# Trends in Police Contact with Persons with Mental Illness

Lisa Heslop[1]
*Supervisor, Family Consultant/Victim Services Unit, London Police Service*

Larry Stitt
*Assistant Director, Biostatistical Support Unit, Department of Epidemiology and Biostatistics, Western University*

Jeffrey S. Hoch
*Centre for Research on Inner City Health, St. Michael's Hospital and Department of Health Policy, Management and Evaluation, University of Toronto*

Since the 1960s, one worrying offshoot of de-institutionalization of mental health services has been a marked increase in contact between persons with mental illness (PMI) and the criminal justice system. The criminalization of PMI is well documented. Police contact with PMI is much higher than the prevalence of mental illness in the population[i]; police use informal disposition less frequently with PMI[ii]; PMI have a higher arrest rate than the general population[iii] and PMI are arrested and jailed for relatively minor offences at a higher rate than their non-mentally ill counter-parts[iv].

When the process of de-institutionalization was announced in 1999, the London Police Service collaborated with researchers from the University of Western Ontario, the London Health Sciences Centre, and key community-based service providers to track and explore unintended consequences of de-institutionalization from the perspective of contact between the police and PMI. This project received initial funding from the Donner Foundation and later formed the basis for the Consortium of Applied Research and Evaluation in Mental Health (CAREMH), funded by the Change Foundation in 2003. The premise of this project was that a lack of community-based services for people with mental illness places an increased demand upon police whose powers are based within two legal principles:

1. the police power function – to ensure the safety and welfare of the public, and
2. parens patriae, which involves protection of disabled citizens.

Application of these principles is not intended to be therapeutic and therein lies the inherent problem of increased contact between the police and persons with mental illness.

## Methodology

This study employed a retrospective observational design.

*Algorithm*

To identify PMI in the London Police Service database, an algorithm was developed that was composed of caution flags, addresses and text terms indicative of mental illness. A computer program was written to select individuals over the age of 16 years with any caution flag associated to mental illness, and

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[1] Corresponding author. Tel. +1 519 661 5609
Email address: lheslop@police.london.ca

current and previous addresses.  The names of the individuals captured by this program were then vetted for the text component of the algorithm.  PMI were then assigned to one of three categories; Definite, Probable and Possible PMI.  The highest level of confidence (Definite PMI) identified individuals by a current or previous address, a caution flag, and a search term.  The next level of confidence (Probable) identified individuals by address and a caution flag or a search term.  Finally, the lowest level of confidence (Possible) was identified by an address or a caution flag.

**Results**

*Characteristics*

Current picture:  On average PMI and NPMI groups are age 37 - 40 and predominantly male.  Looking at caution flags, we note that PMI were >100 times more likely to be identified using a caution flag for violence than NPMI.  All categories of PMI were more likely to be identified as having a contagious disease than NPMI.  The proportion of escape risk and domestic violence was higher for all PMI categories than NPMI.

What has changed:  PMI categories have begun to converge. Where there were distinct differences between them, they now look more similar than different. 17.4% of the Possible PMI were identified using a violent caution flag in 2000. In 2011 42% were described as violent. PMI in all categories are from 2 - 6 times more likely to be identified as having a contagious disease now than they were in 2000.

Table 1
*Characteristics of individuals involved with LPS, 2000 compared to 2011*

| | Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Definite-PMI | | Probable-PMI | | Possible-PMI | | Non-PMI | |
| | 2000 *n=794* | 2011 *n=960* | 2000 *n=517* | 2011 *n=883* | 2000 *n=178* | 2011 *n=543* | 2000 *n=112,738* | 2011 *n=107,045* |
| **Demographics** | | | | | | | | |
| **Age (mean)** | 37 | 40 | 35 | 37 | 37 | 38 | 38 | 39 |
| **Gender male** | 63% | 63% | 74% | 74% | 81% | 76% | 60% | 57% |
| **Caution Flags** | | | | | | | | |
| **Contagious disease** | 4% | 9% | 5% | 14% | 2% | 12% | 0.1% | 0.4% |
| **Violent** | 37% | 39% | 42% | 47% | 17% | 42% | 3.4% | 3.8% |
| **Domestic violence** | 3% | 10% | 4% | 16% | 2% | 15% | 0.4% | 1.4% |

*Interactions with police*

Current picture:   PMI in all categories have on average 3 - 5 times more contacts per year with police compared to NPMI.  For the purpose of the study, we defined individuals who were highly involved with police as those who had five contacts or more within a year. The PMI groups are 6 - 8 times more likely to be highly involved with the police than Non-PMI.

