Mental Health Commission of Canada

Commission de la santé mentale du Canada

A Study of How People with Mental Illness Perceive and Interact with the Police

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The study was supported through the MHCC's Mental Health and the Law Advisory Committee (MHLAC) Police projects, with the intention of helping to ensure that the perspectives of person living with a mental illness will inform the development of police education and learning programs related to mental illness. The MHLAC recognized that, while there have been some examinations of the nature and types of interactions between police and person with lived experience of mental illness, the perceptions and attitudes of Canadians living with severe mental illness towards the police have not been examined. Therefore, the MHCC released a request for proposals to undertake a study of how people with mental illness perceive and interact with the police, and a team led by the British Columbia Forensic Psychiatric Services Commission was selected.

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The views expressed herein do not necessarily represent the views of the MHCC, Health Canada, BCMHAS, SFU CMHA-BC, or UBC

BC Mental Health & Addiction Services
An agency of the Provincial Health Services Authority

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Summary

The perceptions that the police and people with mental illness have of one another can influence the nature and quality of their interactions. Though a considerable body of research exists concerning the perceptions of police officers towards people with mental illness, there is a dearth of research focusing specifically on the perceptions that people with mental illness hold toward the police. The research described within this report is focused on addressing this knowledge gap.

Section 1 Highlights – Research Overview

- The study was carried out in British Columbia, Canada from August 2009 to March 2011.
- The goal of the study was to improve the understanding of how people with mental illness perceive and interact with the police.
- A Participatory Action Research approach was used in the study to promote community engagement, active participation, and collaboration of people who live with a mental illness.
- The study included literature review, interview, survey, and focus group methods.
- The study participants were comprised of people who live with schizophrenia, schizoaffective disorder, other psychosis, or bipolar disorder and have had direct contact with the police, including 60 people who participated in interviews, 244 people who completed surveys, and 28 people who took part in focus groups.

Section 2 Highlights – Literature Review

A review of the research literature revealed several interesting trends regarding how people with mental illness have perceived and interacted with the police in other jurisdictions. For example:

- 2 in 5 people with mental illness have been arrested in their lifetime.
- 3 in 10 people with mental illness have had the police involved in their care pathway.
- 1 in 7 referrals to emergency psychiatric inpatient services involve the police.
- 1 in 20 police dispatches or encounters involve people with mental health problems.
- Half of the interactions between the police and people with mental illness involve alleged criminal behaviour.
- 2 in 5 encounters between the police and people with mental illness involve situations that are unrelated to criminal conduct.
- The majority of interactions between the police and people with mental illness are initiated either by the police (~25%), the person with mental illness (~15%), or their family (~20%).
- People with mental illness are over-represented in police shooting, stun gun incidents, and fatalities.
- Police encounters with people who have mental illness that involve police use of force are rare.
- Half of police encounters that involve people with mental illness result in transport or referral to services.
- 2 in 5 encounters between the police and people with mental illness are resolved informally.

- 1 in 7 contacts between the police and people with mental illness end in arrest.
- Overall, people with mental illness who are suspected of committing a criminal offence are more likely to be arrested compared with those without mental illness; however, this varies by offence type, gender of the suspect, among other factors.
- Perceptions of people with mental illness about the police are neither uniformly positive nor negative.

Section 3 Highlights – Participant Priorities

The participants identified six major and five minor topic areas as priorities for the research study, which were used to guide the development of the interview and survey materials. The major topic areas pertained to:

- How people describe being treated by the police and how they perceive the police.
- Access to, and use of, information by the police.
- Use of force by police officers, which primarily concerned the experience of being the recipient of a police officer's force.
- Personal experiences with being helped or assisted by the police comprised the fourth major topic area.
- The process and outcome(s) of interacting with the police.
- The degree to which mental illness has influenced encounters with the police.

Section 4 Highlights – Attitudes about the Police

- The survey results suggest that people with mental illness in British Columbia (BC) tend to hold more negative attitudes, in comparison to the general public, toward the police.
- Survey participants were more likely to rate police performance across several domains as 'poor' and less likely to rate police performance as 'good' in comparison to the general population of BC.
- In contrast to the 76% of the general public in BC that endorsed confidence in the police, only the slight majority of participants in our survey indicated that they had confidence in the police.
- More than three-quarters of the survey participants endorsed a positive view of the police in relation to respect for and legitimacy of the police role.

Section 5 Highlights – Interactions with the Police

- Numerous and recent contacts with the police were common among the participants, with 21% of survey participants and 37% of interview participants reporting more than 25 interactions with the police during their lifetime.
- A diverse range of situations and circumstances have brought participants into contact with the police. For example:
    - A common type of interaction involved being transported (e.g., to hospital or to jail) by a police officer, which was experienced by 90% of interview participants and 65% of survey participants.
    - Interactions with the police that involved a mental health crisis were experienced by

66% of survey participants and 35% of interview participants.

- Many of the survey (48%) and interview (64%) participants had an interaction with the police in relation to their alleged criminal behaviour.
- A large proportion of the participants also report interacting with the police in the context of requesting assistance as a victim of a crime, being stopped on the street, or in a casual or informal situation.

- More than three-quarters of the interview participants have been handcuffed or physically restrained by the police.
- A quarter of interview participants have been involved in an interaction with police that resulted in minor injury to the participant (not requiring medical attention), whereas 12% reported suffering serious injury (requiring medical attention).
- Survey participants generally tended to indicate that they were satisfied, rather than dissatisfied, with the way in which the police handled previous situations, especially those that did not involve suspected criminal activity (e.g., mental health crises).
- The slight majority of the interview participants rated their previous contacts with the police as a positive experience overall. One-third perceived their previous interactions with the police as a negative life experience.

Section 6 Highlights – In-Depth Perceptions of Most Recent Contact

- Interview participants were asked detailed questions about their most recent interaction with a police officer.
- Interview participants' most recent experiences with the police were diverse, but commonly included a mental health crisis (28%), being stopped on the street by the police (18%), or requesting assistance from the police as a victim of a crime (18%).
- The majority of interview participants, including those who were experiencing a mental health crisis, perceived that they were treated in a procedurally fair manner by the police officer(s) who were involved in their most recent interaction. For example:
  - 85% indicated that they were treated with respect by the police officer(s).
  - 76% were satisfied with the way in which the officer(s) handled the particular situation.
- Items that were less frequently endorsed by the participants concerned whether participants understood, or were told by the officer(s), what was happening to them during the interaction, or what would happen to them after the interaction.
- The majority of interview participants were satisfied with the way in which their most recent interaction with the police was handled by the officer(s), with 80% indicating that they felt that the officer did a good job dealing with the situation.
- Many participants indicated that improvements could be made to they way in which their most recent situation was handled by the police. For example:
  - Almost half of the participants indicated that the situation could have been handled better.
  - More than a third of participants felt that, in the future, a similar situation should be handled differently.

Section 7 Highlights – Participant Recommendations

- Most interview participants thought it would be helpful for a police officer to have access to background information about a person with mental illness prior to arriving on scene with them; especially, if the officer was trained how to use the information appropriately.
- 90% of interview participants felt that it was 'very' or 'extremely' important to train police officers to handle situations that involve people with mental illness.
- Participants recommended the following elements for a training program that teaches police how to handle situations involving people with mental illness: (a) effective communication skills, (b) understanding mental illness and its effects, (c) treating people with compassion and respect, and (d) non-violent conflict resolution skills.
- Additional strategies suggested for improving how people with mental illness perceive and interact with the police included: (a) building stronger linkages between the police and the mental health community, (b) recognizing and rewarding positive police practices, (c) selecting and supporting police officers, (d) creating positive role models among police officers, (e) increasing accountability and oversight of the police, and (f) ensuring that health professionals are involved in responding to mental health-related calls for police service.

INTRODUCTION

Background

Most people with mental illness do not commit criminal acts; however, contact with the police is common among this population. The reasons people with mental illness interact with the police are complex, but are generally attributed to clinical risk factors, such as co-occurring substance use problems and treatment non-compliance, as well as social and systemic factors, such as improperly implemented deinstitutionalization policies, homelessness and poverty, community disorganization, poorly funded and fragmented community-based mental health and social services, hospital emergency room bed pressures, overly restrictive civil commitment criteria, intolerance of social disorder, and criminal law reforms [1-6]. The elevated risk of criminal victimization associated mental illness also increases the rate of police contacts with people who have mental illness [7]. Furthermore, the pivotal role of police in the application of both civil commitment legislation and criminal procedure contributes to the frequency of encounters with people who have mental illness [2]. Increasingly, the police have assumed expanded functions of maintaining social order and responding to individuals experiencing mental health crises [4, 8]. Police are commonly the principal first responders to situations involving people with mental illness, which has earned them the monikers “de facto mental health service providers” [8] and “psychiatrists in blue” [9].

As a result of their broader mandate to maintain social order and enhance public safety by responding to a range of publicly-displayed aberrant behaviours, including that which results from mental illness, police have a significant influence on the lives of people with mental illness. In many situations, police officers have considerable discretion to use a range of informal or formal interventions, thereby assuming a gatekeeper function to the mental health and criminal justice systems [8, 10-12]. Local law enforcement and surveillance strategies, availability of local resources, and police attitudes affect the strategies they utilize to respond to situations involving people with mental illness [13, 14]. Treating people with mental illness as criminals and routing them through the criminal justice system has the potential to negatively impact their life, liberty, and well-being. Indeed, serious injury and death of people with mental illness can result from encounters with the police [15, 16].

In addition to the specific interventions that are chosen for people with mental illness (e.g., taken to hospital or jail), procedural justice theory suggests that the fairness by which people are treated in encounters with authority figures, such as police, influences their subjective experience of the encounter [17]. Accordingly, the degree to which police treat people with dignity and respect, provide opportunities for people to present their own side of the story, and appear concerned for their welfare will affect the nature and perception of these encounters [17]. This is consistent with research that has found that people with mental illness who feel powerless and coerced tend to experience higher levels of internalized stigma, as well as reduced quality of life and self-esteem [18].

Policing authorities are investing considerable resources in initiatives, such as specialized police response programs and training, designed to improve the manner in which officers respond to and interact with people who have mental illness [2, 16, 19-22]. One program receiving considerable attention in the United States and Canada is the Memphis Crisis Intervention Team (CIT) model, which involves training police officers in recognizing and appropriately managing situations involving people with mental illness as well as developing partnerships with mental health agencies [2, 23]. Research indicates that police officers trained in CIT demonstrate increased awareness and knowledge, enhanced self-efficacy, reduced social distance, and reduced stigmatizing attitudes [24-26]. Other approaches to improving police awareness of and interaction with people with mental illness have demonstrated similar outcomes pertaining to reducing social distance and reducing stigmatizing attitudes of police [27]. Recently, anti-stigma programs – employing a range of strategies, such as education campaigns and interpersonal contact with people with mental illness – have targeted police officers with the general aim of focusing on groups in positions of power and authority to change their negative attitudes and discriminatory behaviours toward people with mental illness [24, 28-32].

One problem with many of these important initiatives is that they have not been systematically informed by the perspectives and experiences of people who live with mental illness. Because few research studies have focused specifically on this topic, the developers of police training/practice guidelines and strategies have been left guessing about what people with mental illness might want in relation to improving their encounters with the police. This is especially true in Canada where no in-depth studies have examined how people with mental illness perceive and interact with the police.

Rationale

To date, we are aware of only two studies [33, 34] that have carefully focused on the perceptions and experiences of people with mental illness regarding the police and their encounters with the police. Both studies are small (n=17 to 26) and both were conducted outside of Canada (USA and England) which limits their generalizability to Canadian contexts. As such, the present study focused on the lived experiences of Canadians with severe mental illnesses, including schizophrenia, schizoaffective disorder, other psychotic disorders, and bipolar disorder. Through employing a community-based, Participatory Action Research approach and guided by a procedural justice theoretical perspective [17], the present study sought to understand the perspectives and lived experiences of people with severe mental illness in relation to their involvement with the police.

Research Questions

Our aim was to work with people who live with severe mental illnesses in order to improve the understanding of their perceptions of and interactions with the police. Toward this goal, our study was guided by five key research questions:

- What is the extant knowledge regarding interactions between police and people with mental illness?
- Under what circumstances do people living with mental illness describe interacting with the police?

- What are the factors that result in positive or negative perceptions regarding police interactions?
- Do people with mental illness and the general public have different attitudes about the police?
- How do people with mental illness think that perceptions of, and interactions with, the police can be improved?

Research Approach

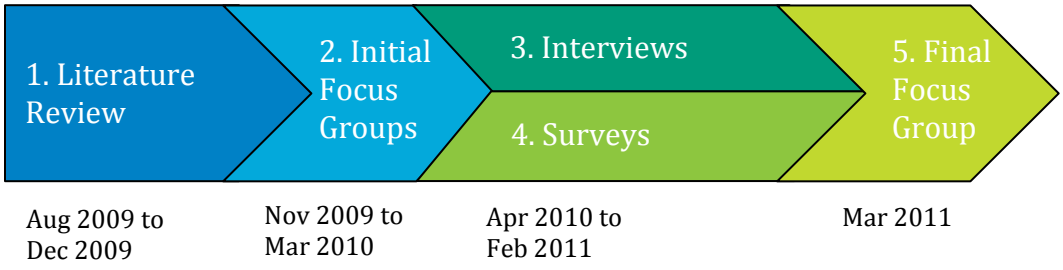
Because our research topic (interactions with the police) focused on sensitive issues that involve extreme power differentials, we decided to use a more inclusive and collaborative research strategy. Our study is unique in that it was infused with elements of Participatory Action Research (PAR). PAR is a process or a way of engaging community members in research. It differs from a traditional research approach in a number of ways. In PAR, the community's involvement is not limited to the role of research subject; rather, the participants actively participate in all stages of the research process and are involved in co-creating the findings [35]. Of relevance to our study, previous research has demonstrated that PAR is an effective approach for engaging people who have severe mental illness in the research process [36 – 40].

In keeping with the principles of PAR, people with mental illness were involved in multiple levels of this project. For example, our research team included people who have lived experience of mental illness. As well, the data collection process, including the interviews and focus groups, was led and performed by individuals who live with mental illness. Finally, the content of the research material, such as the interview guide, was informed by the participants of the study. We feel that this research approach better grounded the study, and the resulting data, in the realities of people who live with mental illness.

Project Methods & Participants

In this section, we outline the methods and procedures that were used in our research study. This project combined qualitative and quantitative research strategies and was comprised of five major components, including a literature review, focus groups, in-depth interviews, and surveys (see diagram below). Study participants were encouraged to take part in multiple components of this project; therefore, the focus group, interview, and survey participants do not represent discrete groups. The characteristics of the study participants are described in this section.

Illustration of major research components



The research protocol for this study was approved by the research ethics committees of Simon Fraser University, the University of British Columbia, the Forensic Psychiatric Services Commission, and the Vancouver Coastal Health Research Institute. Informed research consent was obtained from every individual who participated in our study.

Literature Review

The purpose of the literature review was to describe the extant academic and grey literature regarding interactions between people with mental illness and the police. More specifically, the review addressed the following three questions:

1. How often do people with mental illness and the police come into contact with one another?
2. Under what circumstances do people with mental illness interact with the police?
3. How do people with mental illness perceive the police?

Study Selection

The search strategy included locating relevant articles and reports by searching several electronic databases, including PAIS International, Cochrane Database of Systematic Reviews, Canadian Public Policy Collection, National Criminal Justice Reference Service, PsycEXTRA, Sociological Abstracts, Criminal Justice Abstracts, JSTOR, PsychINFO, PubMed, and Web of Science. An inclusive search strategy that used broad keywords was purposely chosen in order to ensure a comprehensive scan of the literature. From August to October 2009, a combination of the keywords (polic* OR law enforce*) AND (bipolar* OR mania* OR mental ill* OR mental disorder OR schizophreni* OR psycho* OR Alzheimer*) were entered into the aforementioned databases, and English language titles were obtained. Additional titles were retrieved by manually searching the references of all included full-text articles and searching relevant websites. There were no methodological prerequisites for inclusion in the review.

A record was included for full review if it met the following criteria: (a) identified via the search procedures described above, (b) described (either quantitatively or qualitatively) research findings that were directly relevant to the three questions mentioned above (i.e., magnitude, nature, and perceptions), (c) accessible through university library services, and (d) written in English.

Articles that satisfied the inclusion criteria were synthesized using a narrative review approach. Narrative review is one approach for summarizing and critically appraising the conclusions of primary studies, and is considered to be a valuable strategy for organizing knowledge [4.1]. In contrast to systematic reviews, which utilize strict protocols to exclude studies that fail to meet a certain threshold of methodological rigor, narrative reviews tend to employ a more comprehensive and inclusive approach [41 – 43]. Generally, the results of narrative reviews are described in a descriptive incorporating the results of qualitative research, and for allowing synthesis and interpretation of a body of literature that contains few high-quality studies.

Focus Groups

Focus groups were conducted at the beginning and end of the research process in order to consult with our community – that is, people who live with severe mental illness and have had direct experience interacting with the police. The methods that were used, and the characteristics of those who participated, in the initial and final focus groups are summarized below.

Method and Procedure

The purpose of the initial focus groups was to engage people with mental illness who have also had direct contact with the police in the research development process. The initial focus groups were designed to draw from participants' experiences and perspectives regarding the topic areas that should be incorporated as questions to be asked in the subsequent components of the study. A final focus group was conducted at the end of the research process in order to obtain in-depth feedback about the recommendations for improving interactions with the police that were raised by people who had participated in previous components of the study (i.e., interviews and surveys).

Recruitment

For the initial focus groups, participants were recruited (November 2009 to March 2010) from community mental health centres, non-profit agencies, and psychiatric hospitals throughout Metro Vancouver, BC. A range of recruitment strategies was used to engage people with mental illness in the focus groups, including distributing advertisements via email, recruitment posters, using online social networking and web-based newsletters, and presenting at several consumer organizations' events and meetings. The advertisements invited people to contact the research team if they were living with schizophrenia, other psychotic disorders, or bipolar disorder and have had contact with the police. Individuals who participated in the interviews and surveys were invited to take part in a final focus group, which was held March2011.

Screening

Prior to entry into the study, potential participants were screened for inclusion either in-person or by telephone. During the screening process, a trained graduate-level research assistant reviewed the consent form and screened for capacity to consent via a brief checklist to ensure that the potential participant satisfied the inclusion criteria.

Inclusion/Exclusion Criteria

Inclusion criteria for participating in the focus groups were: (a) current diagnosis of schizophrenia, schizoaffective disorder, other psychosis, or bipolar disorder (self-reported); (b) previous contact with the police (self-reported); (c) age 19 years or older (self-reported); (d) cognitively capable of providing research consent; (e) able to speak and understand English; and (f) currently residing in the Metro Vancouver area.

Design and Procedure

Initial Focus Groups

Three focus groups were conducted between February and March of 2010. Each focus group was co-facilitated by a peer-researcher (i.e., someone with lived experience of mental illness) and a member of the research team with formal research training. The focus groups each comprised five to eight

participants and lasted approximately one hour. In order to achieve a diverse sample, each focus group targeted one of the following populations: (a) forensic mental health inpatients, (b) forensic mental health outpatients, or (c) people with mental illness living in the community.

At the beginning of each focus group session, the focus group leader reviewed the consent form, oriented the participants to the study, and answered general questions about the study and/or procedures. The participants were told that the information they provided would help shape the design of the interviews and surveys for the larger study. Each participant provided basic information about themselves by filling out a socio-demographic form. Focus group discussions were guided by the following two questions:

- From your perspective, what questions should we ask people with mental illness to truly understand their attitudes and feelings about the police?
- From your perspective, what questions should we be asking people with mental illness about their interactions and experience with the police?

