

Themis: Research Journal of Justice Studies and Forensic Science

Volume 9

Article 4

5-2021

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Recommended Citation

Spatzer, Jacklyn (2021) "Policing and Mental Health: The Current Criminal Justice Approach to a Public Health Issue," *Themis: Research Journal of Justice Studies and Forensic Science*: Vol. 9 , Article 4. <https://doi.org/10.31979/THEMIS.2021.0904> <https://scholarworks.sjsu.edu/themis/vol9/iss1/4>

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Abstract

One source of unrest in modern society is the traditional criminal justice approach towards mental health issues, made evident by public protests and media highlights of police brutality. While public perceptions of mental health issues evolve, law enforcement interactions show failures to implement nuanced avenues to protect people undergoing crises. This paper examines the relationship between law enforcement and public health issues to develop more efficient avenues than those currently in place. All involved parties experience negative consequences when police departments bear the responsibility for addressing public health issues. Lack of police training in mental health disturbances and scarcity of alternative resources leave those suffering from underlying issues in the jail and prison systems without support. Legislation targeting drug-related crimes harms individuals suffering with addiction that would benefit from recovery support systems. Mentally ill and homeless individuals witness these downfalls as well. Law enforcement currently plays a vital role in these discrepancies and requires change. The potential trauma inflicted by police encounters can benefit from implementing mental health positions within police departments. Possible alternatives for police to steer people away from the criminal justice system include diversion programs and supportive housing initiatives.

Keywords

mental illness, homelessness, addiction, incarceration, public Health

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One source of unrest in modern society is the traditional criminal justice approach towards mental health issues, made evident by public protests and media highlights of police brutality. While public perceptions of mental health issues evolve, law enforcement interactions show failures to implement nuanced avenues to protect people undergoing crises. This paper examines the relationship between law enforcement and public health issues to develop more efficient avenues than those currently in place. All involved parties experience negative consequences when police departments bear the responsibility for addressing public health issues. Lack of police training in mental health disturbances and scarcity of alternative resources leave those suffering from underlying issues in the jail and prison systems without support. Legislation targeting drug-related crimes harms individuals suffering with addiction that would benefit from recovery support systems. Mentally ill and homeless individuals witness these downfalls as well. Law enforcement currently plays a vital role in these discrepancies and requires change. The potential trauma inflicted by police encounters can benefit from implementing mental health positions within police departments. Possible alternatives for police to steer people away from the criminal justice system include diversion programs and supportive housing initiatives.

Keywords: *Mental Illness, Homelessness, Addiction, Incarceration, Public Health*

Introduction

In recent years, police misconduct and the absence of accountability for that misconduct have exemplified key factors in police-related controversies. Media outlets and public protests actively demonstrate the deteriorating relationship between civilians and officers on a variety of social issues. The topic of policing and mental health has gradually developed ample research. Current systems and potential alternatives face scrutiny due to increases in public knowledge of contacts between police and mentally ill individuals, resulting in an unprecedented challenge to the criminal justice system. Officers strive to maintain public order by employing standard policing tactics, including when encountering people experiencing mental health crises. The experienced state of psychological distress often impedes an individual's ability to act competently; policing efforts commonly exacerbate this volatile state.

The incarceration of those experiencing mental health issues represents a failure to address underlying problems that ultimately contribute to mass incarceration and high recidivism rates. These factors require a vast amount of research to understand how society addresses mental health issues within the criminal justice system and what policies and programs can improve this situation. This paper explores policing and mental health by examining current policing procedures, or the lack thereof, as they relate to addiction, mental illness, and homelessness. Additionally, an analysis of this information for potential policy implications may help improve interactions between police and mentally ill individuals, as well as overall crime rates.

