate your agreement to the following statements (1=strongly disagree, 7=strongly agree):

5)   I believe this individual is to blame for his problems.

1   2   3   4   5   6   7

6)   I think this individual would likely benefit from counseling.

1   2   3   4   5   6   7

7)   This individual is a delinquent and should be treated as such.

1   2   3   4   5   6   7