Approximately 20 minutes was spent discussing each of these questions. At the conclusion of each focus group session, participants were provided an opportunity to make additional comments and were each paid $10 for their participation. All focus groups were audio recorded. The focus group co-facilitators debriefed after each focus group, which included a brief discussion of emerging patterns and themes.

On account of the under-representation of women in the initial focus groups, the female focus participants were re-contacted on an individual basis. The purpose was to elicit additional information about gender-specific topics or questions that should be considered. In addition, feedback was informally obtained from our female peer researcher and a prospective participant who had contacted the team but was not eligible to participate in the focus groups. This information was incorporated into the subsequent design of the interview guide and survey.

Final Focus Group

The final focus group was conducted in March of 2011. The focus group was facilitated by a peer-researcher and involved nine participants (seven had been survey participants and two had been interview participants in the study).

The final focus group followed a similar procedure to the one used during the initial focus groups with one exception: Participants were asked to provide feedback about the recommendations that were raised by interview and survey participants during the study. The topic areas for discussion included: (a) improving police training in relation to mental illness and dealing with situations involving people with mental illness, (b) improving the respectful and compassionate treatment of people with mental illness by police officers, (c) improving the way in which the police communicate with people that have a mental illness, (d) decreasing the amount aggression/force that is used by police toward people with mental illness, and (e) using specialized teams (that focus on health needs, rather than criminal justice aspects) to handle situations involving people with mental illness. For each topic area, the focus group participants were asked whether they thought these were important areas for improvement and whether they had specific suggestions or recommendations. Participants were also invited to provide additional recommendations that they felt would improve perceptions of and experiences with the police.

Analytic Strategy

Participants' comments were extracted from the audio recordings of the focus groups. A descriptive approach was taken with qualitative analysis (as opposed to an interpretive approach), as the intent was to describe what the focus group participants had discussed, rather than to explore the underlying meaning embedded within the narratives. Participants' responses and comments were listed and organized into either major or minor topic areas. Major topic areas were those that consist of numerous responses, represent the sentiments of several participants across the three focus groups, and capture key ideas or patterns that were considered to be important and meaningful to the research questions. Minor topic areas were those that have relatively fewer responses from fewer participants, but capture important and relevant ideas that pertain to the research questions.

Focus Group Participants

Initial Focus Groups

Nineteen people participated in the three initial focus groups. Eighty-nine percent (*n*=17) of the focus group participants were men and 10% (*n*=2) were women. Their average age was 45 years, ranging from 26 to 60 years. Most (63%, *n*=12) self reported a Caucasian ethnicity, and over three-quarters (79%, *n*=15) were born in Canada. Fifty-eight percent (n=11) had completed high school or obtained an equivalent diploma (i.e., GED). Sixteen participants (84%) were receiving income assistance (e.g., welfare, disability) as their primary source of income. Self-reported psychiatric diagnoses included schizophrenia or schizoaffective disorder (58%, *n*=11), other psychosis (16%, *n*=3), bipolar disorder (11%, *n*=2), and other diagnoses (16%, *n*=3).

Most of the initial focus group participants (68%, *n*=13) reported having at least one contact with police in the previous month. Frequency of participants' lifetime contact with the police was as follows: one to two contacts (5%, *n*=1), three to five contacts (11%, *n*=2), six to nine contacts (21%, *n*=4), and 10 or more contacts (63%, *n*=12).

Final Focus Group

Nine people participated in the final focus group, including seven men, one woman, and one transgender person. Their average age was 37 years, ranging from 23 to 60 years. Most (78%, *n*=7) self-reported a Caucasian ethnicity, and almost all (89%, n=8) were born in Canada. Sixty-six percent (*n*=5) had completed high school or obtained an equivalent diploma (i.e., GED). All of the participants were receiving income assistance (e.g., welfare, disability). Self-reported psychiatric diagnoses included schizophrenia (56%, *n*=5), bipolar disorder (33%, *n*=3), and other disorders (11%, *n*=1).

Most of the final focus group participants (78%, *n*=7) reported having at least one contact with police in the previous month. The participants' lifetime contacts with the police were as follows: three to five contacts (22%, *n*=2), six to nine contacts (11%, *n*=1), or 10 or more contacts (67%, *n*=6).

Interview and Survey

We used interview and survey methods as the primary approaches for gathering information and data relevant to the research questions articulated above. The purpose of the interview was to gain and in-depth understanding of how people with mental illness perceived and described their interactions with the police. The survey was designed to provide complementary data regarding the

breadth of perspectives and attitudes about the police from the point of view of adults with mental illness across BC. The methods used and the characteristics of the participants who took part in the interviews and survey are summarized below.

Method and Procedure

Recruitment

From April 2010 to March 2011, participants were recruited from community mental health centres, non-profit agencies, and psychiatric hospitals. Whereas recruitment for the interviews was focused on the Metro Vancouver area, recruitment advertisements for the surveys were circulated throughout BC. A range of recruitment strategies were used, including distributing advertisements via email, recruitment posters, using online social networking and web-based newsletter, and presenting at consumer organizations' events and meetings. The advertisements provided a brief description of the study and invited people to contact the research team if they were interested in participating.

Screening

Prior to study enrolment, potential interview participants were screened for inclusion either in-person or by telephone. During this process, a trained graduate-level research assistant reviewed the consent form and screened for capacity to consent via a brief checklist to ensure that the potential participant satisfied the inclusion criteria. Potential survey participants were not screened; rather, they were asked to participate only if they satisfied the study's inclusion criteria.

Inclusion Criteria

Inclusion criteria for entry into the interview and survey components of the study were: (a) current diagnosis of schizophrenia, schizoaffective disorder, other psychosis, or bipolar disorder (self-reported); (b) age 19 years or older (self-reported); and (c) able to speak and understand English. The interview participants had to meet additional criteria, including: (a) currently residing in the Metro Vancouver area, (b) previous contact with the police (self-reported), and (c) cognitively capable of providing research consent.

Design and Procedure

Semi-structured interviews were conducted from May to December 2010. Each interview was administered in-person by a peer-researcher who had received training by the project team in research methods. The interview took place in a variety of mental health settings (e.g., psychiatric hospital, community mental health centre) and lasted approximately 90 minutes. Participants were paid $10 for participating in an interview.

Surveys were administered from June 2010 to March 2011. Participants were provided with a range of ways to complete the anonymous survey; the most common modes of administration were: in-person (49%, n=120), internet (37%, n=90), mail (12%, n=30), and telephone (2%, n=4). Survey participants were either entered into a draw for a cash prize or paid $5 for completing a survey.

Materials

The development of the interview and questionnaire was guided and informed by several considerations, including: (a) questions that were contained in the Mental Health Commission of Canada's original request for proposals, (b) priority areas that were identified by the initial focus

group participants, (c) findings of our literature review, and (d) expertise and advice of our project team.

The interview guide contained more than 150 quantitative and qualitative questions that were structured around the following areas: (a) sociodemographic information, (b) mental health characteristics, (c) police/criminal justice system contact information, (d) factors that influenced interactions with the police, (e) use of force, (f) police assistance, (g) police training, (h) in-depth information about the most recent interaction with police, and (i) general reflections about police interactions. We incorporated several standardized questions into the interview guide from the *Police Contact Experience Scale* [44].

The questionnaire included approximately 50 close-ended questions and a few open-ended questions that were structured around the following areas: (a) sociodemographic information, (b) mental health information, (c) criminal justice history, (d) exposure to information about the police, (e) contact with the police, including the frequency, type, and levels of satisfaction, (f) general attitudes about the police, and (g) recommendations. Several questions from the *2009 General Social Survey* [45] were incorporated into the questionnaire.

Survey and Interview Participants

The study participants included 244 people with mental illness who completed a survey and 60 people with mental illness who were interviewed. Overall, survey and interview participants were very similar in terms of, social, criminal justice and mental health their demographic characteristics.

Table 1 presents participants' demographic characteristics. The majority were men (survey: 55%, *n=135*; interview: 68%, *n=41*), 30 to 59 years of age (survey: 78%, *n=190*; interview: 78%, *n=47*), White/Caucasian (survey: 67%, *n=164*; interview: 78%, *n=47*), and born in Canada (survey: 79%, *n=192*; interview: 82%, *n=49*).

Table 1. Survey and Interview Participants' Demographic Characteristics

Characteristics	Survey Participants (*N* = 244)		Interview Participants (*N* = 60)	
	n	%	*n*	%
Gender				
Male	135	55.3	41	68.3
Female	108	44.3	19	31.7
Missing	1	0.4	0	0
Age in Years				
19-29	32	13.1	4	6.7
30-39	62	25.4	14	23.3
40-49	64	26.2	18	30.0
50-59	64	26.2	15	25.0
60+	13	5.3	6	10.0
Missing	9	3.7	3	5.0
Mean ± SD	235	42.8±11.0	57	45.2±10.7
Ethnicity				
White/Caucasian	164	67.2	47	78.3
Aboriginal	27	11.1	5	8.3
Asian	26	10.7	3	5.0
Other/Mixed	23	9.4	5	8.
Missing	4	1.6	0	0
Country of Birth				
Canada	192	78.7	49	81.7
Other	47	19.3	11	18.3
Missing	5	2.0	0	0
Primary Language				
English	221	90.6	53	88.3
Other	23	9.4	7	11.7

Participants' social characteristics are provided in Table 2. They were predominately unmarried (survey: 82%, *n* = 201; interview: 92%, *n* = 55), low income (survey: 80%, *n* = 196; interviews: 90%, *n* = 54), and high school or equivalent educated (survey: 73%, *n* = 177; interview: 73%, *n* = 44). Fewer than half (survey: 21%, *n* = 51; interview: 48%, *n* = 29) indicated they were currently engaged in some form of paid employment. Almost two-thirds of interview participants (63%, *n* = 38) reported lifetime experiences of homelessness, which was not queried in the survey. All of the interview participants and most of the survey participants (75%, *n* = 182) were living in the Metro Vancouver area. The remaining survey participants (who provided their postal code) were residing in Victoria (5%, *n* = 12), Prince George (2%, *n* = 5), and 15 other communities throughout BC.

Table 2. Survey and Interview Participants' Social Characteristics

Characteristics	Survey Participants (*N* = 244)		Interview Participants (*N* = 60)	
	n	%	*n*	%
Relationship status				
Married	38	15.6	5	8.3
Not married	201	82.4	55	91.7
Missing	5	2.0	0	0
Employment status				
Paid employment	51	20.9	29	48.3
Not employed	192	78.7	31	51.7
Missing	1	0.4	0	0
Household income				
< $25,000	196	80.3	54	90.0
25,000 to 49,999	23	9.4	3	5.0
50,000 to 74,999	7	2.9	1	1.7
75,000 to 99,999	4	1.6	2	3.3
Missing	13	5.3	0	0
Education level				
Did not complete high school/GED	63	25.8	16	26.7
Completed high school/GED	177	72.5	44	73.3
Missing	4	0.2	0	0
Housing type				
Private dwelling	127	52.0	21	35.0
Supported or transitional	43	17.6	26	43.3
Psychiatric hospital	56	23.0	11	18.3
No fixed address/shelter	9	3.7	2	3.3
Missing	9	3.7	0	0
History of Homelessness				
Lifetime	n/a	n/a	38	63.3
Past Year	n/a	n/a	9	15.0

Participants' criminal justice histories are described in Table 3. Lifetime experiences of non-violent (77%, *n* = 46) and violent (72%, *n* = 49) victimization were prevalent among the interview participants, but more recent experiences (within one year) were reported by fewer than one-quarter (22%, *n* = 13). The majority of interview participants had perpetrated non-violent (60%, *n* = 36) or violent (53%, *n* = 32) criminal acts in their lifetime, but perpetration rates were much lower in the past year (any: 13%, *n* = 9; violent: 3%, *n* = 2). It is noteworthy that interview participants were more likely to be the victim, rather than the perpetrator, of a violent act in the past year (*P* = .006). Survey participants were not asked questions about victimization and perpetration of criminal acts.

Though almost three-quarters of participants (survey: 72%, *n* = 175; interview: 77%, *n* = 46) had been apprehended/arrested by police, fewer than half (survey: 40%, *n* = 98; interview: 47%, *n* = 28) had been convicted of a criminal offence, with a quarter (27%, *n* = 16) of interview participants having been convicted of a violent offence. Approximately one-third of participants had been adjudicated 'Not Criminally Responsible on account of a Mental Disorder' (NCRMD) (survey: 20%, *n* = 48; interview: 35%, *n* = 21).

Table 3. Survey and Interview Participants' Criminal Justice History

Characteristics	Survey Participants (*N* = 244)		Interview Participants (*N* = 60)	
	n	%	*n*	%
Victim of non-violent criminal act				
Lifetime	na	na	46	76.7
Past year	na	na	13	21.7
Victim of violent act				
Lifetime	na	na	49	81.7
Past year	na	na	13	21.7
Perpetrator of any criminal act				
Lifetime	na	na	44	73.3
Past year	na	na	8	13.3
Perpetrator of violent act against person				
Lifetime	na	na	32	53.3
Past year	na	na	2	3.3
Ever adjudicated NCRMD				
Yes	48	19.7	21	35.0
No	191	78.3	37	61.7
Missing	5	2.0	2	3.3
Ever apprehended/ arrested by police				
Yes	175	71.7	46	76.7
No	68	27.9	14	23.3
Missing	1	0.4	0	0
Ever spent a night in jail or prison				
Yes	n/a	n/a	41	68.3
No	n/a	n/a	18	30.0
Missing	n/a	n/a	1	1.7
Ever convicted of any crime				
Yes	98	40.2	28	46.7
No	138	56.6	31	51.7
Missing	8	3.3	1	1.7
Ever convicted of violent crime				
Yes	n/a	n/a	16	26.7
No	n/a	n/a	44	73.3

Table 4 presents participants' mental health characteristics. Schizophrenia (survey: 25%, *n* = 61; interview: 33.3%, *n* = 20) and bipolar disorder (survey: 42%, *n* = 103; interview: 33%, *n* = 20) were the most commonly self-reported primary diagnoses, followed by schizoaffective disorder (survey: 14%, *n* = 35; interview: 25%, *n* = 15). Participants were typically in their mid-20s when they were first diagnosed with a mental illness (survey: *M* = 25.3±10.1 years; interview: *M* = 26.6±11.2 years). More

than half of participants (survey: 63%, *n* = 153; interview: 55%, *n* = 33) reported a history of problematic substance use. The vast majority of participants reported a history of psychiatric hospitalization (survey: 85%, *n* = 208; interview: 90%, *n* = 54) and that they were currently taking medication or seeing a mental health professional (survey: 88%, *n* = 215; interview: 92%, *n* = 55).

Table 4. Survey and Interview Participants' Mental Health Characteristics

Characteristics	Survey Participants (*N* = 244)		Interview Participants (*N* = 60)	
	n	%	*n*	%
Primary diagnosis				
Schizophrenia	61	25.0	20	33.3
Schizoaffective disorder	35	14.3	15	25.0
Bipolar disorder	103	42.2	20	33.3
Other psychotic disorder	31	12.7	5	8.4
Missing	5	2.0	0	0
Age (in years) of 1st mental illness diagnosis, Mean ± SD	231	25.3±10.1	59	26.6±11.2
History of problematic substance use				
Yes	153	62.7	33	55.0
No	86	35.2	27	45.0
Missing	5	2.0	0	0
History of psychiatric hospitalization				
Yes	208	85.2	54	90.0
No	34	13.9	4	6.7
Missing	2	0.8	2	3.3
History of involuntary psychiatric hospitalization				
Yes	n/a	n/a	46	76.7
No	n/a	n/a	11	18.3
Currently taking medication or seeing a mental health professional				
Yes	215	88.1	55	91.7
No	26	10.7	4	6.7
Missing	3	1.2	1	1.7

EXTANT KNOWLEDGE

The purpose of this section is to provide a narrative review of the extant academic and grey literature regarding interactions between people with mental illness and the police. As described earlier, this review addresses three questions: (a) How often do people with mental illness and the police come into contact with one another? (b) Under what circumstances do people with mental illness interact with the police? And (c) How do people with mental illness perceive the police?

Magnitude of the Situation

How often do people with mental illness and the police come into contact with one another? Generally, researchers have explored this question using the following four methodological approaches: (a) studying arrest rates among people with mental illness, (b) examining police involvement in pathways to care among people with mental illness, (c) considering psychiatric hospital admissions that involved police referral, and (d) tracking police dispatches and encounters involving people with mental illness. This section summarizes these four avenues of inquiry.

Arrest Rates

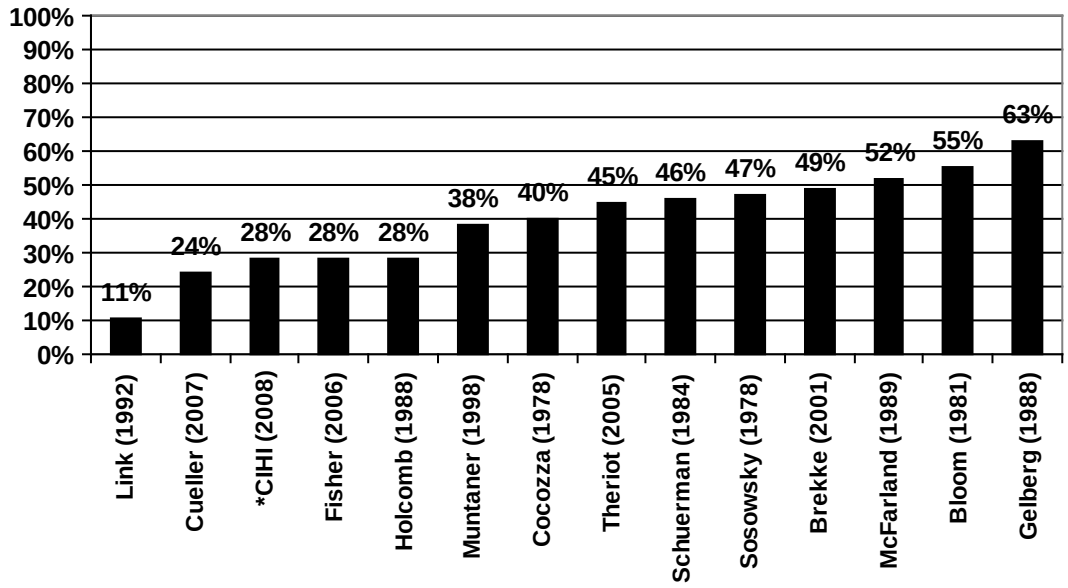
Using the search strategy described earlier, the systematic review uncovered 14 studies that have examined the proportion of people with mental illness who have been arrested by police at some point in their lifetime [46 – 59]. A larger number of studies have examined arrest rates within a circumscribed period (e.g., one year post-hospitalization); however, for the purposes of this report, only lifetime arrest rates were considered.

Arrest rates reflect the police response to perceived deviant behaviour or suspected criminal activity, and they are considered to be a gross underestimate of the total number of encounters between police and people with mental illness. In fact, the review identified few studies that examined prevalence rates of both informal and formal interactions with the police. One study of 253 people with first episode schizophrenia found that 22% had a history of any type of contact with the police [60]. A Canadian study of 102 newly admitted individuals to inpatient and community psychiatric services found that 65% had a history of police contact, which included being a suspect of a crime (55% of contacts), being a victim/complainant (17% of contacts), transportation to hospital (12% of contacts), reported as a missing person or elopement from hospital (12% of contacts), and attempted suicide (2% of contacts) [61]. Another study found that half of people with mental illness who were victims of crime actually reported their victimization to the police [62]. All but one of the included studies was carried out in the United
States. Most of the studies used patient samples (i.e., persons admitted to inpatient or outpatient mental health services) and the majority relied on official arrest records. Official arrest rates tend to be lower than self-report arrest rates [54]; however, one study detected the opposite trend [46]. The correlation between self-reported and officially reported number of lifetime arrests is high [63].