There are many aspects of this topic to consider when investigating the complex relationship between police and persons with mental illnesses. Policing in the United States takes on many

roles due to the assortment of crises arising from emergency service calls. From violent crimes to suspicious circumstances, law enforcement responds to any issue that requires immediate attention or follow-up. Officers are under undue pressure to act as social workers, law enforcers, and peacekeepers (Huey & Ricciardelli, 2015). Law enforcement's fundamental expectation is to maintain law and order in society; however, the situation they are placed in to uphold this expectation often varies from straightforward crimes to public health crises. With an absence of other options immediately available, the public relies on emergency services, and consequently law enforcement, to handle abnormal and fear-provoking situations. The need for assistance in ambiguous circumstances, in turn, places demands and expectations on officers that they did not necessarily sign up for (Huey & Ricciardelli, 2015). Political agendas can further incite excess stress on law enforcement, such as the War on Drugs campaign and legislation relying on police intervention for public health issues.

The War on Drugs campaign catalyzed the establishment of strict legislation for drug offenses. Decades of hyper-fixation on drug offenses and the accepted solution of excessive incarceration sentences overwhelmed the United States prison system and culminated in an unconstructive relationship between the criminal justice system and addiction. Arrests for intoxication or possession create a bleak cycle absent of restorative or rehabilitative practices, forcing officers to spend time and energy on a needlessly revolving issue (Warner and Kramer, 2009). The criminal justice system only addresses the legality of drug offenses, with few other mechanisms in place to address underlying mental health aspects that drive such behaviors. This deficiency is evident in police encounters with mentally ill and

homeless persons. Individuals in psychological distress or an altered mental state often face intensified anguish from contacts with law enforcement, which can even result in aggressive confrontations (Wood, 2020).

Rather than placing blame or condemning any one group, this analysis seeks to depict the current conditions, with the hope of providing suggestions for improvement. The established police training and procedures target legal issues, and public health issues arose without other available options to address them. These public health concerns were pushed towards the criminal justice system by political representatives who held little comprehension of mental illness, the fundamental issue, nor was it their primary concern. Contemporary research and advocates amended this perspective, but the systems used to address them have not appropriately progressed. Improved solutions to current obstacles rely on examining the relationship between public health issues and their involvement in the criminal justice system.

Police Training and Procedures

To better understand the relationship between police and public mental health issues, it is critical to grasp the training and procedures currently in place. In the United States, this represents a challenge, as policing is not a centralized institution. Departments differ across cities, districts, and states regarding training, applicant requirements, and set procedures. Training to become a police officer usually involves time spent in an academy. The police academy's emphasis tends to favor physical training such as the use of firearms or self-defense (Blumberg et al., 2019). The physical aspect of training is vital for officers to protect both themselves and others. Recruits coming in may not have had any type of physical training in this manner, so this emphasis is understandable. Additionally, recruits receive

education in legal matters, so they are aware of violations and correct procedures to handle such situations. This combination of training in the police academy creates a dynamic of physical training and classroom work.

Today, while not required, more officers hold college degrees than ever before (Cordner, 2019). A four-year degree promotes career mobility in specialized fields, in addition to broadening one's perspective on social issues. Support is growing to establish a college degree as part of the job requirements (Cordner, 2019). The amount of time and specific objectives in preparation for a career in law enforcement are not uniform since academy training varies by location. While it is typical that academy training lasts several months, this time frame can be anywhere from three to six months (Cordner, 2019). After academy training, recruits move to hands-on experience working with other experienced officers. This mentorship period gives recruits practical experience with assistance from an experienced officer teaching and supervising them. There is a lack of universal protocol between departments on this mentorship portion (Cordner, 2019). These components of training allow for recruits to develop specific skillsets targeting legal violations and issues of safety.