What has changed:   The total number of interactions between police and Non-PMI has remained constant (130,553 and 129,533).  Of the PMI populations, Definite PMI demonstrated the most stability in terms of frequency of police contact.  The most dramatic change is noted in the Probable and Possible PMI over time.  This is reflected in both the mean number of contacts per year, which increased by 3 - 5 contacts and in the increase in the percentage of individuals who were highly involved with police (>5 contacts per year).

*Re-involvement with police*

Current picture:  More than 75% of persons with mental illness in all categories were re-involved with the police within 1 year.  Half of these re-involvements occurred between 39 and 64 days.  For the 25% who were most involved, re-contact occurred within 4 - 8 days compared to 100 days for the Non-PMI.

What has changed:  The London Police Service was re-involved much more quickly in 2011 than they were in 2000 in all PMI categories.  50% of Probable and Possible PMI individuals are now re-involved with police within 48 and 39 days respectively (compared to 72 and 97 days); 25% occur within 4 or 5 days (compared to 7 and 21 days).   There is no change noted for Non-PMI.

Table 2

*Frequency of interaction of persons with mental illness (PMI) and non-mental illness (Non-PMI) with police, 2000 and 2011.*

| | **Groups** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Definite-PMI | | Probable-PMI | | Possible-PMI | | Non-PMI | |
| | 2000 *n=794* | 2011 *n=960* | 2000 *n=517* | 2011 *n=883* | 2000 *n=178* | 2011 *n=543* | 2000 *n=112,738* | 2011 *n=107,045* |
| **Mean** | 6 | 6 | 5 | 8 | 4 | 9 | 2 | 2 |
| **Median** | 3 | 3 | 3 | 3 | 2 | 3 | 1 | 1 |
| **>5 interactions** | 28% | 29% | 28% | 37% | 17% | 38% | 4% | 4.7% |

*Type of involvement*

Current picture:  PMI in all categories are between 2 - 4 times more likely to be victimized than the Non-PMI.  They are 2 – 3 times more likely to be charged; 4 - 6 times more likely to be arrested than the Non-PMI; and 3 – 4 times more likely to be reported as a missing person.

What has changed:  PMI in all categories were more likely to be victimized in 2011 than they were in 2000. There was no change noted in the percentage of Non-PMI related to victimization.  The percentage of Definite PMI who were charged was lower in 2010; however, those in the other two categories have increased substantially (11% and 16% respectively).   PMI in all categories are at least half as likely to be reported missing as they were in 2000.

Table 3

*Type of Involvement by persons with mental illness (PMI) and non-mental illness (Non-PMI) with police, 2000 and 2011*

| | **Groups** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Definite-PMI | | Probable-PMI | | Possible-PMI | | Non-PMI | |
| | 2000 *n=794* | 2011 *n=960* | 2000 *n=517* | 2011 *n=883* | 2000 *n=178* | 2011 *n=543* | 2000 *n=112,738* | 2011 *n=107,045* |
| **Charged** | 50% | 44% | 53% | 64% | 55% | 71% | 26% | 22% |
| **Victim** | 6% | 8% | 6% | 7% | 5% | 7% | 2% | 2% |
| **Missing** | 17% | 8% | 5% | 3% | 1% | 3% | 0.3% | 0.3% |
| **Arrested** | 11% | 5% | 7% | 7% | 7% | 7% | 1% | 0.7% |

*Type of occurrence*

Current picture.  PMI in all categories are twice as likely to be involved in a violent occurrence as Non-PMI.  They are also 5 – 7 times more likely to be involved in an occurrence related to the Administration of Justice (breaches of court orders, failing to attend court etc.), and 2 – 5 times more likely to be involved in drug or alcohol related event compared to Non-PMI.