Overall, the research indicates that about ***2 in 5 (40%) people with mental illness have been arrested in their lifetime***, ranging from 11% to 63%. A Canadian review of delinquency and criminal

activity in the context of mental health found that of 30,606 unique individuals who were admitted to mental health beds (2006-2007) in Ontario, 28% reported to have police contact for participation in criminal activity [48]. Figure 1 illustrates the findings across all of the studies that were included in our review.

Figure 1.
Proportion of people with mental illness who have been arrested in their lifetime. [46 – 59]



*Indicates a Canadian Study

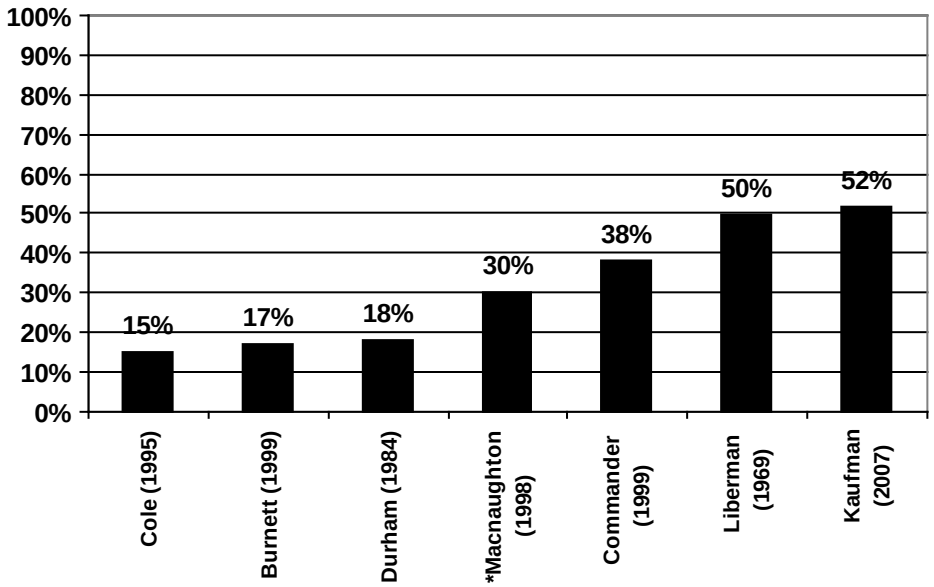
Research also suggests the following trends; multiple arrests are common among people with mental illness who have arrest histories, a small proportion of people with mental illness account for a large proportion of the arrests, and general arrest rates are higher among people with mental illness than among the general public [46, 47, 49-57, 64]. One study found that although the general arrest rate was higher, the violent arrest rate was substantially lower among people with schizophrenia or schizoaffective disorder compared with the general public [53].

Among the mental health population, men have a much higher arrest rate at 77% compared with women at 15%, which is consistent with the general population [54]. Studies that included personality disorders [50] and substance use problems [56, 58] as primary diagnoses of 'mental disorder' tend to report higher arrest rates. Gelberg and colleagues [55] report the highest numbers, which may be an artefact of study design features including: sample comprised of homeless adults, self-report arrests were used, and alcohol or drug problems were included as a primary diagnosis. Over half of their sample (55%) reported having been arrested or held at a police station for alcohol problems during their lifetime.

Pathways to Care

Police have become a primary means of transporting people with mental illness to psychiatric care (i.e., hospitals). The search uncovered seven studies that have examined the proportion of people with mental illness who have been taken into care by a police officer [65-71]. Four studies were carried out in the United Kingdom, two were set in the United States, and one in Canada (BC). The studies tended to use small samples ($n < 100$) and typically relied on self-report interviews with either people who had mental illness or their family members to examine and individual's first admission to a psychiatric hospital. Overall, these studies suggests that approximately ***3 in 10 (30%) people with mental illness have had the police involved in their care pathway***, with prevalence ranging from 15% to 52%. Figure 2 illustrates the findings across the studies that were included in our review.

Figure 2.
Proportion of People with Mental Illness with Police Involvement in Their Care Pathway. [65-71]



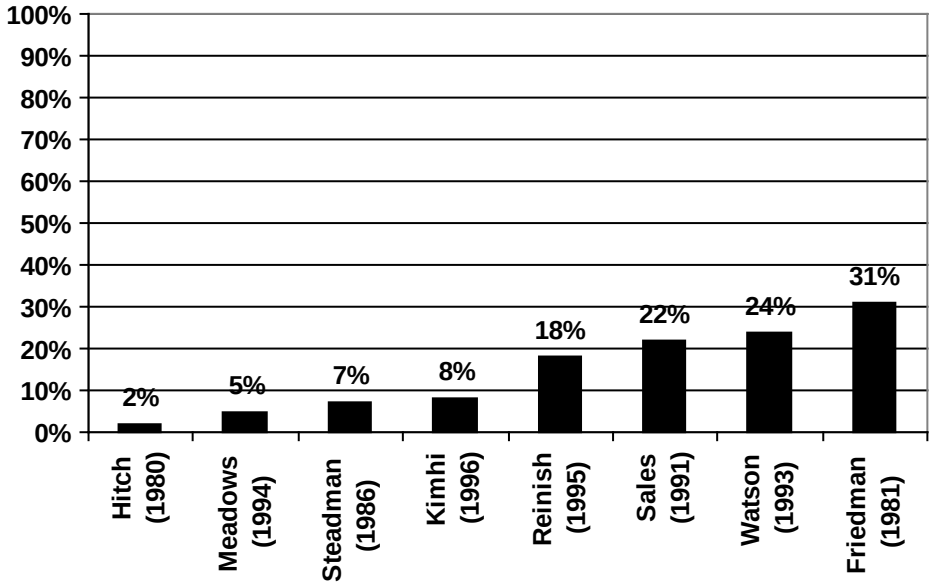
*Indicates a Canadian Study

Studies that have examined lifetime experiences, rather than first experiences, tend to report higher prevalence rates of police involvement in pathways to psychiatric care [56, 57]. One American study found that police had a higher likelihood of being involved in involuntary commitment referrals that were violent in nature, and that their involvement in an involuntary commitment referral increased the likelihood that an individual would actually be committed [58]. The evidence is mixed as to whether socioeconomic status and ethnicity are associated with the likelihood that police are involved in transporting individuals to psychiatric care [65-67, 70].

Psychiatric Hospital Referrals

Psychiatric hospital referral statistics offer another point of view on the magnitude of this issue. Our literature review found eight studies that have examined the number of referrals to emergency psychiatric inpatient services that have been brought in by police [72-79]. Five studies were carried out in the US, with the remaining studies coming from the UK, Israel, and Australia. The research indicates that approximately 1 in 7 (14%) referrals to emergency psychiatric inpatient services involve the police, with rates ranging from 2% to 31% of all referrals. Figure 3 illustrates the findings across the studies that were included in our review.

Figure 3. Proportion of Psychiatric Hospital Referrals That Were Brought In by Police. [72-79]



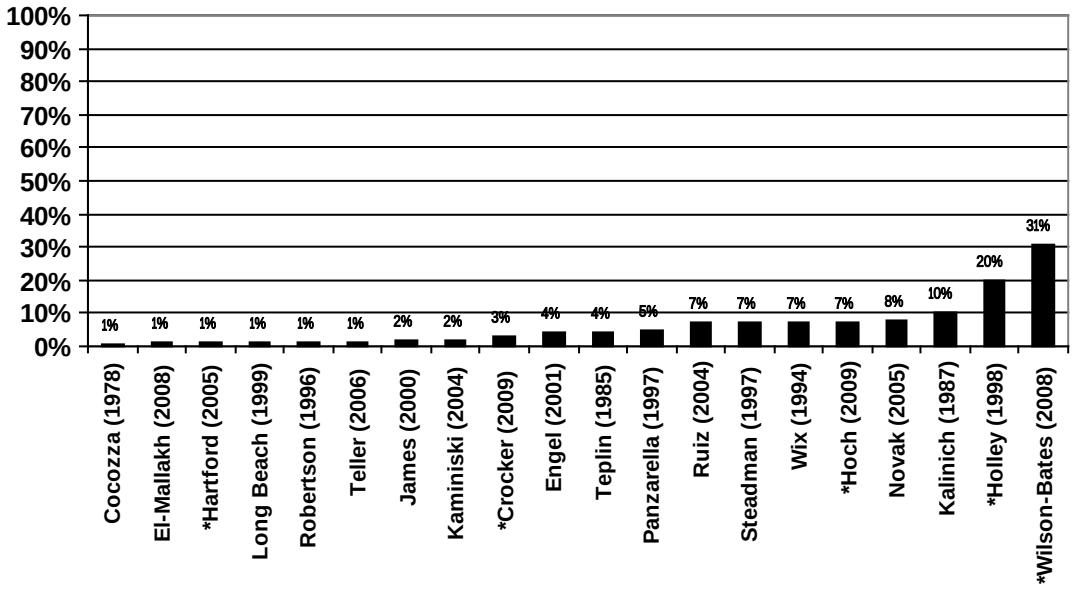
Persons who are referred by the police for psychiatric hospitalization are more likely to demonstrate violent behavior than those who arrived through other means [74, 76, 78, 80]. On average, 54% of police referrals resulted in hospital admission (Range = 23% to 75%); with some studies finding that police referrals had significantly higher admission rates compared with referrals from sources other than the police (e.g., self-referral) [74-79]. Regarding the appropriateness of the referrals, one study found that 43% of police referrals were judged as having a 'mild' mental disorder [59]. Another study that used research clinicians to assess individuals who were brought into psychiatric emergency services found that 73% of those who were brought in by the police could be diagnosed as having a major mental illness and that police referrals were more severely psychiatrically disturbed than emergency patients who were not brought in by the police [60]. Friedman and colleagues [61] also found that patients who arrived to the emergency room by police were more pathological than those who were self referred.

Police Dispatches and Encounters

Another way to assess the magnitude of this issue is to ascertain the volume of police work that is spent handling situations that involve people with mental illness. Our review found 20 studies that examined the proportion of police dispatches or encounters that involve persons with perceived mental health problems [51, 81-99]. Most of the studies either used data that was gathered from administrative police databases or naturalistic field observations, whereas four studies relied on estimates from police personnel (e.g., surveys). The majority of studies were from the US, five were from Canada, and the remaining studies were from the UK and Australia. This body of research contains widely divergent methods for identifying and defining 'persons with mental health problems', which likely contributes to the variation in the results. Several studies relied on police observations of probable mentally disturbed behaviour, whereas other studies used independent research observers or data-driven algorithms to flag cases that likely involve mental disorder.

Overall, approximately ***1 in 20 (5%) police dispatches or encounters involve persons with mental health problems***, with rates ranging from 1% to 31%. For example, a large Canadian study (London, Ontario) that used administrative databases to examine 767,365 police encounters over a 6-year period found that people with serious mental illness were involved in approximately 3% of all police encounters [62]. In one of the most widely cited studies [63], researchers observed everyday police-citizen interactions in an unnamed American city for 2,200 hours over a 14-month period and found that 4% involved persons exhibiting signs of serious mental disorder. Figure 4 illustrates the findings across the studies that were included in our review.

Figure 4. Proportion of police dispatches/encounters that involve persons with perceived mental health problems. [51, 81-99]



*Indicates a Canadian study

The relatively high rates of police dispatches/encounters in two of the Canadian studies likely reflect various sampling and methodological limitations [86, 98]. For example, both studies relied

exclusively on police officers' judgments about whether they felt that a mental health problem contributed to the individual's contact with the police.

Multiple interactions with the police is fairly common [64], with one Canadian study finding that 26% of people with mental illness who came into contact with the police had more than five interactions, compared with 4% among those without mental illness [65]. Indeed, police routinely interact with people with mental illness. One American study found that police officers were, on average, involved in six encounters per month with people who may have mental health problems [66]. As well, an Australian survey found that almost three-quarters of police officers have had at least one encounter with an individual with mental health problems in the past month [67]. The same survey found that, on average, police report spending 10% of their time dealing with situations involving mentally disturbed people (e.g., mental health problem, suicidal, drug/alcohol problem).

Summary – Magnitude of the Situation

In summary, the research suggests the following estimates regarding the prevalence of interactions between people with mental illness and the police:

- 2 in 5 people with mental illness have been arrested in their lifetime.
- 3 in 10 people with mental illness have had the police involved in their care pathway.
- 1 in 7 referrals to emergency psychiatric inpatient services involve the police.
- 1 in 20 police dispatches or encounters involve persons with mental health problems.

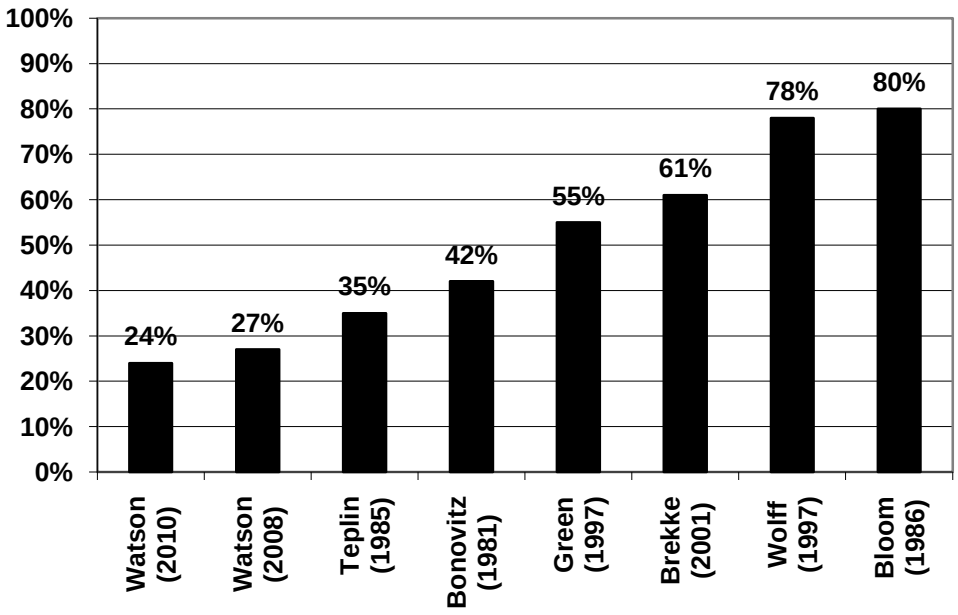
Nature of Police Interactions

Under what circumstances do people with mental illness interact with the police? This broad question can be divided into the following three sub-questions: (a) What types of interactions do people with mental illness have with the police? (b) What takes place during these interactions? (c) What are the outcomes of such interactions? Research findings pertaining to each of these three questions are reviewed below.

Type of Interactions

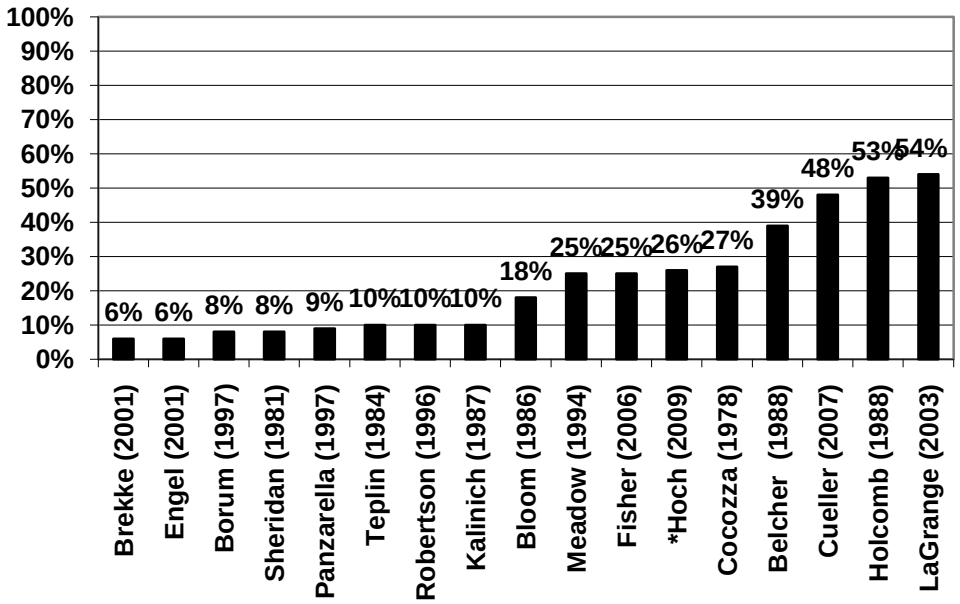
People with mental illness and the police come into contact with one another under a wide range of circumstances. Our review of the research suggests that, on average, ***half of the interactions between the police and people with mental illness involve alleged criminal behaviour***. Figure 5 illustrates the findings across the studies that were included in our review.

Figure 5. Proportion of Police Contacts with Mentally Ill Persons that Involve Any Type of Suspected Criminal Activity. [33, 55, 97, 101-105]



Approximately ***1 in 5 (20%) police encounters and arrests involving people with mental disorders are in relation to them allegedly perpetrating a violent criminal act***. Figure 6 illustrates the findings across the studies that were included in our review.

Figure 6. Proportion of Police Contacts and Arrests with Mentally Ill Persons that Involve Suspected Violent Crimes. [1, 47, 49-51, 73, 83, 85, 88, 92, 93, 101, 106-110]



*Indicates a Canadian Study

This suggests that **approximately** ***2 in 5 (40%) encounters between the police and people with mental illness involve non-violent, less serious criminal acts*** (e.g., theft, property damage, disorderly conduct, drug possession). Consistent with this statistic, one Canadian study found that 40% of the charges laid against people with mental illness were in relation to minor nuisance offences [64].

An additional ***2 in 5 (40%) encounters between the police and people with mental illness involve situations that are unrelated to criminal conduct***, which commonly include: calls for assistance from family, friends or other concerned persons' (e.g., mental health crisis, bizarre behaviour); calls for assistance from a persons with mental illness (e.g., mental health crisis, victim of a crime); transportation to mental health services (e.g., psychiatric hospital); calls for assistance by mental health staff (e.g., patient absconded from hospital); routine street checks or stops; and administrative purposes (e.g., serving warrants) [33, 55, 73, 81, 88, 101, 102, 104, 109, 111, 112]. Whereas an American study found that people with mental illness were less likely to contact the police as victims or complainants [63], a large Canadian study found that people with serious mental illness were seven times more likely than those without mental illness to have been the source of complaints that led to police intervention [62]. Another study found that among people with schizophrenia living in the community (n = 173), the annual incidence of police contact was 16% to 19%, police arrests was 7% to 9%, and victimization was 13% to 18% [53]. Research suggests that 50% to 60% of victimization experienced by people with mental illness does not get reported to the police, which is comparable to rates found among the general population [55, 62].

Characteristics of the Interactions

Source of Calls

The majority of interactions between the police and people with mental illness are initiated by the police (~25%), the person with mental illness (~15%), or their family (~20%). Across studies [33, 55, 73, 92, 102, 103, 109, 113], approximately one-quarter of interactions (ranging from 3% to 66%) were initiated by the police (e.g., observed bizarre behaviour). Within four studies, about 20% of police contacts were initiated by family members. Eight studies suggest that, on average, around 15% of interactions (ranging from 1% to 30%) are initiated by calls to the police that are made by the person with mental illness. The remaining police contacts were initiated by neighbours, friends, businesses owners, landlords, mental health and medical staff, and social service staff.