There is a limited amount of published information regarding the kind and amount of mental health training officers receive. The educational components of police training allow officers to make knowledgeable and just enforcements of legal statutes. Developing a foundation of legal standards is important, but this leads to a deficiency in awareness of societal and public health issues; that deficiency is due to laws representing a solution where continuing education is no longer required. The focus on current statutes and the minimal inclusion of mental health issues limits law enforcement's awareness and ability to effectively address

mental health issues. Given the current ways police handle mental health issues, a continued awareness and education are crucial. When situations require more than the preservation of law and order, police officers' step into social worker or peacekeeping roles (Huey & Ricciardelli, 2015). People who frequently interact with police have a high probability of experiencing underlying mental health concerns or falling into groups that experience institutionalized discrimination or racism (Hacker & Horan, 2019; Beckett et al., 2006). Outside of any underlying mental disorders, these occurrences can stimulate negative emotional responses. For individuals facing increased contact with police due to discrimination or racial factors, symptoms of anxiety can arise, in addition to negative perceptions of law enforcement. While this is not to detract from police officer's roles, it speaks to the potential for improved procedures to replace those currently in place (Geller et al., 2014).

Departments across the United States are trying to improve the deficit in education by developing new job positions and enlisting trained professionals in social service-related fields (Kane et al., 2017). Once more, this progression differs between police departments, but the overall objective is consistent. Creating advocacy, crisis teams, and other victim service roles on call within police departments provides officers with more resources to aid individuals in distress while removing the added pressure of these unfamiliar roles (Kane et al., 2017). It is important to note that while this paper's focus is on civilian's mental health, the mental health of law enforcement personnel is another critical aspect of these interactions. This profession is intense and requires above-average care of employees to ensure reliable and efficient operations (LaMontagne et al., 2016).

Common Mental Health Related Issues in the Criminal Justice System

Addiction

Drug-related offenses have an intricate relationship in the criminal justice system. Past policies and agendas have held a firm stance against all drug-related offenses. While the systemic objective of eliminating drug-related crimes appeared valid, the execution and result show an undeniable shortcoming in the desired outcomes (Beckett et al., 2006). The frequent incarceration of individuals who commit minor drug offenses or suffer from drug addictions, without any attempt to resolve their underlying issues, exacerbates the mass incarceration problem in the United States. The prison system then acts as a warehouse to separate these individuals from society and release them without further assistance. This punitive approach can be seen across drug-related offenses, not confined to any one illicit substance, though the type of substance can affect police interactions. For example, there are higher drug arrests in low-income communities involving crack because of the availability and cost. The absence of alternative sentencing measures results in incarceration being the primary punishment method and no resources available to aid individuals upon release. Drugs of a higher severity receive longer sentences, again without any treatment programs to treat addictions. From first-time offenders to hardened addicts, drug offenses represent a public health concern and criminal justice issue. Policing of drugs and addiction is less concerned with de-escalating chaotic situations and more concerned with removing drug users from communities. Due to the illegal status of substances, arrests become mandatory, causing the legal system to become clogged with drug offenses.

Additionally, there is a link between drug offenses and issues in police misconduct and accountability. Media outlets commonly highlight cases where police discretion and profiling occur with concentrated drug arrests. Numerous instances of racial profiling related to drug offenses emphasize the framework that law enforcement has operated under for decades (Javaid, 2015). Many protests and outcries against police departments are the product of contemporary perspectives on these policing issues. Although related to issues with racism, police culture also has roots in the War on Drugs movement. The legislative explosion that took a strict stance against drug use unjustly caused low-income minority communities to face significant mistreatment compared to the white middle to high-income communities, an issue that persists today (Beckett et al., 2006). For example, a study of the Seattle area conducted by Beckett et al. (2006) uncovered an overrepresentation of Black individuals involved in drug-related arrests. Factors such as the police emphasis on drug offenses related to specific drugs and resource allocation in minority communities contribute to this inequality. The study aids in displaying the links between racism in policing and drug offenses that are overwhelming the criminal justice system.