What has changed.  Definite and Probable PMI are less likely to be involved in a violent occurrence in 2011 than they were in 2000.  No changes are noted for Non-PMI related to their involvement in violent occurrences.  Property occurrences increased for Probable and Possible PMI and decreased for Non-PMI.  There are significant increases noted in occurrences related to the administration of justice, which doubled for the Probable PMI and quadrupled for the Possible PMI.  The other significant increase that is noted is with respect to drug and alcohol related occurrences, particularly for the Possible PMI.

Table 4

*Type of Involvement by person with mental illness (PMI) and non-mental illness (Non-PMI) with police, 2000 and 2011*

| | **Groups** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Definite-PMI | | Probable-PMI | | Possible-PMI | | Non-PMI | |
| | 2000 *n=794* | 2011 *n=960* | 2000 *n=517* | 2011 *n=883* | 2000 *n=178* | 2011 *n=543* | 2000 *n=112,738* | 2011 *n=107,045* |
| **Violence** | 28% | 25% | 31% | 27% | 21% | 29% | 10% | 10% |
| **Property** | 25% | 23% | 24% | 30% | 24% | 31% | 25% | 20% |
| **Administration of Justice** | 10% | 15% | 10% | 20% | 5% | 21% | 2% | 3% |
| **PON/Bylaw** | 20% | 17% | 22% | 26% | 34% | 29% | 22% | 16% |
| **Drugs/alcohol** | 9% | 11% | 11% | 14% | 14% | 21% | 3% | 4% |
| **Other** | 90% | 92% | 86% | 90% | 76% | 91% | 65% | 73% |

*Cost Analysis.*

Methodology:  Total police hours devoted to responding to complaints, occurrences, tickets and street checks involving PMI was estimated on the basis of time spent by Uniformed Division officers (UD) and by the Criminal Investigations Division (CID).  Uniformed officer time was calculated through the computerized dispatch system which allowed for an actual allocation of police hours/minutes spent responding to the complaint and in subsequent follow up and court time.  Estimated costs associated with UD were calculated on the basis of the hourly wage of a first class constable.  CID was assigned an average time per event based on an experienced estimate by officers of how many hours were spent per occurrence.  Estimated costs for CID were calculated based on Sergeant hourly wages.

Current picture:  Calculated as a percentage of the London Police Service budget, the London Police Service spent an estimated $12,480,446 responding to calls for service related to all categories of PMI in 2011.

What has changed:  London Police Service involvement with all categories of PMI has increased by 134% compared to Non-PMI which increased 28% between 2000 and 2011.  Left unchecked this upward trend (represented in Figure 1) will result in an estimated spending by London Police Service of $16 million by 2015.

Figure 1
*Estimated cost of police involvement with persons with mental illness by category (trend).*
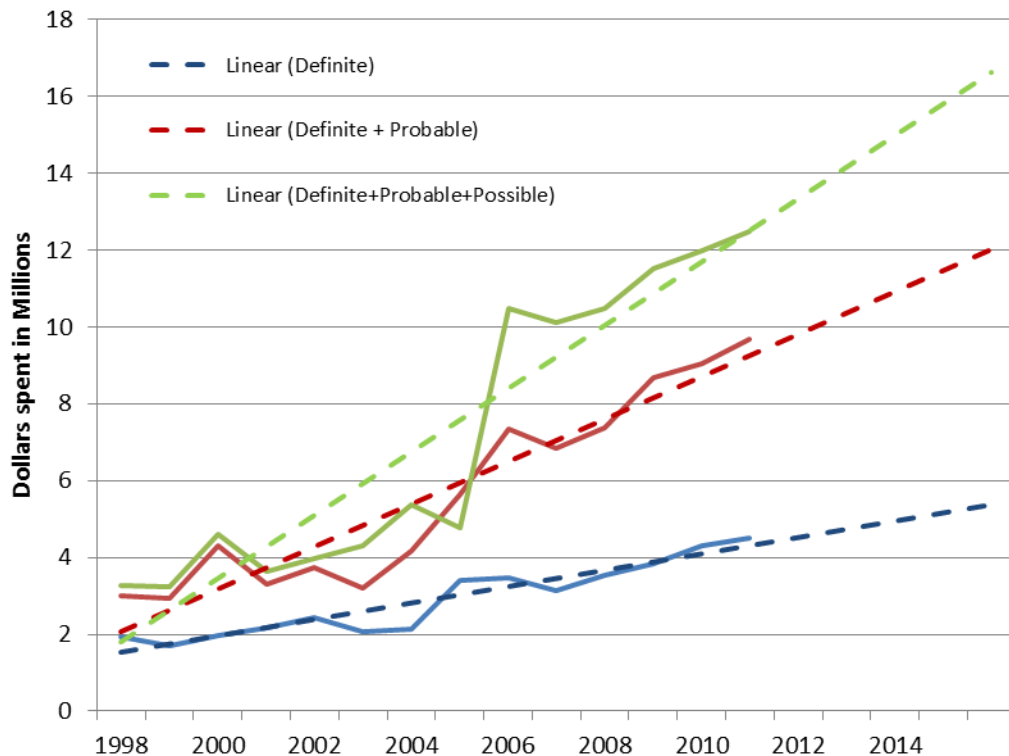
*Discussion*