Use of Force

People with mental illness are over-represented in police shooting, stun gun incidents, and fatalities. An Australian study found half (n = 17) of the people fatally shot by police were considered to have a mental disorder at the time of the shooting [68]. This is consistent with UK studies reporting that 46% (n = 24) of police shootings involved someone with a mental illness [69] and that 55% of police shootings that were classified by police as a 'spontaneous incident' involved persons with mental health problems [70]. In a UK study of 43 people whose death in police custody involved the use of drugs, 42% were likely to be experiencing mental health symptoms [71]. In a Canadian study of victim-perpetrated deaths involving police, roughly one-third of fatal shootings made specific reference to mental illness [72]. Similarly, an American study of 15 cases of deaths of suicidal persons who provoked police to kill them found medical documentation of severe mental illness in 33% of the cases and "reasonably compelling evidence" of psychiatric disturbance (including substance abuse) in the remaining cases [73].

In a literature review, de Brito and colleagues [74] found that 69% of individuals in the US who were shot by the police with a bean bag and suffered injuries had major mental illness. A study of police deployment of stun guns in the US over an 18-month period revealed that 7% involved crisis intervention team police calls, of which 77% were judged to involve a person with mental illness [15]. Another study of conducted electrical weapon use by police in the US found that 12% (n = 2,452) of the case involved a mentally ill person and, of these, 45% were in situations where lethal force would have been justified. A survey of 300 US police agencies found that that emotionally disturbed perpetrators were involved in 70% of hostage and barricade incidents [75].

A recent review of the use of conducted energy weapons by Canadian RCMP officers (2002-2008) found that stun guns were deployed in 50% of mental health/suicidal incidents [76] compared to 39% of non-mental health cases. Mental health/suicide-related cases represent 24% of all stun gun deployments, ranging from 13% in 2006 to 21% in 2002. The report indicates that mental health cases were more likely to involve weapons (mostly in relation to self-injurious behaviour); however, "there was nothing obvious that distinguished the circumstances of mental health incidents, except for the subjects themselves" [76] (p. 47). Seventy-two percent of the mental health cases involved substance use, primarily alcohol (55%). Throughout Canada, 41% of mental health cases involving stun gun deployment occurred in BC.

Some studies suggest that ***the overall proportion of police encounters with people with mental illness that involve police use of force is low***. An American study of a police crisis intervention team found that in their response to emergency calls involving persons with mental illness, 1% to 2% involved the use of force and that less than 1% resulted in injuries to the person or the police officer [77]. Moreover, a study of the use of police force on individuals arrested and booked over a seven

month period found that the effects of perceived mental status and alcohol intoxication were statistically unrelated to whether or not the police used force [78].

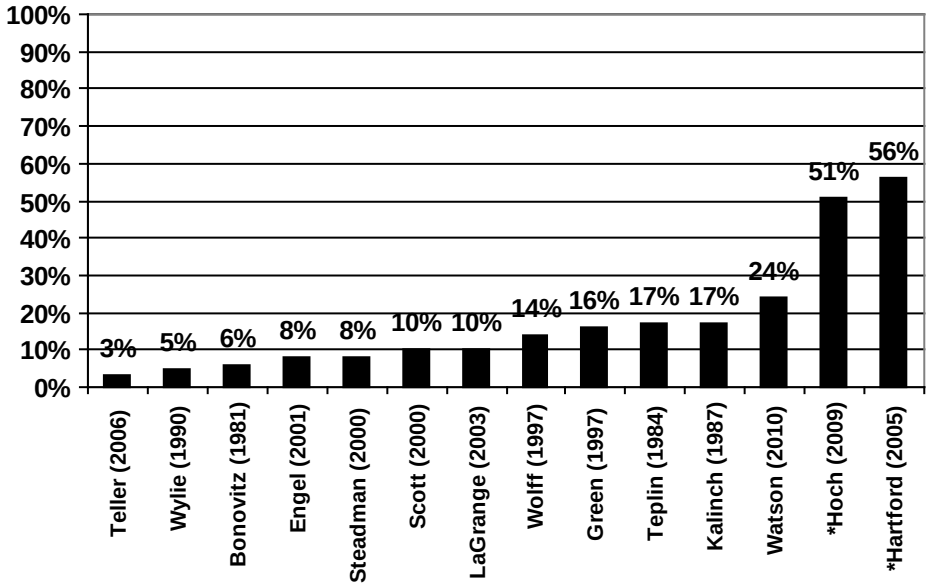
Subject Behaviour

Field studies have observed that ***people with mental illness are significantly more likely to be disrespectful and resistant toward police officers compared to non-mentally disordered suspects*** [83, 91]. Suspects with mental illness are also more likely to be intoxicated and in possession of a weapon [79]. In one American field study of people with mental illness who were in contact with the police, 36% were loud or obnoxious, 29% were intoxicated, 25% acted bizarrely, 24% appeared confused, 30% were cooperative, 19% were uncooperative, and 12% were assaultive/violent [80]. Another study of police incidents involving 'emotionally disturbed persons' (n = 90), revealed that 42% of subjects resisted police action, 27% used physical action (e.g., swinging/stabbing at them with something) against the police officer, and 14% were cooperative by the end of the incident [81]. Studies suggest that people with mental illness who were brought to psychiatric emergency services by police, compared to those referred by others, were more likely to be violent toward others preceding admission or in the emergency department [72, 119].

Outcome of Interactions

On account of the range of circumstances under which the police and people with mental illness interact, officers often use a great deal of discretion. Generally, the police are unlikely to arrest people with mental illness in situations that do not involve violence. Approximately, ***1 in 7 (14%) contacts between the police and people with mental illness end in arrest***. Figure 7 summarizes the findings across the studies that were included in our review.

Figure 7. Proportion of Police Contacts with Mentally Ill Persons that Result in Arrest. [12, 78, 81, 82, 85, 93, 98-101, 105, 107, 120-122]

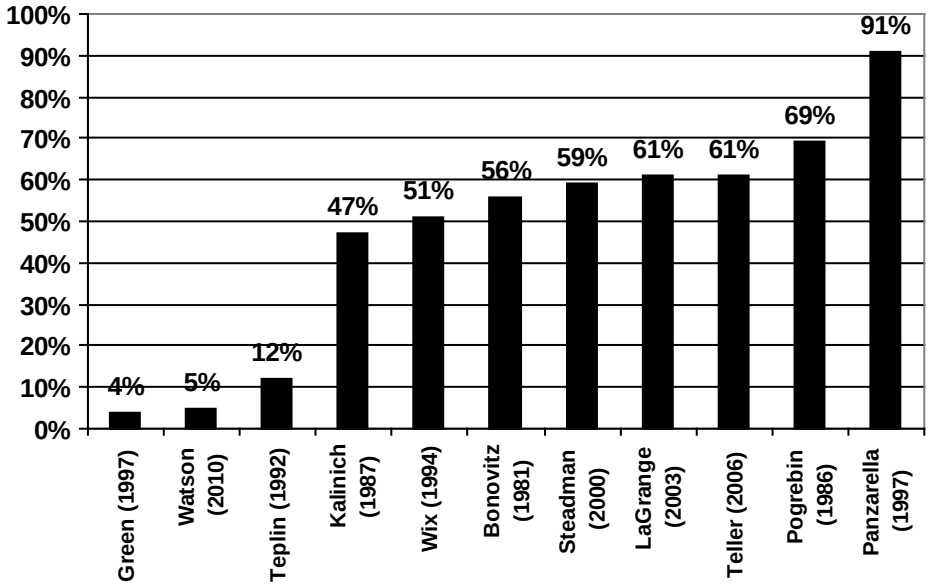


*Indicates a Canadian Study

Some research suggests that the police may be less likely to arrest mentally disordered suspects compared with non-mentally disordered suspects [79]; however, the bulk of the evidence indicates that people with mental illness who are suspected of committing a criminal offence are more likely to be arrested compared with those without mental illness [77, 78, 82, 107, 123]. It is worth noting that this trend varies across several factors including gender and type of offence. For instance, women with mental illness who commit violent offences are more likely to be arrested compared with their non-mentally ill counterparts, but those who committed less serious offences are less likely to be arrested [62]. The outcome of these interactions may also vary by whether a specialized crisis team responds to calls for service [12, 80, 120], with specialized units being less likely to use arrest as a means of resolving incidents involving persons with mental illness.

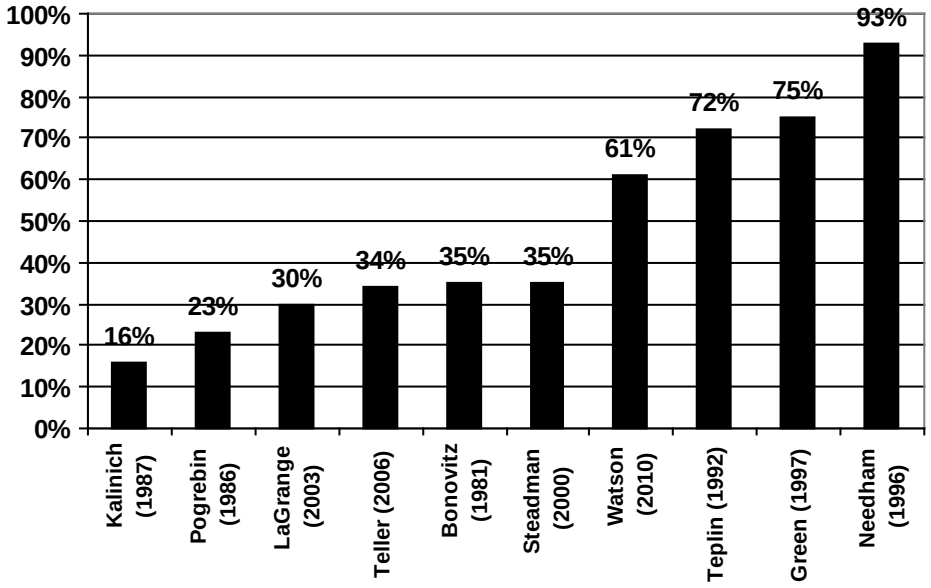
Another way in which the police handle situations involving people with mental illness is to refer, or actually transport, them to the services they need, including medical centres, emergency psychiatric services, community mental health centres, detoxification services, and alcohol or drug treatment centres. Across 11 studies, approximately ***half of police encounters that involve people with mental illness result in transport or referral to services***. Figure 8 illustrates the findings across the studies that were included in our review.

Figure 8. Proportion of Police Contacts with Mentally Ill Persons that Result in Transport or Referral to Health /Mental Health Services. [12, 85, 89, 93, 95, 98-100, 105, 123, 124]



Indeed, a large proportion of police interactions involving people who have mental illness are dealt with informally, which includes talking to the person, providing them with a ride (e.g., home, to family or friends), resolving the situation, cautioning them, providing on scene assistance, or not taking any action. This finding is consistent with the fact that the minority of these situations involve violent criminal conduct, which is a significant factor that influences police discretion. As is illustrated in Figure 9, the results across 10 research studies indicate that, on average, approximately ***2 in 5 (40%) interactions involving people with mental illness are resolved by police using informal means***.

Figure 9. Proportion of Police Contacts with Mentally Ill Persons Resolved by Informal Means. [12, 85, 93, 98-100, 105, 123-125]



Summary – Nature of Police Interactions

In summary, the research suggests the following estimates regarding the nature of police interactions with people who have a mental illness:

- Half of the interactions between the police and people with mental illness involve alleged criminal behaviour.
- 1 in 5 police encounters and arrests involving people with mental disorders are in relation to them allegedly perpetrating a violent criminal act.
- 2 in 5 encounters between the police and people with mental illness involve non-violent, less serious criminal acts.
- 2 in 5 encounters between the police and people with mental illness involve situations that are unrelated to criminal conduct.
- The majority of interactions between the police and people with mental illness are initiated either by the police (~25%), the person with mental illness (~15%), or their family (~20%).
- People with mental illness are over-represented in police shooting, stun gun incidents, and fatalities.
- Police encounters with people who have mental illness that involve the use of force (by the police) are rare.
- People with mental illness are significantly more likely to be disrespectful and resistant toward police officers compared to non-mentally disordered suspects.
- 1 in 7 contacts between the police and people with mental illness end in arrest.
- People with mental illness who are suspected of committing a criminal offence are more likely to be arrested compared with those without mental illness, but this varies by offence type, gender of the suspect, among other factors.
- Half of police encounters that involve people with mental illness result in transport or referral to services.
- 2 in 5 encounters between the police and people with mental illness are resolved informally.

Perceptions about the Police

How do people with mental illness perceive the police? Our literature review uncovered two in-depth studies that addressed this question and 11 others that briefly touch on this topic.

Research Findings

One of the few in-depth research studies to focus on the perceptions of people with mental illness in relation to police interactions was recently carried out in the US using qualitative methods and a procedural justice theoretical framework [33]. Interviews with 26 community mental health service users who reported an interaction with the police in the past year uncovered two main themes. First, the participants expressed feeling vulnerable and fearful of police, and second, they placed importance on the manner in which they were treated by the police. In relation to the first theme, participants generally distrusted the police and they expected to be treated badly or to be roughed up by the police. The participants outlined the types of police attitudes and behaviours that contributed to their experiencing these interactions as being procedurally unfair, such as whether police used forceful approaches or refused to listen to them. Despite this, several participants described encounters in which police officers behaved kindly, compassionately, and provided them with assistance. Participants were more likely to give positive evaluations (e.g., fairness) of police encounters if the police had given them an opportunity to tell their side of the story or if the officer was perceived to be acting legitimately within their role. The participants indicated that they want officers to: (a) allow them a chance to explain themselves, (b) treat them like human beings, (c) be patient, (d) respond in a calm manner, (e) recognize or ask about mental illness, and (f) get special training to help them respond to people with mental illness more effectively and keep situations from escalating.

In a second in-depth study, interviews were carried out in the UK with 16 individuals with psychotic illness who had been detained by the police [34]. Participants generally reported that, during the detention, the police officers were more interested in using their authority/power to maintain law and order, and did not behave in a way that showed concern for the person's welfare. The participants expressed that they had little influence over the decisions that were being made about resolving the situation, and, consequently, assumed a passive role. However, while waiting in the hospital emergency room, the participants felt that the police appeared to care what happened to them and adopted a more compassionate demeanour than they had displayed while in the community. The participants perceived the job of a police officer as a difficult one. Being taken into police custody rather than directly to hospital (perceived as a place of safety) was thought of as dehumanizing, punishing, and criminalizing – leading to loss of power, liberty, respect, and control. Overall, the study suggests that the police attitudes influence how interactions are perceived by people with mental illness (particularly for those who anticipate negative attitudes): positive police attitudes during interactions raises their positive expectations of the hospital experience, and negative attitudes increases feelings of worthlessness.

In the only Canadian study (conducted in BC) to consider this topic, interviews were conducted with 107 people (55% consumers, 45% family members) to understand first experiences with the mental health system [82]. The following quotes were extracted from the participants' narratives about police involvement in the hospitalization process:

- *"The most frightening thing was not knowing what's going on, and to find myself being dragged to the hospital. Four policemen dragged me."*
- *"Every time I went to the hospital I was dragged off in handcuffs. That's a horrible way to live."*
- *"They [the police] said they might have to shoot him . . . [but] he was not violent at all. He was very docile."*
- *"Why did there have to be policemen? It would have been much nicer if he could have been picked up . . . by a person who'd known him all his life. He's always remembered being picked up by the police, because he was outside just minding his own business. He's always held that against me."*
- *"I don't think the police officers should be involved in bringing someone to the hospital, I think the mental health agencies should be doing that, because they can't counsel or anything, all they can do is apprehend somebody...I didn't appreciate Mental Health . . . calling the police without telling me, because I feel like I would have gone, instead of putting me under that embarrassment."*
- *"I've forgiven them [the police], but I didn't for quite a while . . . I think I could have been assessed and treated at home."*

Based on these findings, the author suggests the need to develop strategies which minimize police involvement in situations involving people with mental illness who require emergency care.

These findings are consistent with an American study that compared the perceptions of patients and relatives who had (n = 17) or had not (n = 35) used the police to access mental health services [56]. Over 70% of the patient sample (who had been brought to services by the police) claimed that they would not use the police again if they had a choice, but over 90% of their relatives, who actually made the decision to call the police, indicated that they would. Almost three-quarters of the sample who had used the police never wanted help and didn't think it was necessary, compared with 11% of the sample who did not use the police to access mental health services. Persons who chose to use the police to access services had greater accessibility to the police compared to their accessibility to physicians, with 65% of police cases rating the police as the "easiest and most convenient resource."

Five studies that examined stigma experiences among people with mental illness briefly mentioned findings that pertain to the police. In a US study that examined the experiences of 1,824 people with mental illness with discrimination, 13% cited encounters with law enforcement as the area in which they reported experiencing discrimination [83]. Regarding the reasons they felt discriminated against by the police, 27% mentioned their psychiatric disability, 33% stated their race, 31% cited their gender, 34% indicated their sexual orientation, and 28% said that it was on account of their physical disability. A UK study of stigma experiences of 193 mental health service users found that they, on average, 'neither agreed nor disagreed' that the police have discriminated against them because of their mental health problems [84]. In a New Zealand study of 100 people who were receiving community mental health services, 44% reported that they were treated with kindness and sympathy by police officers when they learned that they were mental health consumers [85]. Similarly, 44% of participants in an American study of mental health consumers indicated that they were 'sometimes' (n = 292), 'often' (n = 168), or 'very often' (n = 113) treated with kindness and sympathy by law enforcement officers when they learned that the person was a consumer [86]. The fifth 'stigma' study was a survey of mental health service users (n = 3,038) and carers (n = 611) in the UK, which found that approximately 17% of service users and 20% of carers indicated that the police should be targeted by an anti-stigma campaign [87].

Two studies have examined perceptions of people with mental illness regarding police responses to reports of victimization. An American study of 234 victims of crime who had a diagnosed mental disorder [48] found that those who had reported crimes to the police rated the police response as: helpful/professional 27% (n = 63), disbelieving 17% (n = 20), angry 6% (n = 7), rude/sarcastic 15% (n = 18), and unhelpful 10% (n = 12). In another victimization study conducted in the UK, people with mental illness (n = 40) held more negative attitudes about the police (P < .01) than did a sample of students (n = 80) [88]. For those who reported victimization to the police, the mentally ill sample was more dissatisfied with the police response compared with the student sample. Although both groups expressed dissatisfaction with the speed with which the police responded, or their ability to help at all, only the mentally ill sample expressed dissatisfaction with the way the police responded to them on a personal level.

In a survey of 472 carers and 91 sufferers with schizophrenia in the UK [89], the quality of police services was rated higher than other community services, including general practitioners, social workers, psychiatrists, and community psychiatric nurses. On average, survey respondents rated police services as 'okay' to 'good'. As is evidenced by the following two quotes, respondents – both sufferers and carers – commented warmly on the help that they received from police officers: "The police were the only people I could get help from" and "The police have never failed to try and assist." Limitations of the study included the combined responses of carers and people living with mental illness, lack of statistical analysis of the data, and the low response rate (10%) to the survey.

Summary – Perceptions about the Police

One of the few trends emerging from this small body of research is that the perceptions of people with mental illness about the police are neither uniformly positive of negative. Not only do perceptions vary between individuals and events, but, as one study found [34], the way in which the police are perceived may even fluctuate within a single interaction. These findings underscore the complexity of the perceptions that people with mental illness hold about the police and their interactions with police.

PARTICIPANT PRIORITIES

What topics do people with mental illness identify as priority areas for studying their perceptions of, and interactions with, the police? This section provides an overview of the results of our initial focus group consultations with people that live with mental illness and who also have had a direct encounter with the police.

Topic Areas

The focus groups revealed six major and five minor topic areas that participants suggested should be incorporated into our interview and survey materials.