Progress is occurring in the modification and improvement of racially charged policing tactics, though racial tensions persist. Mass incarceration represents the racist undertones present in the criminal justice system, via the overrepresentation of minorities in prisons. Race is a necessary factor to consider in policing drug offenses. The underlying framework of systemic racist perspectives contributes to the over-policing of populations affected by drug use (Beckett et al., 2006). The issues associated with race and drug addiction provide valuable information for policing minority populations and their involvement in the

criminal justice system. Additionally, the realization of inadequate practices targeting specific populations is essential to understanding the statistics related to mass incarceration. Targeting drug offenses in minority populations ignores the social injustices that factor into addiction development, such as economic failures in occupations and available resources.

People addicted to drugs face stigmatization and criminalization for drug use, which are attributable to other mental health problems. Police involvement in the criminalization of drugs further adds to the stigma surrounding addiction, as opposed to a compassionate response by a mental healthcare professional. There is a common misunderstanding of addiction being a choice rather than a disease, which exacerbates the existing stigmas associated with addiction. Though drug use frequently begins voluntarily, the long-term continued use extends beyond individual control. With few immediate alternatives, police arrest and detain those intoxicated or in possession of illicit substances, ultimately passing them onto the jail system for legal processing. Policing procedures for drug-related offenses need more sensitivity to factors such as mental health and location demographics, and how law enforcement can make a proactive effort to link individuals to services rather than arrests leading to incarceration.

Mental Illness

People with mental illness embody a significant controversy in the context of policing. Calls to law enforcement for those in distress due to mental illness often occur, as civilians do not know how to deal with such circumstances. While mentally ill people can escalate into performing dangerous behavior, their behavior is often abnormal from societal standards. From the perspective of police officers, their job is to preserve public order and safety;

individuals acting erratically due to mental illness may disrupt this condition.

As shown by the information presented regarding police training and procedures, training and education are deficient when it comes to mental health crises (Livingston, 2016). Even with the development of new positions within police departments, the United States police forces lack mental health training to properly identify such situations. In Canada, a study conducted by Boyd and Kerr (2016) documented the increased contact between law enforcement and mentally ill people. The data reveals disconcerting inferences of policing. Law enforcement tactics potentially add to the stigmatization of mental illness and widespread societal discrimination on a misunderstood problem. This study mirrors the state of police contacts with mentally ill persons in the United States.

Circumstances surrounding mental health disturbances are not always violent or out of control. Mental illness can take the form of individuals attempting suicide or hallucinating. These examples denote more situations in which police lack training in de-escalation techniques or how to interact with mental health crises. The officers who patrol the Golden Gate Bridge are a prime example of police taking on a role beyond enforcing the law (Huey & Ricciardelli, 2015). These officers frequently talk suicidal individuals down from the edge of the bridge. Current mental health training and other suicide prevention measures are the direct result of the regularity of these situations (Briggs & Mellinger, 2015).

Stories of mental illness on college campuses also highlight the disconnect between police and public health issues. Mental illnesses often first appear during adolescence (Kessler et al., 2007). Thus, students on college campuses sometimes suffer

mental breaks where their fellow students and other authority figures cannot help them. For example, Cecilia McGough began showing symptoms of schizophrenia while attending college. After requesting help for hallucinations she was experiencing, she was handcuffed and placed in a police car for her and others' safety. She was not acting out violently, but authorities were unclear on what actions to take (TEDx Talks, 2017). The educational foundation for police often entails arrests and removals that only cause further and unnecessary distress.

Factors such as a lack of a support system for mentally ill people and treatment options increase recidivism rates and negative interactions with police. Officers and law enforcement personnel recognize the downfalls of policing mental illness, citing insufficient background in this field, and the misuse of time and resources on mental health calls that require mental health professionals to obtain favorable outcomes (Livingston, 2016). These deficiencies extend further to other groups that often grapple with mental illness. Mental health disorders are not exclusive to one population and can occur in any demographic. However, one population that tends to have frequent interactions with police, often due to extenuating circumstances, are homeless populations.

