

# Policing mental illness

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## Introduction

Throughout the history of the police, whether in Denmark or other Western countries, non-crime incidents have constituted most of the tasks handled by the police. Similar to most other countries in the West, Denmark has experienced a severe increase of involuntary admissions (Keown et al 2011: 3, Rigspolitiet 2017: 134). In the period from 2009-2016 there has been an increase in involuntary admissions of 45% in Denmark (Rigspolitiet, 2017: 134). The Danish police have a proven record of all involuntary admissions that they have assisted in<sup>1</sup>. However, involuntary admissions are not the only incidents in which the police gets involved with persons with mental health issues. In fact, the involuntary admissions only represent the tip of the iceberg in regards to police involvement with persons with mental health issues, but the real number is difficult to find in the police data as mental health issues is rarely the central criteria to decide how an incident is categorized and registered.

In this paper, we attempt to create an overview of the presumably large amount of tasks of the patrolling police regarding persons with mental health issues that goes beyond involuntary admissions tasks.

## Methodology

A main challenge to this project consists in the lack of registration of police tasks that involves people with persons with mental health issues in the police data system (Politiets Sagsstyringssystem). The categorization of police tasks is mainly based on people's actions and not their state of mind. The tasks involving persons with mental health issues are therefore spread out on a multitude of criminal codes such as loud music in residential area, domestic disturbance, violence, disorderly conduct, and so on. In order to gain an insight into how many police assignments that involved mental illness patients we used a variety of methods, such as sampling of different criminal codes, interviews, questionnaires of police officers and dispatch operators and fieldwork.

This study is to a large degree based on the judgment and sometimes guesstimate of the police regarding the mental health of the citizen in question, who does not necessarily have a known history of mental health issues. The regulations of mental health and health law in Denmark provide the citizens with protection of their private information such as health issues from the police. The only way, the police surely know whether a citizen has mental health issues is when a task involves an involuntary admission or police assistance with a patient at a psychiatric ward. The judgment and guesstimate of the police is often recorded within the police files, either as a way to make sure that there is a record in order to help the citizen get the right help from social services, or in order to ensure the safety of the next police officer who might encounter the citizen which have shown

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<sup>1</sup> Involuntary admissions is by law a significant intervention that requires the presence of the police in order to secure the civil rights of the person being admitted.

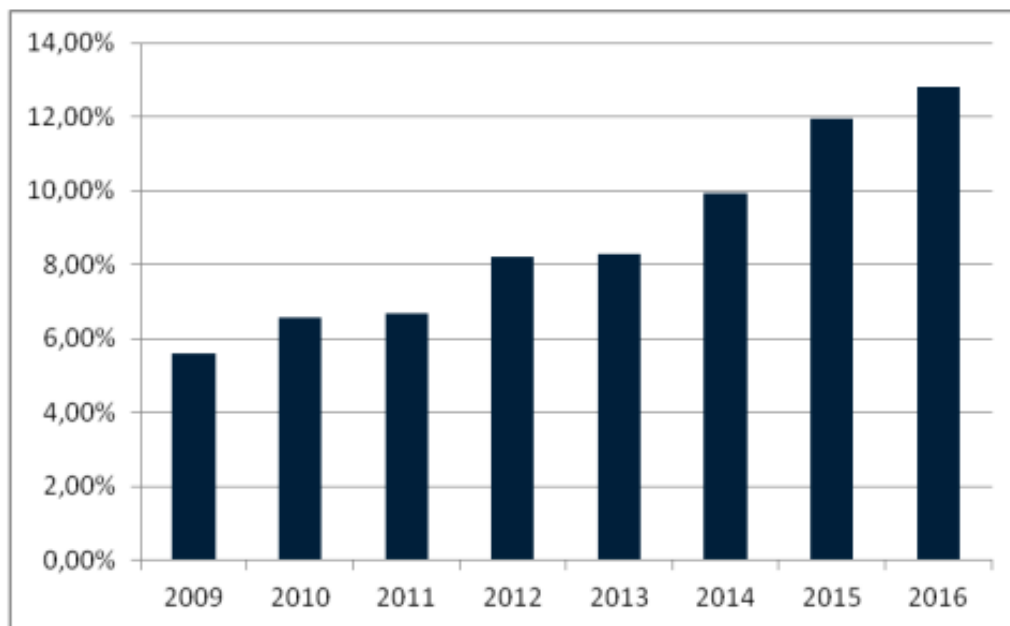
symptoms of mental health issues. Therefore, the summaries of the police files often contain information about a conceived or presumed mental health issue of the citizen in question. A main method of collecting data for this project has therefore been to categorize an extensive sample of summary data from the police files. Thus, we have read and categorized the resumes of 19.200 cases from the police data system across a variety of criminal codes from 2009-2016. The criminal codes were selected based on a pre-sample in text searches on a variety of different words that relates to mental health issues. The pre-sample narrowed down the number of relevant codes from 2.600 criminal codes to 304. Of the 304 criminal codes 89,3 % were distributed of 28 codes from which we drew 2.400 samples per year in the period 2009-2016.