Perceptions about Police Officers and Interactions

The first major topic area concerned: (a) how people have been treated by the police and (b) how they perceive the police. Examples of questions that were raised by the focus group participants within this topic area included:

- Do you have respect for the police?
- Have your interactions with the police affected your level of respect for the police?
- Have your experiences with the police been mostly positive or negative?
- Do you feel that the police listen to what you have to say?

Access to Information

The second major topic area consisted of comments and questions pertaining to access to, and use of, information by the police. Participants' responses generally focused on current police practices for collecting information, things that the police should know about an individual prior to arriving on scene, and beneficial or harmful ways such information could be used by the police. Examples of questions that fall within this topic area are:

- What sort of information should the police have access to before arriving on scene with a person who has mental illness?
- Have you ever been asked by the police whether or not you're on medication? Do you feel it's an invasion of privacy for them to ask?
- Should the police have access to a person's medical information regarding their mental illness? How would this be helpful? How would this be harmful?

Use of Force

The third major topic involved the use of force by police officers, which primarily concerned the experience of being the recipient of a police officer's use of force. The following questions provide a sense of types of information that participants felt would be important to study:

- Have you ever been placed in handcuffs by the police? Were you hurt? Do you feel that it was appropriate?
- Have you ever been tasered by the police?
- Have you ever felt physical discomfort while being transported by the police?
- How have these situations affected your perceptions of the police?

Police Assistance

Questions and comments regarding personal experiences with being helped or assisted by the police comprised the fourth major topic area. These included the following questions:

- Have you ever reported a crime to the police? What was the outcome?
- Have you ever been a victim of a crime? Did you report it to the police? How did they treat you?
- Have the police ever been helpful when they find out that you have a mental illness?

Process/Outcome(s) of Police Interaction

The fifth major topic area that the focus group participants felt should be included in the study concerned the process/outcome of interacting with the police. Sample questions included:

- How has an interaction with the police influenced your life?
- Have the police treated you with dignity and respect?
- Have you ever been apprehended by the police and felt like they didn't clearly explain what they were doing or what was going to happen to you?
- What would make you feel uncomfortable during an interaction with the police?

Influence of Mental Illness on Interaction

The sixth major topic area concerned the degree to which mental illness has influenced encounters with the police. The following are examples of questions that were raised by participants:

- Do you think that the police are biased against people with mental illness?
- Do you feel that the police perceive someone as less credible because of their mental illness?
- To what degree do you think that your treatment by police has been affected by your mental illness?

Minor Topic Areas

The five minor topic areas included comments and questions that were raised by multiple participants, but were neither strongly nor uniformly endorsed across the three focus groups. The minor topic areas, with a corresponding sample question, are listed below:

(a) Police accountability
    - Who should hold the police accountable for their actions?

(b) Personal accountability
    - Do you think that your own behaviour or actions has affected how the police have treated you?

(c) Feedback
    - How do you think that the police could better handle situations that involve people with mental illness?

(d) Police training
    - Should all police in Canada have mandatory training on dealing with mentally ill people?

(e) Other factors that influence interactions
    - If you show up in a certain part of town, are you treated different by the police?

Summary

In keeping with the PAR principles of engaging people with lived experience of mental illness in all stages of the research process, the initial focus groups provided the opportunity to uncover what our prospective participants thought should be topics for research. The major topic areas included: (a) perceptions of and treatment by the police, (b) access to and use of information by the police, (c) use of force during police interactions, (d) assistance provided by the police, (e) process and outcome of interacting with the police, and (f) influence of mental illness on interactions with the police. These major topic areas were incorporated into the interview and survey materials. In contrast, the minor topic areas informed the development of the interview and survey materials for the study, but were generally given less weight.

ATTITUDES ABOUT THE POLICE

What are the attitudes of people with mental illness in BC regarding the police? Do people with mental illness and the general public in BC have different attitudes toward the police? This section provides answers to these questions from the point of view of the 244 study participants who completed a survey. In addition, quotes from our interview and focus group participants are provided to illustrate how the police are viewed by people with mental illness.

General Attitudes about the Police

To enhance our understanding of how people with mental illness perceived the police, we asked several attitudinal questions to the survey participants. Table 5 summarizes their responses to six of these questions.

Table 5. Percentage of Survey Respondents Who 'Agree' or 'Disagree' with Statements about the Police.

	Agree[1]		Disagree[2]	
	n	*Valid %*	*n*	*Valid %*
I think police serve a useful purpose in society	214	91.8	19	8.2
I believe people should follow what the police say	174	81.3	40	18.7
I generally feel respect for police officers	168	75.6	54	24.4
I think that most police officers are honest	168	75.7	54	24.3
I generally trust police officers	153	66.8	76	33.2
I have been treated with respect and dignity during my interactions with the police	129	56.3	100	43.7

[1] Includes 'agree' or 'strongly agree'
[2] Includes 'disagree' or 'strongly disagree'

Overall, the responses suggest that more than three-quarters of the participants endorsed a positive view of the police in relation to respect for and legitimacy of the police role. For example, 92% (*n* = 218) indicated that the police serve a useful purpose in society and 76% generally feel respect for police officers. One-third (33%, *n* = 76) of survey participants reported that they do not generally trust the police and 44% (*n* = 100) reported that they have not been treated with respect and dignity during their previous interactions with the police.

The interview (I), survey (S), and focus group (FG) participants described their views of the police, which included positive perceptions.

> *I think that just by their [the police] level of compassion and being fair and … finding myself in … situations they really did protect … even the worst from happening to me. … They give you hope because you get to see episodes of compassion and … patience. … You can usually count on them … It gives me faith because it is dangerous. It is a dangerous city … And I do feel like I can count on them.* (I46)

Police are doing their job. They're human beings too and I think they do a great job considering how much crime is out there. I mean, they fear for their lives because some people are out to get the police. (I48)

I trust the Vancouver police and I like them. They've helped me. They protected me. They returned my stolen property to me, so I have a very positive attitude toward [the] police, and obey the law. … They are very knowledgeable, you know, the police are there to help the Vancouver people. (I54)

They've always been there for me. I've seen how they react to people that are in fireworks; how they're in with the parade. How they walked on my back lane every nights [sic]. They're just wonderful people to be around. It's not an easy job being a cop these days. And, you know, they do it because they like to. … They're good people. … And they're doing a good job. (I62)

The police have always been there to help me. And, when I say 'hi' to them on the street, it means that I thank for them for doing such a wonderful job in protecting me, 'cause I am a citizen, and … they protect the city. (I74)

I respect the police, but there have been several incidents of police brutality, particularly surrounding the homeless. (S288)

I don't like to see them get a bad reputation, mostly they do a good job but only the negative gets in the news. (S330)

Rather than referring to the police as a homogenous group, many participants spoke about the diversity among individual police officers.

I found that pretty mind blowing that police officers would thank me for trying to hold some other … police officers accountable. And, apologizing and saying, "Look this is not how we're supposed to do things. I'm really sorry that this happened to you." … Then to get an actual official apology from the police board too. I mean, those were three things that … I don't know what I would have done without them. 'Cause I … wouldn't have been able to get closure from the … violent (uh) assaults I've had. (I36)

I have no diss against the police. And sometimes, well, some things I don't praise them any, but I see it as that individual police officer, and not the whole group. (I97)

Police … taking advantage of the uniform, and the badge and all that, and they try to (um) act like they know more than you and just because they got a badge and uniform and a car they can do or say what they want and you have to accept without question. … Most of them seem that way. … There's some good police too. (I306)

Some of them [police officers] care, and then (uh) some of them don't care. You know, some of them … it makes them more scared to approach somebody with that, you know, has mental illness, than if the guy was

normal. I don't think they are trained in how to deal with it. … Their training should be upgraded, you know for, for people with mental illness. (I246)

Sometimes cops are kind and helpful; other ones can be cocky and overly aggressive, but, I guess, overall, it's a healthy balance. (S52)

There are 'good and bad' cops. (S353)

I feel that certain members of the municipal and federal police are 'heavy handed' and arrogant. (S433)

In speaking about perceptions regarding the police, several participants reflected on recent incidents that received extensive media coverage.

There is that situation with that gentleman at YVR [Vancouver Airport], got tased and died. So, when it comes down to it, if the police are involved with a person who is hallucinating, delusional, manic, it's not going to turn out well for the person who has the symptoms. And that's the nature of the police interactions with people with mental illness, I'm afraid. (I56)

A couple of weeks back I've seen on the TV, a girl, a woman with MS who got pushed down, you've probably seen that. … That is totally wrong, you know, what that constable did. … I would like for it to not to happen again, you know, like sure, the guy, the police officer couldn't 've known that she was, she had MS, but, you know, still. He should have shown enough restraint not to give her a push from behind. (I97)

I think that Robert Pickton could have been stopped sooner. … If police listened to all people giving information instead of the same old story or this person is a drug addict and just dismissing their story as crap. (S20)

I liked that police from all over Canada were brought in to Vancouver during the Olympics. I thought that this was really cool. At the same time, I do hear about a lot of negative things about the police – such as the newspaper deliveryman getting beaten up by a policeman, a friend's friend getting brutally beaten and, of course, the infamous taser incident. Also, I have seen a couple of officers using their cell phones since the ban! (S269)

I saw on the news about the police in Kamloops watching two women having sexual relations in their custody. (S366)

Many participants also held negative attitudes toward the police. For some, this produced fear and reluctance to interact with the police.

I never like the police, it's something my dad taught me. Being from Russia, we kind of, don't trust police. (I77)

I have [had] a lot of positive and negative interactions with the police. I often feel very uncomfortable and/or threatened when I am near or in contact with the police. I fear that I am always in trouble with them and they're hunting me down like an animal. (S274)

I don't trust police officers now because of both what I see reported in the media and how I have treated myself. (S334)

I am afraid of the police because I think that they will treat me like a number, and possibly hurt me, based on my varied past experience. (S344)

The police have become our #1 gang. (S391)

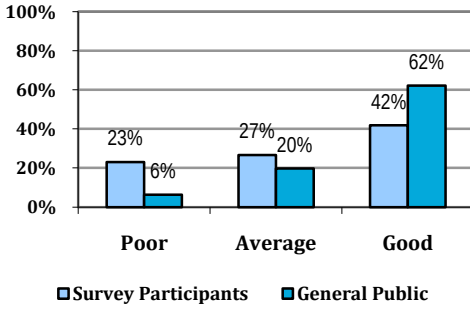
I just wanted to say, myself personally, on the downtown eastside, I don't see anything else they can do. ... Because in the position that they're in, you know, one needle jab ... I don't like the way they handle people when they're taking drugs down there. You know how they body slam them. But then I realized, you know, HIV is as high down there as Africa and you're going to go up to some guy you've never seen before smells like you know, who knows what, what has he got? ... How much can you ask? How much can you expect from the cops? ... I think they're in more danger than the person they're arresting. (FG)

We have community police offices and stuff, you know, for outreach and all that kind of things. But when you really get down to it, I mean, you know people don't, don't want to talk to police, that's part of the problem. (FG)

Comparison with General Public Attitudes

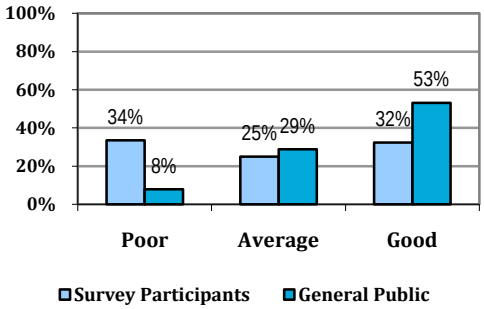
Survey participants were also asked questions that were taken directly from the *2009 General Social Survey* [45], which was administered by Statistics Canada to 2,037 adults living in BC. Figures 10 to 15 provide a comparison of the responses provided by our survey participants (n = 240) with the ratings obtained by Statistics Canada in relation to how the general public in BC perceived the police.

Figure 10 Being approachable and easy to talk to.



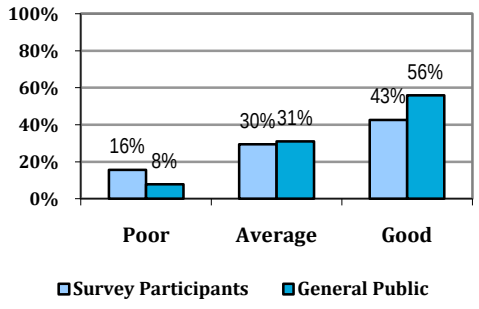
$x^2(2) = 108.93$, $p < .001$

Figure 11. Treating people fairly.



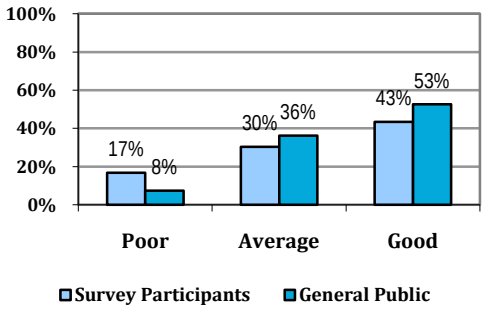
$x^2(2) = 152.20$, $p < .001$

Figure 12 Ensuring the safety of citizens.



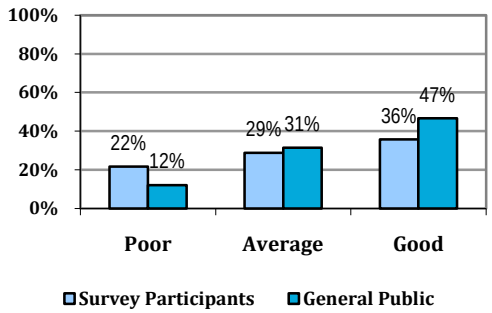
$x^2(2) = 22.94$, $p < .001$

Figure 13. Enforcing the laws.



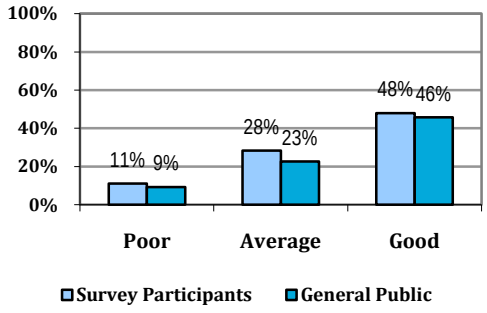
$x^2(2) = 28.78$, $p < .001$

Figure 14 Supplying information to the public on ways to reduce crime.



$x^2(2) = 22.58$, $p < .001$

Figure 15. Promptly responding to calls.

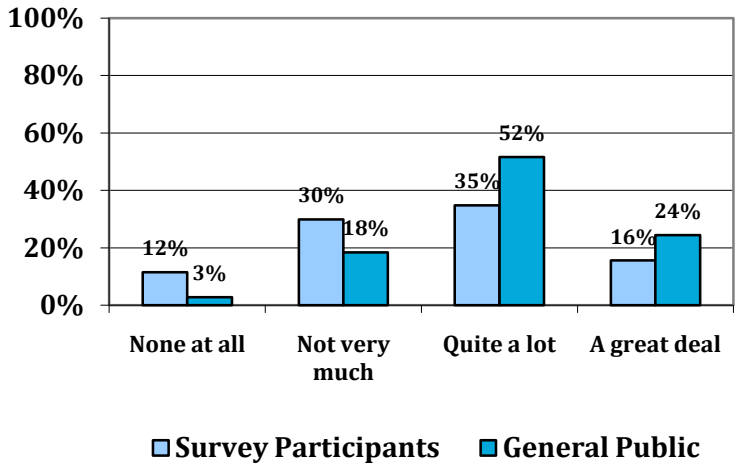


$x^2(2) = 1.29$, $p > .05$

As is evident in these figures, our survey participants were more likely to rate police performance across several domains as 'poor' and less likely to rate police performance as 'good' in comparison to the general population of BC. For example, while 8% of the general population indicated that the police do a 'poor job' of treating people fairly, 34% of our sample rated police performance as 'poor' on this domain. The only exception is regarding police performance in relation to promptly responding to calls, in which the response patterns of our survey participants were similar to those of the general public in BC.

This pattern of results suggests that people with severe mental illness in BC tend to hold more negative attitudes, in comparison to the general public, toward the police. This conclusion is supported by data from another *General Social Survey* question. Specifically, participants were asked to rate their overall level of confidence in the police. Figure 16 compares the responses of our survey participants (N= 244) with those provided in 2009 by adult British Columbians (N= 2,037). In contrast to 76% of the general public in BC, only a slight majority (51%) of participants in our survey indicated that they had confidence in the police.

Figure 16. Overall Level of Confidence in the Police



$x^2(3) = 81.35$, $p < .001$

INTERACTIONS WITH THE POLICE

Nature of Police Interactions

How often do people with mental illness interact with the police? Under what circumstances do people with mental illness interact with the police? How often to these interactions involve the use of force? This section will answer these three questions as they pertain to the experiences of our survey and interview participants.

Number of Interactions with the Police

Individuals who participated in the interview component of the study were required to have had at least one face-to-face contact with a police officer at some point in their life; while this was not a requirement to participate in the survey, only five (2%) survey participants reported no previous contact with the police. Participants' frequency of contact with the police is summarized in Table 6. It should be noted that 25% (*n* = 61) of the survey participants reported having previous lifetime interactions with the police, but did not indicate the number of contacts.

Table 6. Frequency of Survey and Interview Participants' Contact with the Police During the Past Month, Past Year, and Lifetime.

Police contacts	Survey Participants (*N* = 244)		Interview Participants (*N* = 60)	
	n	*Valid %*	*n*	*Valid %*
Lifetime				
0 contacts	5	2.0	0	0
1 contact	12	4.9	1	1.7
2 to 5 contacts	40	16.4	10	16.7
6 to 10 contacts	38	15.6	17	28.3
11 to 25 contacts	38	15.6	10	16.7
26+ contacts	50	20.5	22	36.7
Missing	61	25.0	0	0
Past 12 months				
0 contacts	55	22.5	20	33.3
1 contact	38	15.6	22	36.7
2 to 5 contacts	57	23.4	10	16.7
6 to 10 contacts	11	4.5	2	3.3
11 to 25 contacts	10	4.1	3	5.0
26+ contacts	7	2.9	3	5.0
Missing	66	27.0	0	0
Past 1 month				
0 contacts	123	50.4	40	66.7
1 contact	21	8.6	14	23.3
2 to 5 contacts	19	7.8	5	8.3
6 to 10 contacts	4	1.6	0	0
11 to 25 contacts	0	0	0	0
25+ contacts	1	0.4	1	1.7
Missing	76	31.1	0	0

Numerous and recent contacts with the police were common among the interview and survey participants, with 37% (*n* = 22) and 21% (*n* = 50), respectively, reporting more than 25 interactions with the police during their lifetime. Two-thirds (67%, *n* = 40) of the interview participants and half (50%, *n* = 163) of the survey participants had interacted with the police in the past year, including approximately 10% in each group who had six or more encounters with the police in the last year. One-third (33%, *n* = 20) of interview participants and 18% (*n* = 45) of survey participants had at least one direct contact with the police during the month prior to the interview.

Types of Interactions with the Police

As is outlined in Table 7 below, a diverse range of circumstances brought survey and interview participants into contact with the police.

Table 7. Percentage of Survey and Interview Participants Who Have, During Their Lifetime, Had Various Types of Contact with the Police.