Homelessness

Homeless individuals often interact with police due to vulnerable habitual challenges, including addiction and mental illness. Calls to law enforcement relating to homelessness are often due to disturbances as opposed to danger or violence. The criminalization of the poor typically occurs because of civilian calls for assistance due to visible poverty and minimal understanding of what else can be done (Herring, 2019). These calls can be about any number of public disturbances, such as

being intoxicated, possessing a diminished mental capacity, or begging for money. Officers encounter similar situations with calls concerning homeless individuals. Arrests and removals are the easiest options to appease the public and maintain everyone's safety; however, this clogs the legal system with unnecessary paperwork and brings no real solution for either the public or those in custody.

Once more, issues regarding homelessness represent a public health issue rather than a criminal justice issue – the policing of homelessness results in further criminalization and stigmatization of this group. The label 'homeless' on its own correlates to thoughts of disposability. Homelessness and poverty interact in criminal behaviors habitually associated with social instability and isolation, which contribute to recidivism rates. Certain criminogenic risks are also highly associated with specific vulnerable groups and can help law enforcement develop specialized protocols (Lemieux et al., 2020). The movement of homeless individuals in the form of arrest and detainment until release does little to address the development of camps that often arise in open areas, as they have few other choices for shelter. Homeless shelters help this issue; however, they usually do not have the lasting resources necessary to humanize these structures, resulting in the forced choice to remain in public areas with little to no shelter.

Though not intentionally, legislation addressing homelessness negatively impacts this issue. In Queensland, Australia, the government created two pieces of legislation to address homeless individuals with mental health issues. The original legal statutes criminalized homelessness and worsened the issues while increasing interactions with the criminal justice system (Ebert, 2005). In 2000, new legislation rectified the previous policy by

decriminalizing factors associated with homelessness and creating diversion services, guiding homeless persons with mental illness to health services and away from incarceration or other legal measures (Ebert, 2005). While this example does not represent the United States, it does shed light that mental illness and policing have had a complex relationship worldwide. Like the United States' War on Drugs, the initial legislation in Australia had good intentions but failed to pan out as intended, resulting in inadequate policing protocols.

Policing this issue is ineffective; however, law enforcement training and procedures are not at fault. The problem lies in a shortage of community resources resulting in high incarceration rates, as police have no other options. One policing measure that specifically targets homeless populations is hotspot policing. It is common for individuals experiencing homelessness to gather in groups and create social networks amongst themselves. Minor crimes such as solicitation, public intoxication, and general disturbance often involve homeless people. Due to developed social networks amongst homeless populations, hotspot policing can frequently identify and address locations where homeless individuals tend to congregate (Jensen, 2019). In conjunction with hotspot policing, city planners utilize environmental approaches. A practice known as hostile architecture creates barriers or structural designs, such as bars or arms on benches or spikes on platforms, to prevent individuals from settling in an area.

Some alternative services lessen the pressure on the criminal justice system by releasing homeless persons to shelters instead of jail. However, police officers still need to take their time and resources to arrest and transport these individuals to institutions for this to occur. Restrictive laws stemmed from attempts to rectify issues of homelessness. Instead of acting as a push for

people to reach out to services or turn their lives around, many restrictive laws increase police interactions with homeless persons without anyone receiving much-needed services or having their conditions improve (Robinson, 2019). Even if services are readily available, the extraordinary aspects of these conditions make it difficult or impossible for individuals to seek or realize access to these services. Once again like the War on Drugs, harsh legislation attempted to stop crimes linked with homelessness, but it failed to address the problems that sustain these social issues, leaving police with few alternatives.

Policy Implications

The current tension in criminal justice and mental health fields directly results from the original approach of applying criminal justice measures and legislation to mental health concerns. Police face backlash for their actions addressing such issues while simultaneously feeling unease from the training approaches used. This dissonance in policing approaches to mental health also results in allocating resources to policing measures that detract from other areas such as education and health services. As society recognizes a more accurate depiction of mental health issues, the mass implementation of valuable resources freezes due to a new problem of steering towards a better approach for addressing mental illness symptoms.