A number of key trends have emerged:

1. *Convergence of the PMI categories*.  The fact that the three categories of PMI have become almost indistinguishable from each other over time suggests that the categories are now capturing the same population.
2. *Relative stability of Definite PMI.*  Based on the algorithm, individuals in the Definite PMI category lived in a residence/facility which required a diagnosed illness at one time.  This infers that they have had access to medical and a range of supportive services, including housing.  It is not surprising that this population has been the most stable over time in terms of police contact.
3. *The application of violent caution flags was not reflected in charges for violent offences.*  In fact, involvement in violent occurrences decreased in the Definite and Probable PMI categories.
4. *Frequency of contact.*  The London Police Service frequency of contact with PMI in all categories has increased at a rate that is disproportionate to contact with Non-PMI.
5. *Proportion of individuals involved in >5 contacts.*  A growing proportion of individuals in all PMI categories are highly involved with police.  Additionally the time to re-contact is shorter in 2011 than it was in 2000.
6. *Contact with individuals.* The London Police Service had contact with a fairly consistent number of citizens in each year of the study.  This was not the case for PMI in all categories.  There was significant growth in the number of individuals in all PMI categories, particularly in the Probable and Possible PMI groups.
7. *Criminalization of persons with mental illness.*  The literature[v] suggests that two factors must be met to support the theory of criminalization of persons with mental illness – firstly, PMI must have a higher incidence of arrest than the general population.  Secondly, PMI must have a higher incident of contact with police.  Both these criteria have been met.

 Summary

The London Police Service entered into this research project in 1999 to track the contact between the police and persons with mental illness in our community to better understand the unintended consequences of shifting treatment and support resources from hospital to the community.  Our concerns at that time were that without corresponding investment in community-based support, persons with mental illness would be at increased risk of police contact.  These concerns have been demonstrated to be well founded.

This study has documented that where alternatives to arrest are not readily available to police when dealing with the often chronic and complex situations involving persons with mental illness, the result is that individuals with mental illness are charged and arrested at a rate that is disproportionate to the general population.  While the arrests are lawful, they are not necessarily the correct course of action and serve to exacerbate the difficult life circumstances facing the person with mental illness and their

families.   The escalating law enforcement costs related to non-therapeutic, non-criminal contact with people living with mental illness is significant, and if left unchecked will continue to grow exponentially.

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[i] Teplin, 1984; Hartford & Heslop, 2005
[ii] Teplin & Pruett, 1992; Hoch, Hartford & Heslop, 2009
[iii] McFarland, Faulkner, Bloom, Hallaux & Bray, 1989; Robertson, Pearson & Gibb, 1996; Shellenberg, Waylenki, Webster & Goering, 1992 , Hartford & Heslop & Hoch, 2005
[iv] Robertson, 1988, Hartford & Heslop & Hoch, 2005
[v] Borzecki and Wormith, 1985