Reason for police contact	Survey Participants (*N* = 244)		Interview Participants (*N* = 60)	
	n	*Valid %*	*n*	*Valid %*
Mental health crisis	156	65.5	21	35.0
Domestic dispute	97	40.8	32	53.3
Public disturbance	71	30.0	24	40.0
DUI or traffic violation	109	45.8	17	28.3
Committed a criminal offence	113	48.1	38	64.4
Committed a violent criminal offence	*na*	*na*	22	36.7
Requested assistance as a victim of a crime	149	62.1	33	55.0
Requested assistance as a witness to a crime	103	43.3	21	35.0
Requested assistance to report a crime	129	54.2	25	41.7
Street stop	158	66.1	41	68.3
Served with a warrant	85	35.9	20	33.3
Casual or informal	142	59.4	45	75.0
Intoxicated or high	96	40.3	na	na
Attended a police public information session	60	25.6	na	na
Checked on my well-being	106	45.3	na	na
Transported (e.g., to hospital)	155	64.6	54	90.0

For interview participants, the most common type of interaction involved being transported (e.g., to hospital or to jail) by a police officer, experienced by 90% (*n* = 54) of the participants at some point in their live. Almost two-thirds of survey participants (65%, *n* = 155) also reported being transported to a hospital by the police. Interactions with the police that involved a mental health crisis were experienced by 35% (*n* = 21) of interviewees and 66% (*n* = 156) of survey respondents. Many of the participants (survey: 48%, *n* = 113; interview: 64%, *n* = 38) had an interaction with the police in relation to their alleged criminal behaviour. A large proportion of the survey and interview participants also reported requesting assistance as a victim of a crime (survey: 62%, *n* = 149; interview: 55%, *n* = 33), being stopped on the street by police (survey: 66%, *n* = 158; interview: 68%, *n* = 41), or interacting with police in a casual or informal situation (survey: 59%, *n* = 142; interview: 75%, *n* = 45). Several participants describe their previous interactions with the police.

Mental Health Crisis

I was sitting on the edge of a bridge, ready to jump off. And they scooped me off the bridge, and just said "Hey, we're going to help you." It just brings tears to me, thinking about it. 'Cause, I needed that help then. [crying] Yeah, I was ready to jump, and they just scooped me up, you know, I didn't even know they were there. And just said: "You need help. We're going to help you. It's okay." You know, it's like, "it's going to be okay." You know. [stops crying] Well, they didn't know I had a prior mental history or anything, I could have been sitting there enjoying the view, but, not in the position I was in. … It just, they seemed to care that they saved a life. And it was obvious I was suicidal, and they didn't discriminate, they just saved a life, you know. (I58)

When I was in Toronto, there was one police officer that said, "I'm going to arrest you and bring you into the hospital because that's the only way you'll get care, the care that you need." … When it's a mental health issue, the hospitals don't necessarily take in somebody and he said that, "If I arrest you and put you in handcuffs then you'll get seen." (I60)

[The] police came … they tied me up, they took my child away and took me tied up on the stretch[er] to hospital. … And finally, one doctor, he see me, alright, he let me loose and let me go home. …
And my child was apprehended and I had to fight… and finally get my child back after eight months. Yeah, I was crying every day. … I was not violent at all. … They [the police] just do the things like that. (I61)

An incident happened probably about ten years ago where I had a knife in my hand and I was ready to do harm to myself and the cops came and they said, "Where is your knife that you were holding?" I go, "Here it is." And, the cop actually talked me down. … 'Cause it could have ended really seriously. … He said, "Can I have the knife?" And I told him what I could do with it and he's like, "Can I have the knife?" And I said, "Yeah. Here you go." … He was understanding. (I62)

They [the police] took me to hospital … they didn't explain anything, they didn't even try to talk to me. (I67)

I binged on crack and then when I was schiz, psychotic, and then I started slicing my wrists. My roommate called the cops. … They entered my room. I have a knife. He gave me the ultimatum [drop the knife or be tasered]. I decided it was a better move to drop the knife. … He said "Under section twenty-eight, under the Mental Health Act, you are under arrest for this. Do you understand your rights?" "Yes." … And then handcuffed [me] to the pole. … They were talking to me, the ambulance got there, and then I was taken to VGH [Vancouver General Hospital]. (I73)

When I was taken to hospital the officer was kind and did not show signs of stigma. He contacted my father that I had been found and asked him whether to take me hospital right away. Without that intervention I would have perished on the streets. … I did not eat or drink for 2 days and the paramedic could not get a pulse when he examined me. I am grateful that someone called the police. (S263)

I was taken from my home by VPD [Vancouver Police Department] under the Mental Health Act. It was done in very violent and scary way – by force and in handcuffs instead of using communication. I was very scary and

resistant. Now I am ashamed of that, but, then, I was thinking that my life is in a danger. … When I was hospitalized again, the VPD changed its attitude and they were friendly and respectful and I obeyed their orders without fears. (S352)

I was living … with my husband and I had overdosed and he called the RCMP. They were extremely kind and supportive. (S379)

Domestic Dispute

Police came over because I reported a domestic dispute between me and my husband. They wanted to take [me] into hospital or call the mental health car when they heard I was bipolar. I had to convince them that all I wanted to do was eat my dinner and go to sleep. The dispute had not been violent so I felt I was being discriminated against because of my diagnosis. (S337)

The police came to my and house and asked my husband to leave because he was assaulting me, and my husband listened to him and left. That helped me to separate from my husband which was a positive thing for me. (S396)

DUI or Traffic Violation

I took a med [medication] one night and I was driving and the med kind of went loopy on me. And the cops pulled me over, and I took a breathalyser, but there was nothing there. … They said, "What are you on?" And I listed off whatever I was on … and they said, "Oh, you got a little bit of interaction going on." I said, "I don't know, I guess so." Well they said, "We're going to give you a cab." … I just felt really taken care of. (I62)

Victim of a crime

My car was broken into, the stereo was stolen … So I called them [the police] to say my car's been broken into. And they took the info, and there wasn't really much they could do about it. (I206)

I was threatened at a bar and I told the police. … And (uh) they ignored me. (I302)

I was in a fight, getting beat up really bad. The police came and broke it up. From then on I always respected the police or I'd 'a been killed. (S362)

Casual/Informal

In general, I say, "Hi," we talk. … Just like you and I sitting here talking. You know? … I don't know them by name or anything, but I see them everyday. They honk, we wave. (I312)

Street Stop

When you're homeless … you're constantly getting moved along, moved along, moved along, you know. The different police factions don't communicate with each other. … Like when you're in the city they tell you to go to the park, when you're in the park they say go to the city … .I've

been, like, stopped, shaken down, frisked … had my pockets emptied, you know. They've ran my name and all that stuff and when everything is fine then you … pick up of your stuff and go. And, got no more than a block and have it happen again. (I301)

Police have hassled me on the street just for ID, to run my name to check for warrants at the same time as they tell me they've stopped me to see if I'm someone who has JUST committed a crime down the road. (S222)

Intoxicated or High

They [the police] told me to go home, and to not be intoxicated in public. … To go home and wait 'til I sober up or to have a good nights sleep without being intoxicated before I, re-enter public. … He [the police officer] asked me if I needed assistance in getting home or if I needed a cab or take the bus. I said, "I'll take the bus," and he said, "Okay". (I72)

I was drunk in a small town on the island. It was very cold and late and I was far from home. I tried breaking into a grocery store for warmth. I couldn't and proceeded to yell for help then passed [out]. The police came, took me back to the station and set me up in an office with a blanket and pillow and let me sleep until afternoon. (S295)

One time, in Vancouver, my friend and I were smoking weed in an alley and the cops saw us. They exited their car and took us down to the ground. They then smashed our heads into the pavement a few times and drove away. (S397)

Witness to a Police Incident

There was a bunch of us standing at the steps and (uh) … the police officers walked up and asked the guy beside me what he was doing. And he wouldn't … cooperate with the police. He just said, "You have no reason to talk to me. … You have no reason to arrest me. Just get out of my face," right. The cops didn't like that so they tried to ask him questions and he wouldn't cooperate so they said … "If you don't cooperate we're going to arrest you." And he wouldn't cooperate. They went to arrest him and he was resisting arrest. They had him on the ground and they were trying to pull his arms back the wrong way in positions that they can't bend farther back like that. … And they had him cuffed that way and they were dragging him off … by his arms and he was just screaming in pain he's like, "My arms can't move that way!" He was like totally screaming in pain right. It was just like holy man that was harsh. (I55)

I witnessed the police fatally shoot a bipolar man who was having an episode. And he was sort of running amok on the streets and he didn't respond to their commands and so, and he had a bicycle chain that he hit one of the police officers with so they opened fire on him and fatally wounded him. … I felt really bad about seeing that, obviously, and traumatized and sad for the family, and, being bipolar, was even more sad knowing maybe what was going on in his head at the time … To me that was a real tragedy, and also for the police too, like, I'm sure they're all good people who don't want to go and like shoot somebody dead at, you know, that night at work. … They might've been more compassionate and not fatally wounded him. (I76)

> *On numerous occasions I have witnesses [sic] a police officer kick a homeless person, who was asleep at the time, to wake them up. And when the homeless person woke up startled, confused, and obviously upset because they were cowardly kicked in the side and expressed their outrage towards the police and towards his action, the police officer instantly went on to berate and warn the innocent sleeping person that next time it would be much worse. The action taken by the police officer was uncalled for and unjust, and, as for the reaction of the sleeping person, he obviously had the right to feel outrage towards being kicked in the ribs while he peacefully slept. (S271)*

Transported

> *They drove me home from a car accident once 'cause it was late at night and I only had a skateboard. [The officers were] detached but nice enough. They have a hard job and know that the public often doesn't support them. We need to recognize that they are just humans who are constantly making rapid decisions in dangerous scenarios. They also helped me get my stolen bike back. (S367)*

Use of Force

The interview participants were asked to report on any lifetime experience of police use of force (see Table 8). The survey did not contain this question.

Table 8. Percentage of Interview Participants Who Have, During Their Lifetime, Had Force Used Against Them by a Police Officer.

Type of force	Interview Participants (*N* = 60)	
	n	*Valid %*
Handcuffed by an officer	43	71.7
Physically restrained by an officer	34	56.7
Threatened by an officer	22	36.7
Weapon pointed by an officer	19	31.7
Pushed/shoved by an officer	17	28.3
Minor injury inflicted by an officer	15	25.0
Punched/kicked by an officer	10	16.7
Serious injury inflicted by an officer	7	11.7
Weapon used by an officer	5	8.3

Being handcuffed or physically restrained were experienced by 77% (*n* = 46) of interview participants. More than a quarter (28%, *n* = 17) of the interview participants reported having been pushed or shoved by a police officer, while 17% (*n* = 10) of interviewees indicated that they have been punched or kicked by a police office. Almost two-thirds of interview participants (32%, *n* = 19) having had a weapon pointed at them by a police officer and 8% (*n* = 15) have had a weapon used against them by police.

A quarter of interview participants (25%, *n* = 15) have been involved in an interaction with police that resulted in minor injury to the participant (not requiring medical attention), whereas 12% (*n* = 7) of

participants reported suffering serious injury (requiring medical attention). Thirty-seven percent (*n* = 22) of the interview participants indicated that they felt the amount of force used on them by the police during previous interactions was excessive. Twenty-eight percent (*n* = 17) of interview participants indicated that they believed their mental illness contributed to the police officers' decision to use force.

Several participants described interactions in which the police used physical force, against them which often involved the use of handcuffs and sometimes resulted in injury.

> *I had bruises on my back from (uh) being restrained in a police officer's car. … The cuffs were biting into my back and then they put me in the sheriff's wagon. And there's, there's like less room than sitting in this chair. … It was like tearing the insides of my leg apart. And so I had to twist, and I had to dislocate my back a little bit, and, to get into the right position. … It made bruises all the way up my back.* (I1)

> *Once I'm down on the ground and handcuffed, there's no need to, like, sit on me and keep kicking me, and I am already restrained, there's nothing I can do right? … Once they find out who I am, something comes up, and then there is a change, and they're on the offensive (um) when I may not have even been fighting with them. So they are coming with five guys and they are sitting on me. … I had a dislocated shoulder once. They're just like excessively rough because something comes up on their screen.* (I33)

> *All of a sudden I was tackled by, by these officers and it was … violent. … They had me down on the ground and I was totally submissive … but they, they had my hands behind me and my face down and this one officer had his foot on my head. … He lifted his foot a little bit and then stomped down and I could feel the pressure in my head. … If my head was a melon, I think it would have exploded. … They picked me up by the arm … my hands cuffed behind my back and just grabbed one arm and lifted me to my feet. … They took me to the hospital. … I had a sore … tendon or something. For, for the whole time pretty much I was in the hospital and I thought it was permanent nerve damage or something in my thumb, but it seems to have passed. … I had been restrained and should no longer have been considered a threat and yet I was subjected to additional … what's the right word … additional trauma.* (I41)

> *I was upset that I was handcuffed. … 'Cause I was really embarrassed. I was in front of the taxi drivers and they were handcuffing me and everyone watching me. And being shoved into the back of this car, and nobody knew what I was there for. I was embarrassed and upset by it all. … Then they took me to the hospital handcuffed … it was really busy, and I was embarrassed and upset by it all. … I thought, you know, this is so unnecessary, I'm being so cooperative, why are you treating me like this? I was really upset … I was afraid that … the hospital staff … were going to assume that I had been violent, and they were going to drug me up.* (I58)

> *I was just trying to get to a homeless shelter and I got banged against the wall of a police car and it hurt, it injured my nose for awhile. So there was no need, I wasn't threatening them in any way. I was just trying to get a bed for a night or just stay put and not move along for awhile.* (I60)

He [police officer] acted as if I was incapable of relating to him on a more peaceful manner, you know. He could've just talked to me, you know, he didn't have to rough me up and he didn't have to put me in handcuffs. (I67)

I realized that they [the police] were trying to help me. But when they are putting handcuffs on ya, and dragging you around, you don't think that way. … They were trying to prevent harm, harm to myself, and self-harm. (I246)

Well, one time when they handcuffed me, he handcuffed me in front, he said, "So it's more comfortable." … They weren't in police uniform they were in just plain clothes. … And they suggested I just hold my hands in front of me and put a sweater over it. … Didn't want to make it look like they were leading me out, the police leading me out handcuffed. … Yeah, so I thought that was, that was kind. … They explained to me that it was just protocol, that it wasn't personal. … It did bug me when they put me in the car and they didn't put my seatbelt on. … And I just found that incredibly ironic. (I268)

I just told him he could come over and handcuff me. I just didn't want to get on my knees on a wet roof. I was on a rooftop. There was puddles of water everywhere, I wouldn't get on my knees. … And he still shot me [chuckles]. … He got me in the buttocks. … He hit me twice and, they all had a good laugh about it too. And I know I wasn't laughing. (I313)

Although I offered no threat or resistance to the police, I was seriously injured three years ago and continue to have those injuries treated. I was degraded unnecessarily and my emergency medical care was delayed by an hour and a half. Although I have proof of all of my injuries and of the dishonest and abusive behavior of the police officers involved, I have never received an apology or been compensated for my injuries. … I consider myself fortunate to be alive. (S250)

I was mistaken for a drug dealer. [An] undercover police used excessive force broke my nose on stairs mistakenly. (S327)

The interview participants were also asked to report whether they have, during their lifetime, used forced against a police officer. Table 9 summarizes their responses. The survey did not contain this question.

Table 9. Percentage of Interview Participants Who Have, In Their Lifetime, Used Force Against a Police Officer.

Type of force	Interview Participants (*N* = 60)	
	n	*Valid %*
Threatened officer	12	20.0
Inflicted minor injury to officer	6	10.0
Pushed/shoved officer	5	8.3
Punched/kicked officer	5	8.3
Physically restrained officer	5	8.3
Pointed weapon at officer	4	6.7
Inflicted serious injury to officer	2	3.3
Used weapon against officer	1	1.7

As is evident in this table, participants reported using force against a police officer at relatively low rates – particularly in comparison to the reported force that was used by police. Twenty percent (*n* = 12) of the interview participants indicated that they have threatened a police officer. Ten percent (*n* = 6) of interview participants indicated that they inflicted injury (either minor or serious) to a police officer.

Perceptions of Police Interactions

Whereas the information in Section 4 concentrated on the general attitudes of people with mental illness toward the police, this section focuses on findings relating to the perceptions of people with mental illness about the process and outcome of their actual interaction(s) with the police.

The survey participants were asked to rate their level of satisfaction, on a 5-point scale that ranged from 'very dissatisfied' to 'very satisfied', for each type of direct contact that they had with the police in the past year. Table 10 summarizes their responses. Findings are mixed, however, participants generally tended to indicate that they were satisfied, rather than dissatisfied, with the different types of police interactions. For example, 53% (*n* = 41) of participants who had previous contact with the police in the context of mental health crises indicated that they were satisfied with how the police had handled the situation(s), whereas 37% (*n* = 29) were generally dissatisfied. The lowest rated items tended to be those involving situations in which the participant was engaging with the police in the context of suspected criminal behaviour or activity.

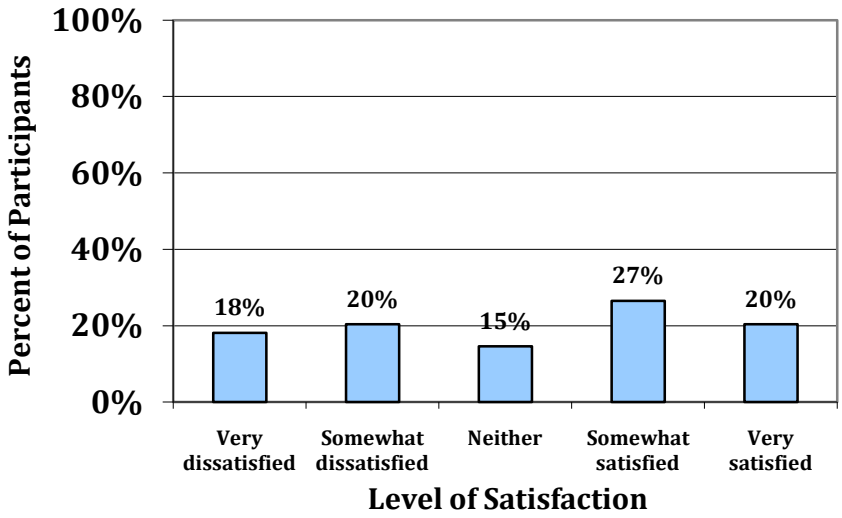
Table 10. Percentage of Survey Participants Who Were Satisfied or Dissatisfied With a Police Interaction That Occurred Within the Past Year.

	Survey Participants (*N* = 244)			
Type of interaction	***Satisfied*[1]**		***Dissatisfied*[2]**	
	n	***Valid %***	***n***	***Valid %***
Attended a public information session	25	71.4	8	22.9
Visited by police who checked on my well-being	42	60.0	19	27.1
Had a casual or informal interaction	66	58.9	25	22.3
Requested other assistance	53	58.2	28	30.8
Experienced a mental health crisis	41	52.6	29	37.2
Reported a crime	44	50.0	37	42.0
Requested assistance as a victim of a crime	35	46.7	33	44.0
Witness to a crime	24	45.6	23	43.6
Taken to hospital by the police	38	45.2	32	38.1
Served with a warrant	20	40.8	17	34.7
Committed a criminal offence	29	39.2	30	40.5
Involved in a domestic dispute	24	38.7	26	41.9
Stopped by police on the street	44	37.6	49	41.9
Intoxicated or high	22	36.7	23	38.3
Disturbed the public	17	35.4	20	41.7
Committed a traffic violation	16	33.3	20	41.7

[1] Includes endorsements of the 'satisfied' or 'very satisfied' response options.
[2] Includes endorsements of the 'dissatisfied' or 'very dissatisfied' response options.