Preferred options to incarceration come in the form of alternative programs operating in the trial phase. For example, the use of detention to address addiction has decreased in popularity in favor of drug courts (Zarkin et al., 2012). California drug courts successfully reduced recidivism rates for individuals diverted to drug courts rather than prison sentences (Carey et al., 2006). The potential options not only provide law enforcement with better options for their current struggles but also much-needed assistance

to individuals suffering from mental health issues that impact their ability to adapt within society.

Drug Courts and Diversion Programs

The redirection of offenders from jails and prisons to alternative programming is crucial. Cullen et al. (2011) revealed that contrary to certain claims, imprisonment does less to deter and prevent crime and more to criminalize individuals and increase crime rates. The dehumanized environment in prison stimulates a survival mode to take over, and no consideration or treatment is given to underlying mental health issues associated with addiction. With little assistance upon release, criminal behavior is an easy option. Additionally, incarceration presents a significant challenge for the mentally ill. Prison is a dehumanizing environment by nature, but those who lack their full mental faculties may suffer excessive psychological distress in this environment, worsening recidivism rates and underlying criminality issues (Senior et al., 2014). These factors can be addressed without incarceration or criminalization through drug courts, as well as diversion programs, mental health programs, and community-based programs. Numerous areas in the United States established drug courts with extensive research examining their effectiveness with positive results both for participants and the state. Allocating resources and funding to current programs and establishing drug courts or other diversion-based programs can positively impact each state's economy and reduce recidivism rates (Cullen et al., 2011).

In California, the state saved nearly nine million dollars by utilizing drug courts to process and treat drug-offenses instead of regular processing and detainment (Carey et al., 2006). The lowered recidivism rates from participants and incarceration expenses caused a reduction in the cost of criminal justice

processes. Instead of sitting in jail without access to rehabilitation, they could remain in their communities, receive treatment for their addiction, and reduce incarceration rates while maintaining public safety (Carey et al., 2006).

Currently, drug courts hesitate to enroll offenders into their programs, which results in more individuals going to prison. The strict enrollment requirements act as a barrier to keep success rates high, so they continue to receive funding. Aspects of the enrollment process play into this concern including tight eligibility requirements, specific sentencing requirements, legal consequences of program noncompliance, and constraints in drug court capacity and funding" (Sevigny et al., 2013, p.190). These aspects of drug courts, while understandable, shed light on the necessity to allocate funding to these alternatives, so that drug courts can ultimately address the underlying issues that have led to drug use and arrests.

A primary concern for utilizing drug courts is people who fail drug treatment programs and their recidivism rates. Gibbs et al. (2019) studied the outcomes of individuals who did not graduate drug treatment programs. While graduates almost always fare better, failure in drug treatment programs is not a determinant of future involvement with the criminal justice system. Among those who did re-offend, the adverse effects of incarceration far surpass the impacts of failing drug treatment programs. Incarceration disrupts employment and the delivery of rehabilitative services, while even if an individual leaves treatment, they can still function within their community (Gibbs et al., 2019). Drug courts and treatment programs provide many valuable opportunities that prison eliminates. Not only do people receive substance abuse treatment and recovery plans, but by remaining in their community, they can maintain social ties or find employment and

possibly have criminal charges removed from their records. These programs save the state money by reducing recidivism and the number of resources needed to house incarcerated individuals. Therefore, drug courts and diversion programs are a unique opportunity to address addiction and drug offenses with compassion and proactive intentions. If shortages of alternative resources become less prevalent, policing of addicts and the associated discrimination issues may see an overall decrease.