In order to assess the actual time spent on these cases, we conducted a questionnaire with 360 patrolling police officers who were asked about their latest shift and the time spent on cases involving persons with mental health issues on that shift. We also conducted observation studies and qualitative interviews with patrolling officers, dispatch officers, and employees from the psychiatric system.

#### **Analysis – the extent of the assignment of dealing with mental illness patients**

Our study shows that the number of police tasks involving persons with mental health issues have increased significantly from 2009 to 2016. Our sample of 19.200 summaries from the police data system shows an alarming increase in the number of police incidents involving people with mental health issues in the examined period. In 2009 5,6 % of the sampled cases involved people with mental illness, but in 2016 the share involving mental illness patients had more than doubled to 12,8 %. In absolute numbers, this translates to a development from 15.850 police incidents in 2009 to 42.800 incidents in 2016. The fact that the absolute numbers is almost tripled is partly due to the general increase in the number of police incidents in the sample period in the sampled criminal codes. Figure 1 shows a significant increase from 2009-2016 with an extensive increase from 2013 and onward.

Figure 1: The number of police incidents involving persons with mental illness (N: 19.200)



The findings of the questionnaire support the findings of the sample study. The questionnaire study shows that a significant share of police tasks involves persons with mental health issues as 41 % of the patrolling officers stated that they had an assignment involving one or more persons with mental issues on their latest shift.

Regarding time expenditure, the estimates of the patrolling officers regarding their latest shift suggest that the average task involving a person with mental health issues took 2 hours and 8 minutes. In total, the tasks involving persons with mental health issues constituted 11 % of the total work time of all respondents. If we take into account that the patrolling officers are only engaged in outward patrol work such as handling police assignments and patrolling duty less than half the time during a shift - while the remaining time is spend on casework, briefings, lunch break, etc. - the number would be much higher.

### **The future of policing: A change in the role of the first responder**

As the number of people with mental health issues has increased significantly in the last decades without the funding of the psychiatric system increasing similarly, the police have become increasingly responsible for the handling of persons with mental health issues both in and outside the psychiatric wards. This gives rise to specific issues about how the police are to deal with welfare assignments that are essentially outside their area of expertise. Morgan and Paterson describe this new role of the police as an: *“...increasingly professionalized nature of the police role whereby police officers, acting as street-level experts, engage appropriate statutory and community agencies to address complex social problems”* (Morgan and Paterson, 2019: 9).

Our study shows that a significant amount of the Danish patrolling officer’s time is spend on assignments involving persons with mental health issues. These types of assignments will most likely continue to be part of patrolling police work in the future. Our study also fund that 59 % of

the police assignments, involving people with mental health issues, comprise contact to social services or health authorities. This percentage was relatively steady throughout the sampled time period. The high level of contact with social services and health authorities makes sense, as the police often will not be able to help or assist the citizen with the underlying problem that may have caused police contact in the first place. For this reason, the Danish police has initiated a pilot program of co-responding units with both police and health personnel. The aim of the pilot program is not to decrease the number of police assignments involving persons with mental health issues, but instead to provide the best possible service and coordination between authorities and social services to the people with mental health issues that get in contact with the police as a first responder.

### **Literature**

Keown, P., Weich, K., Bhui, K. S., & Scott, J. (2011). 'Association between provision of mental illness beds and rate of involuntary admissions in the NHS in England 1988-2008: ecological study'. *British Medical Journal (BMJ)* 343.

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