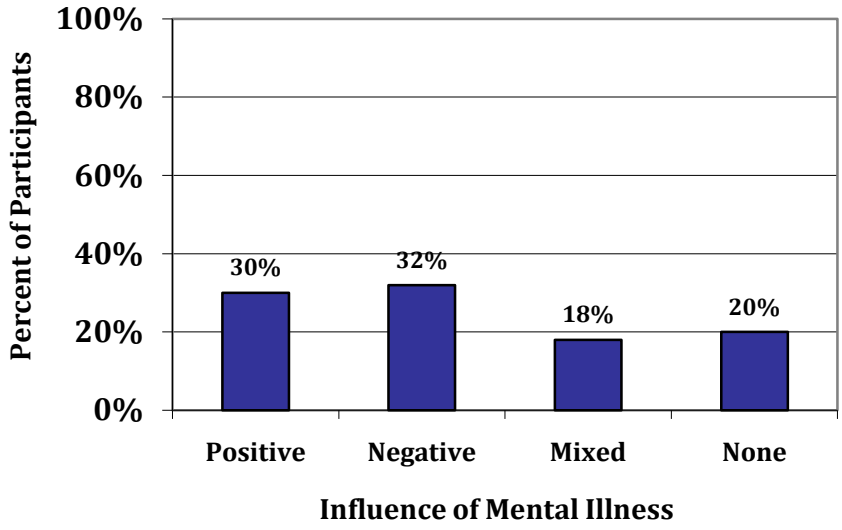
The survey respondents also rated, on a 5-point scale, their overall level of satisfaction with how the police have handled all of their previous interactions. Figure 17 illustrates their level of satisfaction. Consistent with data presented in Table 10, the survey participants' rating are mixed with 38% (*n* = 87) dissatisfied and 47% (*n* = 106) satisfied with the police handing of previous situations.

Figure 17. Survey Participants' Overall Level of Satisfaction With How, During Their Lifetime, Their Situations Have Been Handled by the Police (n=226).



The interview and survey contained a few questions that queried the degree to which people with mental illness perceived that their interactions with the police were positive or negative events. In the first of these questions, interview participants were asked whether their mental illness had a positive or a negative influence on their previous interactions with the police. Participants' responses are displayed in Figure 18.

Figure 18. Interview Participants' Perceptions of How Their Mental Illness Has Influenced Their Interactions with the Police (n=50).



Thirty percent (*n* = 15) of participants indicated that their mental illness had a positive influence on their interactions with the police. Almost an equal number of participants (32%, *n* = 16) felt that their interactions with the police had been negatively impacted by their mental illness. The remaining participants indicated that their mental illness had mixed (both positive and negative) or no effects. Many participants described the positive and negative ways that police interactions had been influenced, or have the potential to be influenced, by mental illness.

> *They've [the police] not believed what I say. … They don't take it seriously what I say. They think it is delusional. … The police know 'I get put in the bug ward when I go to jail.' (um) There's (uh) yeah, there's this big stigma. I am just, yeah, I'm nuts.* (I33)

> *They [the police] tried to pick me up, in the midst of having a seizure. … Apparently, I knocked one of the (uh) police officers in the jaw. At first, I was a scumbag drug addict that had tried to fight with a cop. And then it became, oh he'd had a seizure. It's because of where I live.* (I36)

> *I used to live in a housing apartment building that was for people with mental illnesses. And if I gave my address – that was it. It was a trigger, big: "Well, we won't treat this person good anymore." You know, the interaction goes from a very positive, neutral kind of stance, to all of a sudden they don't give a damn about me anymore. Just because my behaviour can get out of whack, you know, manic, it's not easy to understand. … I've been psychotic, delusional, and laughed at by police. … I mean, I'm believing it [delusions] for real and I'm really scared, and they're just laughing at me.* (I58)

> *I never even thought of ever telling the police I have a mental illness. I always thought that I'd be stigmatized because of it.* (I60)

> *They [the police] have an understanding of my mental illness. … If I'm upset or flipping out they … try to calm me down in a kind manner.* (I64)

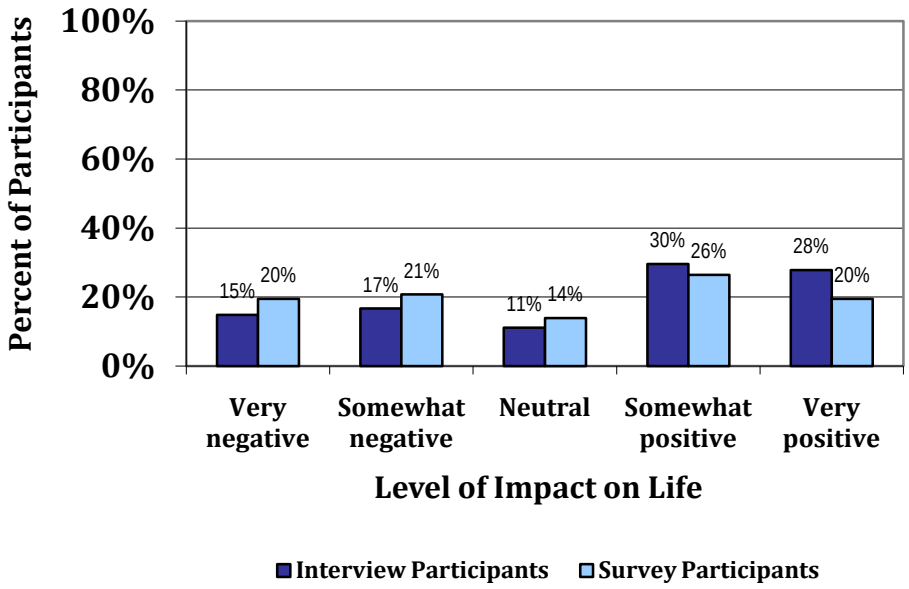
> *Police came and arrested me, and handled me quite roughly. More roughly than they needed to. I would have done what they asked. … He handled me pretty roughly, and handcuffs me, took me to hospital, strapped me into a stretcher that had locking mechanisms on my feet and my hands, so I couldn't move, and then he just left me there. And, after a few minutes, the hospital staff unfastened me from the cart and they just sent me on my way. So … I don't know why he did what he did, I don't know why he just left me there, I don't know. Nothing really came of it, and I wasn't charged with anything. I don't know, I don't know why he did that, why he didn't just talk to me instead of you know, dragging me off to a hospital.* (I67)

> *They treated me with dignity and respect. … The good police officers gave me helpful information on how to … keep track of … criminal acts against me happening. Sometimes they did things for me. I phoned them up. Like I was given numbers of police officers at the police station that I could phone in and leave messages about things and so I did, and (um) they didn't always follow through with some things, which I found upsetting, but a lot of things they followed up through on the QT, you know? … Instead of coming and talking to me about it, they would just go and deal with the situation and (um) put an end to it. So it wouldn't … bother me anymore. And ended the problem.* (I201)

I think they treated me differently because I was drunk. I don't think they treated me differently because of my mental illness. … I think it was because I was drunk and a bit violent, verbally. … But towards the end, we were nicer to each other. Because I had calmed down. (I312)

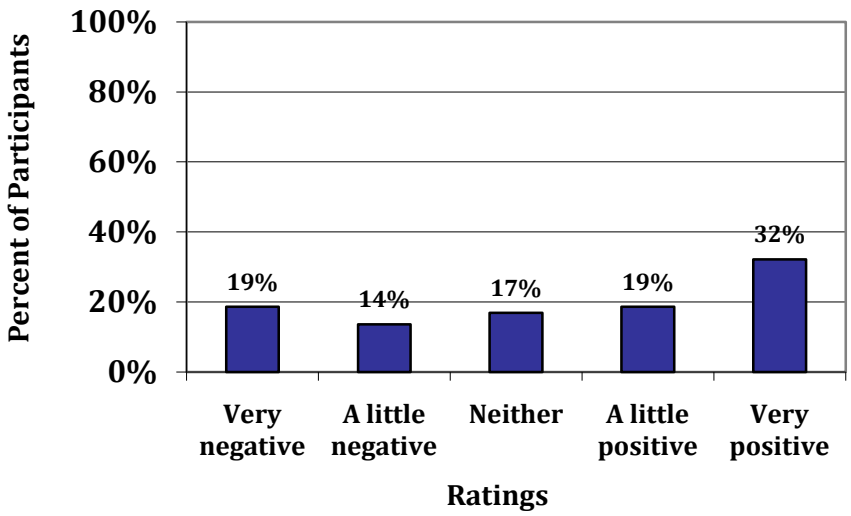
Interview and survey participants also rated the overall impact that past interactions with the police have had on their life. This topic emerged from our initial focus groups as an important area inquiry from the perspective of people with mental illness who have had direct contact with the police. The majority of interview participants (57%, *n* = 31) and almost half of the survey participants (46%, *n* = 106) held positive views in relation to how their life has been impacted by encounters with the police. In contrast, 32% (*n* = 17) of interview participants and 40% (*n* = 93) of survey participants who responded to this question felt that, overall, their life had been negatively impacted by previous interactions with the police. Figure 19 displays the responses of the participants.

Figure 19. Interview (n=54) and Survey (n=231) Participants' Ratings of the Overall Impact That Police Interactions Have Had on Their Life.



The interview participants were also asked to reflect on their previous interactions with the police and to indicate, on a 5-point scale, whether, overall, these experiences were something that they perceived to be positive or negative life events. Their responses are illustrated in Figure 20.

Figure 20. Interview Participants' Overall Perceptions of Their Lifetime Experiences with the Police (n=59).



The majority of participants (51%, *n* = 30) rated their previous contacts with the police as an overall positive experience, with 32% (*n* = 19) indicating that these experiences were 'very positive'.

> *They [the police] did a good job with me. That's why I can't understand these guys all the time crying on the TV. If you tell them you're from mental health and just wait for them and just talk to them, they'll listen to you. … Sometimes I can get pretty sick out there without my medication, you know. And just a normal person on the street wouldn't, wouldn't understand, might be scared or something of me. And that's why you have to go to the police station. … Whenever I go and see them [the police] they say "It's alright," like if I phone an emergency number like 911 and I tell them I'm in a phone booth, they'll come get me, or else they'll send security for me.* (I2)

> *There was a long period in my life … that I didn't know what was happening to me, including when I was homeless right? … They [the police] were really good about, about taking me to the hospital … even when I went to jail … like without diagnosing me or saying that I was anything you know? … The officers that I have met were really … quite compassionate. I've had nothing but, but really good experiences with, really with a lot of, with every police officer I've met. (um) I've always been very, very impressed.* (I46)

> *I haven't had a problem with them [the police]. No abuse … I was always cooperative and they, they talked to me normally you know and they show concern that I need some help and brought me to hospitals quite a few times.* (I48)

> *I met a lot of people that have been crippled by cops just for no reason. The cops just took 'em in the bush and beat the shit right out of them.*

Other instances where people get arrested for no reason. … I've only met them [the police] maybe six times in my life and (uh) they've always been cooperative and they just ask me questions and I just be honest with them and … they've let me go. (I55)

Well, they [the police] just made you feel okay. … I was totally out of control. … I needed somebody to take the lead and say, "It's alright. You gonna go to the hospital. This is what they are going to do with you." And they just take the proactive point of it. … I call my sister when I'm totally out of control and then she calls them, and then they call me and they say, "Okay, how do you want to do this? Want to come in handcuffs or you just want to walk?" … I have a choice. (I62)

For the most part, the police that I've dealt with have treated me respectively and fairly. … I feel … respectful towards them and the judicial process, I guess. (I97)

I probably wouldn't be here if it wasn't for them [the police]. Like, I was suicidal a couple times and then when I was depressed. … I wouldn't say they knew how to deal with it … they gave it off to somebody else, like the psych ward. All they did was transport. (I246)

They [the police] explain exactly why I was being arrested and they were very nice, very polite. A couple times, I've had words with police, especially if I've been drinking, which usually is all the time. … They listen to me, they talk to me enough to calm me down. And I always understood what they was saying. … We always end up laughing, talking, being nice, calm. I got nothing against police. It's just, I lose it sometimes. They've never ever abused me, like violently or anything like that. … They've always been very calm with me. Patiently. (I312)

One-third (32%, *n* = 19) of the interview participants perceived their previous interactions with the police as negative life experiences.

It has gotten to a point where I don't, I don't call the police for anything. … It's like, you live on the Downtown Eastside, they expect if you're a woman then you are a whore … not that there is anything wrong with that, I used to be one a long time ago … but it's like, they don't believe that you could possibly be raped. If I lived in Kitsilano and I called the cops and I said that I was raped I think that they would probably do something about it. (I33)

I just think that the negative part carries more weight. There's been more … positive interaction. But, the negative ones have been so bad that they, they carry much more weight. … I'm really embarrassed to admit it. But, I mean, that's just my perspective. … I'm really grateful for some of the positive things that have happened. But those negative – there's just been too many negatives. (I36)

There were two officers … the younger officer took a step towards me and it just, it just made me feel … like, this is not how you get someone to comply. This is how you egg someone on to doing something rash. … He stepped forward like right into my space and I, I think his foot actually landed a bit on my foot. … It's just a vicious cycle … when you get, get that feeling of … powerlessness. It's like … you just constantly want to turn the

tables. … There were two police cars there and I ended up riding back with the older police officer and we had a pleasant conversation in the car. (I41)

Well, I think that in general I've had a negative, more negative, view of the police since that happened. But when I compare it to my buddies, some of them have got some bad stories, that, in the end of the day, I was uncomfortable and I didn't like it, and I still regret it looking back on it. But, I didn't get beat up, I didn't get thrown down stairs, I didn't get punched or kicked, I didn't get tazed, that kind of stuff, so, it was good. (I56)

I had cut myself very badly at my house. … I was psychotic. … When my nurse came to check on me she called 9-1-1 and they responded, the police, the fire department, and the ambulance all came. And I am on the seventh floor of an apartment building, and I've got these guys on their radios and yelling down from the balcony of my seventh floor down to the other people, about my condition, to my neighbours all listening in. … I had a private medical crisis and they made it public. … There's a really big thing about the lack of confidentiality, and I don't know if has to do with the fact that I was a mental patient or not. Would they do that with anybody? I think they should be treating you differently because it's a mental illness, it is a more private thing. (I58)

When they [the police] transported me from my home to the shelter, they found out that I had just gotten out of a psych ward at UBC. … All of a sudden, well, you're violent. I'm not violent. I've never hit anybody in my life. Not even my kids! So, like, just because you're mental ill doesn't mean you're violent. … And then they even treated me, when they were driving me, different. … Just the way they talked to me and dissed me, and sort of talked behind me. … I was dumb and couldn't hear. (I77)

They [the police] were condescending. … They were judgemental. … They were non-objective … They were curt and rude. … They were power-tripping. … The police officers that were good to me (um) they didn't discuss my mental illness. (I201)

The two times I interacted with the police when I was experiencing a psychotic episode. They verbally abused me. The second time they suddenly handcuffed me after answering their questions and roughly held onto my wrists. It wouldn't have been so bad if they hadn't been so insensitive and abusive in language. (S245)

Several participants described their previous interactions with the police as being neither positive nor negative, or a mixed experience.

Was the arrest negative or was it a positive? I'd just say in the middle there I guess. You know I don't think I'd be too thrilled about it … it just was what it was. (I34)

I've got friends who have really bad interactions with the police. Like, they were way sicker than I was even, and I was really sick. So, because, when I am sick I am not necessarily non-compliant, I think I had an easier time of it. But it wasn't positive because I was being taken to the hospital, I didn't want to go and she [the police officer] had to chase me down. I could tell she was nervous though, she didn't really know what to do with the

situation. So that helps you. That she wasn't coming across all bossy or, "You're going down!" [chuckles] (I56)

I've got some really negative ones [experiences with the police], and I've got some quite positive ones, so, you know, averaging out, its right in the middle. ... Because I've met a lot of good police people, who have been kind and knowledgeable, and they really helped me when I was really low or high as the case may be. And there are some good ones out there. And I think they really want to do a good job, and sometimes they even want to do a good job and they just don't know how. They're just good people, with not the right skills. ... And sometimes they're jerks. (I58)

I used to see them [the police] as my enemy. Now I don't see them that way anymore. ... I would circle 'positive' and 'negative'. ... Yeah, depending on the police officer individually ... and the circumstance. (I313)

Most [police interactions] have been good but the bad interactions dramatically outweigh the good. (S6)

IN-DEPTH DESCRIPTION OF MOST RECENT INTERACTION WITH THE POLICE

Interview participants were asked to reflect on their most recent interaction with a police officer and to answer detailed questions about that particular encounter. This approach has a number of advantages, such as reducing recall bias and memory errors associated with remembering events that happened in the distant past. As well, focusing on the most recent interaction, rather than the most significant or salient, generates a diverse range of situations in which people have come into contact with the police. Though we are confident that this provides a truer reflection of how people with mental illness interact with the police, it must be acknowledged that this approach was met by some frustration by participants who felt that their most recent interaction was rather inconsequential compared with other meaningful or impactful encounters in their past.

This section focuses on how the interview participants described and perceived their most recent contact with the police. For most participants (72%, *n* = 43), their most recent interaction with the police occurred within the past two years; however, the most recent interaction for 15% (*n* = 9) of participants was two to five years ago and occurred more that than five years prior to the interview for 13% (*n* = 8) of participants. Thus, recall bias and memory errors are reduced, but not eliminated.

Context of Recent Interaction

As indicated in Table 11, the types of interactions that participants' recently had with the police were diverse. The most common type of police contact was in relation to a participant's mental health crisis, which represented 28% (*n* = 17) of participants' most recent police interaction. The second most common types of interactions involved the participants being stopped on the street by the police or requesting assistance from the police as a victim of a crime, which each represented 18% (*n* = 11) of participants' most recent contacts with the police.

Table 11. Percentage of Interview Participants Who Have Most Recently Been in Contact with the Police for Various Reasons.

Reason for police contact	**Interview Participants (*N* = 60)**	
	n	***Valid %***
Mental health crisis	17	28.3
Street stop	11	18.3
Requested assistance as a victim of crime	11	18.3
Committed a non violent crime	8	13.3
Public disturbance	7	11.7
Requested assistance to report a crime	7	11.7
Domestic dispute	3	10.0
Casual or informal	5	8.3
Committed a violent crime	4	6.7
Served with a warrant	4	6.7
DUI or traffic violation	3	5.0
Requested assistance as a witness to a crime	3	5.0

Whereas most of the interactions (55%, *n* = 33) took place in a public setting, 35% (*n* = 21) occurred in private settings (e.g., the participants' own homes). The participants reported coming to the attention of the police through various avenues, including a police officer initiating the contact (35%, *n* = 21), a citizen calling the police (25%, *n* = 15), or participants calling the police themselves (13%, *n* = 8).

As Table 12 indicates, three-quarters (*n* = 45) of the recent interactions with police took place in BC communities that are served by independent municipal police services – primarily in the City of Vancouver which represented 63% (*n* = 38) of the reported interactions. Jurisdictions that are served by the RCMP represented 23% (*n* = 14) of the participants' most recent interactions.

Table 12. Percentage of Participants Who Have Most Recently Been in Contact With the Police in Various Communities and Police Service Jurisdiction.

Jurisdictions and communities	**Interview Participants (*N* = 60)**	
	n	***Valid %***
Independent Municipal Police Services		
Vancouver	38	63.3
New Westminster	5	8.3
Victoria	2	3.3
All	45	75.0
Royal Canadian Mounted Police (RCMP)		
Burnaby	6	10.0
North Vancouver	2	3.3
Richmond	2	3.3
Coquitlam	1	1.7
Cloverdale	1	1.7
Vernon	1	1.7
Duncan	1	1.7
All	14	23.3
Out of Province	1	1.7

More than a quarter of the recent interactions (28%, *n=17*) involved the use of force by a police officer, which primarily involved the participant being handcuffed (28%, *n* = 17) and/or physically restrained (17%, *n* = 10). Five of the participants (8%) suffered minor injury during their most recent interaction with the police; none of the participants experienced serious injury. Five percent (*n* = 3) of the interview participants indicated that they had used physical force (i.e., resisting arrest) against a police officer during their most recent interaction with the police.