Working with Mental Health Professionals

Interactions with trained mental health professionals would benefit many mental health issues currently met with a police response. An option to consider is developing task forces for these calls, removing the added distress police place on the situation. These independent task forces would require a multitude of working parts, such as evaluating and directing emergency calls, dispatching the appropriate resources needed for the given situation, and a process for evaluating the effectiveness of the task force. Many police departments have begun organizing groups such as victim specialists or crisis teams that assist on certain calls. Taking this concept one step further, complete separation from law enforcement could potentially aid both police and the public. However, the drawbacks include the risk of dangerous situations evolving without law enforcement present, which could impact the success of this proposed unit. A more easily implemented suggestion could be having social workers or psychologists ride along with police to calls determined to be candidates for mental health intervention. With this go-between on call, the psychological distress from police interactions will lessen, in addition to redirection to appropriate services. Similar intervention techniques are already in practice, but not uniformly across the United States (Kane et al., 2017).

Mental health crisis calls utilize established intervention techniques including liaison and diversion, street triage, and specialist staff in police departments (Kane et al., 2018). Mental health crises commonly directed to law enforcement were addressed in the United States via Crisis Intervention Teams (Kane et al., 2017). There is no preferred approach to addressing mental health crises; however, outcomes for interactions where police apply crisis intervention techniques are substantially better than general, non-specialized policing procedures (Kane et al., 2018). Enhanced police training in recognizing symptoms of mental illness and adjusting one's approach makes the difference. As the first point of contact, emergency dispatchers can assess the potential circumstances of a situation as they relate to mental health concerns also impact these improved outcomes (Tentner et al., 2019). These techniques and trainings show positive steps towards decriminalizing public health issues and allowing the police to fulfill their intended role without taking on other responsibilities beyond their training backgrounds.

Police departments implemented new methods to help themselves fulfill many situations. Policing procedures improve via available tools on de-escalation techniques for mental health crises, such as the online training program DEFUSE (Hacker & Horan, 2019). This system is an easy way for law enforcement to develop their knowledge specifically geared towards situations involving mental illness. Police and mental health outreach teams' methods display common characteristics, and both receive negative reactions from mentally ill individuals. The difference lies in the enhanced training for mental health teams, which increases positive outcomes through de-escalation and diversion. Through developing a working relationship between these two care providers, homeless individuals receive mental health

assistance without coercive measures such as imprisonment or involuntary hospitalizations (Girard et al., 2014). Canada is implementing a proactive approach for policing mental illness. While law enforcement remains the initial contact for emergency service calls for people in distress, police departments implemented training and allied with mental health professionals. Police approach situations with more discretion and less fear of the unknown, and direct individuals towards helpful services as opposed to jail, where there is an increased risk of recidivism (Coleman & Cotton, 2010). Implementing mental health professionals into police departments and forming strong bonds with community-based mental health services helps establish additional diversion programs and decreases the number of incarcerated people.

Transitional Housing and Case Management

Transitional housing provides another diversion option from jail or prisons for homeless individuals. Developing a transitional or supported housing initiative will begin the process of stabilizing their lifestyle. This initiative significantly assists with the greater use of mental health organizations. Arrests, mental illness, and addiction can all play into the isolation of people from society and affect one's ability to obtain and maintain employment. Transitional housing initiatives begin the process of strengthening social bonds, especially when working with case managers on hand to assist with their goals and daily activities. Transitional housing and social service workers remove pressure from specific programs for addiction or mental illness, which reach capacity frequently, resulting in people sitting in jail instead of receiving treatment. Transitional and supported housing may still come with forms of stigmatization but aids in decreasing

criminalization, incarceration, and the underlying perceptions of disposability.

Supported housing alternatives can address addiction, mental illness, and homelessness, but not without careful consideration. The surveillance measures that individuals reside under in supported housing impact the effectiveness of this concept. Transitional housing institutions utilize surveillance measures as a safety precaution. Surveillance takes the form of uniformed officers, recording devices, or other physical surveillance technologies (Boyd et al., 2016). These measures act as a coercive measure to compel certain behaviors from clients; however, they create a stigma for those with mental illness or addiction tendencies. Surveillance measures operate as a concept of mistrust and apprehension, which accentuate concerns already developed through police interactions (Boyd et al., 2016). Surveillance is an important factor to consider in developing these institutions. Rowe and O'Connell (2010) made a valuable statement in their research on homeless outreach initiatives. Solving homelessness through criminal justice measures and the removal of homeless individuals from specific sites only results in them moving to another place of inconvenience. Supported and transitional housing provides a much-needed alternative to incarceration and removal tactics. The criminal justice system faces fewer cases, and individuals are not simply relocating and waiting for the next contact with law enforcement.

In an examination of the prison system, incarceration does not act as a deterrent or safety precaution. The criminalization process allows people to delve further into deviant cognitions leading to increased recidivism rates (Raphael & Stoll, 2009). Furthermore, the economic stake in the prison system represents a delusional, and haphazard use of funds that worsens the condition of society.

While incarceration is necessary for safety to some extent, the current system represents an unnecessary stigmatization process that is difficult to recover from, a public health concern for those who are overrepresented in police interactions, and a squander of resources that could be more useful elsewhere (Raphael & Stoll, 2009). Recognizing the downfalls of the current prison system helps to establish new directives that provide more resources as opposed to warehousing individuals, only releasing them to their next encounter with law enforcement. Transitional and supported housing measures create another option to redirect people from prisons and allocate resources to invest in society.

Conclusion

In reviewing the current police efforts to address mental health concerns such as addiction, mental illness, and homelessness, it becomes apparent how the lack of training and alternative resources restricts law enforcement's positive impact. Additionally, these circumstances are not suited or adequately addressed by the role that police officers assume in society. Instead, the focus of law and order has improperly directed public health issues into prisons, instead of providing the help individuals require. This discordant approach is harmful to both the individuals and police officers. Law enforcement comes under undue stress without adequate training to deal with circumstances that the average civilian does not have the knowledge or security of what to do. While related to public safety, this speaks to the use of harsh criminal measures or utter ignorance of the larger issues at hand. Society requires a level of safety and compliance with the law; however, when this expectation is placed on those whose perspective is restricted by mental illness or addiction, it becomes a downfall, resulting in the current mass incarceration crisis.

Police departments ensure a proactive approach by implementing mental-health-related jobs and teams to improve circumstances for law enforcement and individuals in crisis. To bridge the gap, improvements to education and training programs are developing; however, with a decentralized force in the United States, the overall impact is difficult to assess. It is important to note that policy implications and societal changes do not occur immediately; they often face resistance and negative outcomes during the transition. For example, Australia's legislative acts targeting homeless populations did not occur without much pushback and failures along the way. Police departments faced challenges in the implementation process with the targeted vulnerable population (Gooding, 2017). Additional insight from other countries regarding mental health issues helps the United States address these issues related to policing. Establishing changes faces difficulties in application due to the decentralized policing system in the United States, though continued research will ease this issue. Another complication to consider is the individual discretion law enforcement holds in every encounter, regardless of developing policies and programs (Johnson & Dipietro, 2012).

Past research reflects promise in the suggested pathways of drug courts and diversion programs, police working with professionals in the mental health field, and transitional housing with case management. If nothing else, looking for alternatives to prison is a step away from treating public health concerns within the criminal justice system. Issues related to deficient in-prison treatments and reentry assistance could progress with the policy implications provided (Zarkin et al., 2015). As society recognizes the complexity of policing-related issues, standards and practices must evolve to effectively address benefits and costs to the

criminal justice system, and society. The current state of mass incarceration and the absence of individuals receiving treatment in society for mental health issues show this necessity to press forward with new programs and policies. Change takes time and patience, but the overall reward benefits society through uplifting vulnerable populations and properly addressing public health issues outside of the criminal justice system.

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doi:10.1177/0011128712461904

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