Mental Health during Recent Interaction

The participants were asked several questions pertaining to their perceived mental state at the time of their most recent interaction with the police, which is briefly summarized below.

- 58% (*n=35*) rated their mental health at the time of the interaction as either 'poor' or 'fair'. The remaining 42% (*n=25*) indicated that their mental health was either 'good', 'very good', or 'excellent'.
- 37% (*n* = 22) stated that they were actively experiencing symptoms of mental illness (e.g., hearing voices, mania).
- 27% (*n* = 16) said that they were intoxicated or high
- 12% (*n* = 7) indicated that they were thinking about harming themselves or ending their life.

Regarding the mental health treatment that the participants indicated they were receiving at the time of their most recent interaction, 73% (*n* = 44) were taking psychiatric medication and 77% (*n* = 46) had been in recent contact with a mental health professional (e.g., a psychiatrist). Almost half of the participants (48%, *n* = 29) thought that their mental illness was known by the police officers who were involved in the interaction. Few of the participants (7%, *n* = 4) felt that their mental illness led to them being targeted by the police.

Outcome of Recent Interaction

As is evident in Table 13, the police primarily used informal means to resolve the majority of recent interactions with participants, including the officer taking no action (32%, *n* = 19), writing a report (20%, *n* = 12), or giving a warning (8%, *n* = 5). Police officers also provided assistance during many of the interactions, including taking the participant to hospital for medical (12%, *n* = 7) or psychiatric (15%, *n* = 9) treatment, referring them to a mental health agency (7%, *n* = 4), or providing other forms of assistance (e.g., providing a ride home) (10%, *n* = 6). Fifteen percent (*n* = 9) of the interactions resulted in apprehension or arrest (but not taken to hospital), and 17% (*n* = 10) resulted in transport to jail.

Table 13. Percentage of Interview Participants According to the Outcome of Their Most Recent Contact with the Police.

Reason for police contact	**Interview Participants (*N* = 60)**	
	n	***Valid %***
No police action taken	19	31.7
Police wrote a report	12	20.0
Apprehended/arrested	10	16.7
Taken to jail	10	16.7
Taken to hospital for mental health intervention	9	15.0
Taken to hospital for medical intervention	7	11.7
Provided with other assistance	6	10.0
Warned/asked to leave	5	8.3
Referred to mental health service	4	6.7
Other	5	8.3

Perception of Recent Interaction

Using the *Police Contact Experience Scale* [44] we obtained the participants' perceptions about their most recent interaction with the police. Of interest was the degree to which the participants felt that the police officer(s) had treated them with respect and dignity, and had used a process that was fair (also known as 'procedural justice'). The topic of procedural justice covers many of the areas that participants in the initial focus groups had identified as research priorities.

Table 14 displays the percentage of participants who indicated 'agree' or 'strongly agree' (as opposed to 'disagree' or 'strongly disagree') to statements related to procedural justice. We provide the results for all interview participants (n = 60), as well as results for a subgroup of participants who had indicated that their most recent interaction with the police was in relation to a mental health crisis (n = 17) in order to highlight perceptions of police handling of these sensitive situations.

Table 14. Percentage of Interview Participants Who Either 'Agree' or 'Strongly Agree' With Items Related to Procedural Justice.

Scale items	All (N = 60)		MH Crisis (N = 17)	
	n	*Valid %*	*n*	*Valid %*
The officer(s) treated me like a human being	52	88.1	15	88.2
The officer(s) treated me respectfully	51	85.0	15	88.2
The officer(s) were just doing their job	50	84.7	15	93.8
The officer(s) gave me enough time to do what they asked me	48	84.2	15	88.2
The officer(s) treated me fairly	48	80.0	14	82.4
I had enough opportunity to tell the officer(s) my side of the story	46	79.3	10	62.5
I am satisfied with the way the officer(s) treated me	46	76.7	14	82.3
I am satisfied with the way the officer(s) dealt with the situation	44	75.9	15	88.2
The officer(s) talked down to me	15	25.4	3	18.8
The officer(s) seemed genuinely concerned about me as a person	42	71.2	13	81.3
The officer(s) took the time to listen to me and understand my situation	42	71.2	12	70.6
The officer(s) tried to do what they thought was the best for me	40	66.7	12	75.0
I was able to understand why the officer(s) made the decisions they did	37	64.9	10	58.8
The officer(s) went out of his/her way to be helpful	37	63.8	14	82.4
The officer(s) gave me the reasons for what they decided to do	36	63.2	11	64.7
The officer(s) provided me with enough information about what would happen next	33	57.9	8	47.1
The officer(s) was concerned about understanding what I needed	29	51.8	11	64.7

The majority of interview participants, including those who were experiencing a mental health crisis, perceived that they were treated in a procedurally fair manner by the police officer(s) who were involved in their most recent interaction. For example, 85% (*n* = 51) of participants indicated that they were treated with respect by the police officer(s) and 76% (*n* = 44) of participants were satisfied with the way in which the officer handled the particular situation. It is notable that 82% (*n* = 14) of people in mental health crisis indicated that the officer when out of their way to be helpful, compared with 64% (*n* = 37) of all interview participants who positively endorsed this item.

Items that were less frequently endorsed by the participants primarily concerned whether participants understood, or were told by the officer, what was happening to them. For example, 63% (*n* = 36) indicated that the police officer gave them a reason for how they had decided to handle the situation and 58% (*n* = 33) reported that they were provided with enough information about what was going to happen to them. These 'information' and 'explanation' items were also rated low by participants who were experiencing a mental health crisis.

The degree to which participants were satisfied with, and felt helped by, the police officer(s) handling of their most recent interaction is summarized in Table 15.

Table 15. Percentage of Interview Participants Who Either 'Agree' or 'Strongly Agree' with Items Related to Satisfaction.

Scale items	All (*N* = 60)		MH Crisis (*N* = 17)	
	n	*Valid %*	*n*	*Valid %*
The officer(s) generally did a good job dealing with my situation	47	79.7	15	88.2
I was helped by what the officer(s) did	43	72.9	15	88.2
I was generally satisfied with the way the officer(s) handled my situation	43	71.7	13	76.5
In a similar situation in the future, I would like to see the situation handled in the same way	37	62.7	10	58.8
I was helped by what the officer(s) said	35	60.3	12	75.0
The situation could have been handled better	29	49.2	10	58.8

The participants' ratings on the above items are generally positive, with 80% (n = 47) indicating that they felt that the officer did a good job dealing with the situation.

> *All I felt was that these men were just doing their job. … And (uh) that's that. … I don't have any negative feelings towards them about it. They're just following the law and doing their job.* (I34)

> *I walked out of the hospital right? Out of the psych ward with a friend of mine and we got a half gram of coke and some beer and walked to my place and then the next thing you know, I had, the cops were there. … Just to take me back to the hospital nicely, no cuffs. Let me have my chips. Yah. I really don't have anything bad to say about the cops. I regret the way I've treated the police in the past. But I think dealing with mental illness there shouldn't be people that die from it right?* (I42)

> *I felt more reassured. Anytime that kind of thing happens that means another bully is being taken out of the building. … You know? A troublemaker. … I felt (uh) more calm and better about it because I really like the police handled it. … I felt good. Because the officers took a little time … to explain (um) what was going to happen and that, you know, again, like it really felt like the place was safer because now, because they were there. And what was going to happen afterwards, and that he [a troublemaker] wouldn't be returning back to the building.* (I46)

> Interviewer: *The interaction with the officer was resolved the way [you] wanted it to be?*
> Participant: *See, it's weird because I didn't want to go to the hospital, but we ended up not being handcuffed and stuff, so [I] agree.* (I56)

> Interviewer: *The outcome of the situation with the police was better than you expected?*
> Participant: *Agree. It could've been terrible, could've met some jerk. You know, like I've had enough experiences to know that there are guys out there that would just abuse me.* (I58)

> *I felt I was in good hands, they [the police] just let me slouch down in my chair. … I think they got me some juice and a sandwich or whatever. And they were just there. No judgement or anything like that. They were just there.* (I62)

> *I think there was a part of me that was crying out for help and that it so happened that that woman police officer was the help that I needed. … I was off my meds and I was, you know, I was really pretty ill. So, it was a good thing that there was intervention at some point. If it had to be the police, well, that's better than nothing.* (I67)

> *In the case where they accompanied me to the hospital … I asked for a cigarette and they gave me a cigarette. I was … very nicking, and (uh) they helped me out. They were nice.* (I98)

The ratings also suggest that there is room for improvement. For example, almost half (49%, *n* = 29) indicated that the situation could have been handled better and more than a third (37%, *n* = 22) felt that, in the future, a similar situations should be handled differently.

> *It was all by the book, everything was so regimented, and I just thought, there wasn't a human component in any of it actually. And, I mean, she loosened my handcuffs and made me comfortable, but, it was all so regimented. Whatever. It worked. Got the job done.* (I58)

> *There was … no … description of what was going to happen to me. I was just told I was being arrested and (um) it also wasn't explained well – what the offense was or why he was taking me in.* (I60)

> *They [the police] could've brought a psychiatrist in to see me. I was never handed over to a mental health care professional, you know, my dealings with police. Once they took me to hospital, and left me there assuming I would see a health care, mental health care professional, presuming that they thought that. But nobody did see me, they just unstrapped me and I went home.* (I67)

Interview participants also rated how they felt following their most recent interaction with the police. Figures 21 to 26 illustrate their responses.

Figure 21. After being in contact with the police, did you feel worse or better? (n=51)

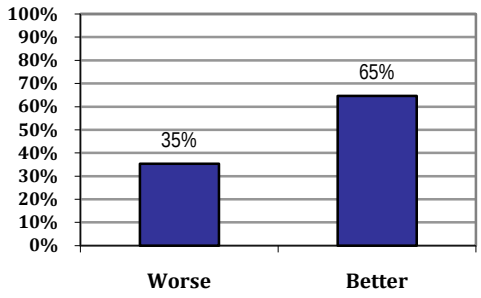


Figure 22. After being in contact with the police, did you feel more upset or calmer? (n=56)

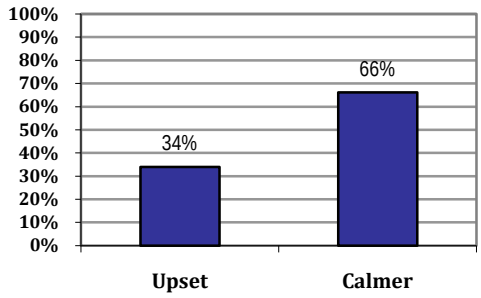


Figure 23. After being in contact with the police, did you feel disrespected or respected? (n=54)

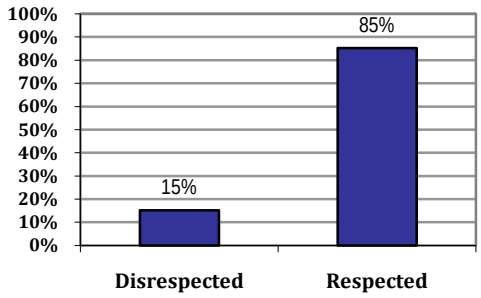


Figure 24. After being in contact with the police, did you feel more confused or clearer? (n=55)

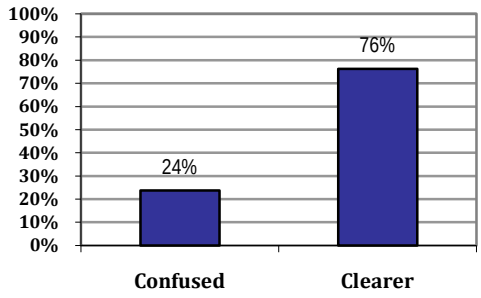


Figure 25 After being in contact with the police, did you feel more fearful or reassured? (n=52)

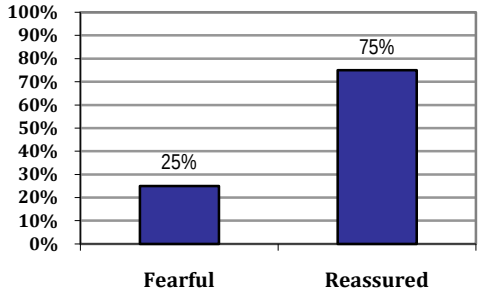
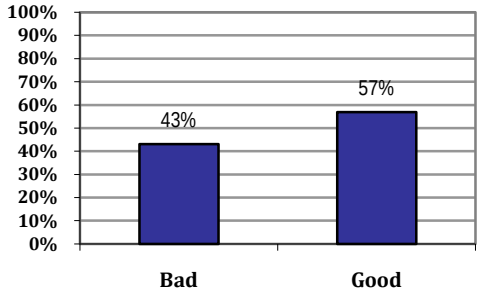


Figure 26. Overall, how did you feel about being in contact with the police? (n=58)



Across most of these questions, the large majority participants indicated that their feelings had improved after their most recent contact with the police. For example, 65% (*n* = 33) indicated that they felt 'somewhat' or 'much' better. Overall, 57% (*n* = 33) of participants felt 'good' about being in recent contact with the police.

PARTICIPANTS' RECOMMENDATIONS

Police Access to Information

The people who had participated in our initial focus groups had a keen interest in knowing how information (e.g., criminal history or mental health status) was being accessed and used by the police when they arrived on scene. In particular, the initial focus group participants thought that our study should inquire about the perceived benefits and harms associated with police officers having access to certain types of personal information about an individual.

Accordingly, the interview participants were provided with a list containing different types of personal information and were asked to indicate whether it would be 'helpful' or 'harmful' for a police officer to have access to the information before arriving to a situation involving a person with mental illness. The table below summarizes the interview participants' responses.

Table 16. Percentage of Interview Participants Who Felt That Providing Police with Personal Information About an Individual Would Either be Helpful or Harmful.

Type of personal information	Helpful		Harmful	
	n	*Valid %*	*n*	*Valid %*
History of violent behaviour	57	98.3	1	1.7
History of criminal offending	55	91.7	3	5.2
History of suicidal incidents	53	91.4	5	8.6
Current use of alcohol or drugs	50	86.2	8	13.8
Current mental health diagnosis	49	86.0	8	14.0
Current need of psychiatric medication	47	85.5	8	14.5
History of problematic alcohol or drug use	46	80.7	11	19.3
Current use of psychiatric medication	45	80.4	11	19.6
Current use of mental health services	45	78.9	12	21.1
Current psychiatrist or other service provider	41	75.9	13	24.1

Overall, most of the participants thought that it would be helpful for a police officer to know about all types of information prior to arriving on scene with an individual that has a mental illness. The following quotes reflect the participants' narratives about why this information was perceived as being *helpful* to the police.

> *So they [the police] go into a situation and know how to handle the person, how to speak to the person, know a bit about his background, so they don't offend them or set them off, or how to get the situation under control.* (I64)

> *Because if I was in their [the police] footsteps and I was coming to a call and I was held responsible for my actions against somebody that had a mental illness (um), I feel it would be more, more able to deal with the situation better if I knew what the circumstances were before I got there.* (I65)

Those things would help in the situation because, at times, when you go out to a dispute or a domestic dispute, and you have someone being mentally ill, or not on their medication, it can get violent to the officers, and that's when they're [the police] … in jeopardy. So that they know all the symptoms before, beforehand, so they can get a mental health worker there also. … If Car 86 is not available, then bring another police officer in. And, so it's quite important, so that all the 'I's are dotted, and 'T's are crossed, to make sure that this person gets the help that they need. (I74)

I think the more information … the more they [the police] will act professionally. It will help them act professionally instead of with bias … or prejudice. (I98)

Basically, I think it would be helpful because, I mean a lot of the complications between the police and people with mental illness are misunderstanding the actions of the mentally ill individual. … Knowing if they are currently high on drugs or currently having like a psychotic episode, or the potential for that to be what's going on (um) would be quite helpful and maybe they would, instead of amping up the situation and trying to get the person to do what they wanted to do, they could (um) kind of talk a different way and calm them down a bit. And so, in that case, it would be, that would be great. I mean, I think that's where the incidents go wrong, is them not knowing what's going on with the other individual. (I206)

I think that's a good idea … if the officers are trained … not to be negative towards a person with mental illness. … I think they should know what they're coming into. …For their own safety and for the safety for the "person" [with mental illness]. (I305)

You have to get to know that lion before you enter in the cage. (I312)

In contrast, several participants discussed how providing mental health-related information to police officers could be *harmful* in certain situations.

If it was an experienced police officer, then I think that he, yeah, he should know that it is a mental health person. … But if it was a rookie cop that was just starting out then, I think they need to gain experiences dealing with situations beforehand. So they can (um) have a full comprehension of how to treat somebody with a mental illness. … Because I've seen the look in their eyes, some of the guys [police officers] like they stop and then they hear the girl … on the intercom and she is going like "danger… extremely dangerous mental health individual." (I1)

They don't believe anything you say. Since this mental illness label comes up. It depends on who sees it. Somebody else who has a better understanding of what that might entail, comes in and immediately it's fine because they know how to talk to you. … So it depends on who's getting the info. I mean in some cases I think it would be very helpful and in others I think it's, it's the exact opposite. They just don't believe anything that comes out of your mouth because you're "crazy". (I33)

I think people get the short end of the stick if those things are taken as … necessarily true or necessarily informed. … I think it is up to the doctor and not the policemen to deal with those issues. (I35)

If the system is gonna make the effort to properly train and support people with mental illness living in the community, then I'm all for them [the police] having access to that information. But if they're just gonna continue the … hit first and talk later … I'm not so into giving out that information. (I36)

All that information, with the right police officer, would be extremely helpful. … Well, in the hands of the wrong officer it could be really used as a weapon. … Someone who doesn't have a personality for dealing with people with mental illness. (I56)

Once you have a psychiatric diagnosis, everything you say gets called into question. And (uh) I've had police officers tell me that I make up stories. … I had a wallet stolen and because they said I make up stories they never investigated it. (I60)

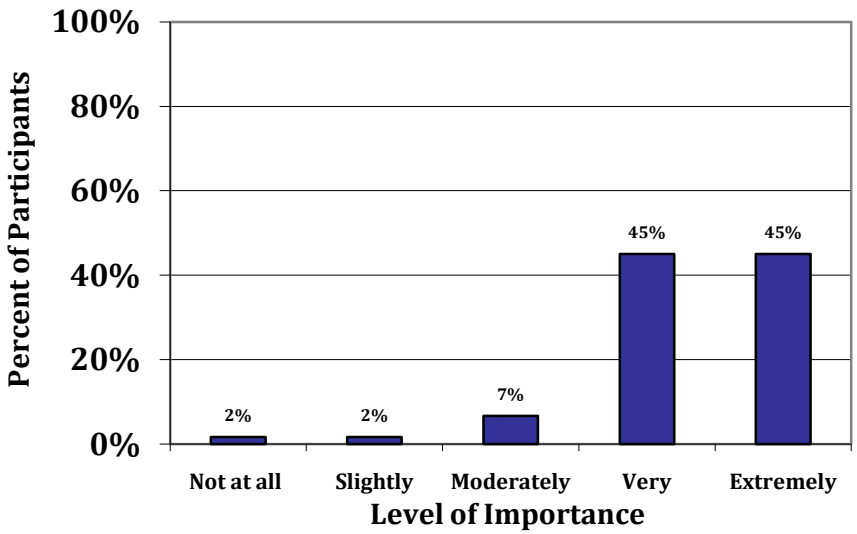
You want them to have access to information that's going to help them do their jobs but at the same time, you know, this information needs to be protected. … People have a right to privacy and especially when it comes to alcohol or drugs, there is a lot of stigma around that. … It's a slippery slope. So it's like, if I'm like speeding and they type in my license plate and it's like, "Oh, she has bipolar disorder." Yeah, they're more likely to pull me over. And I don't think that's fair. (I76)
Well, it, it depends on the individual [person with mental illness]. If the individual knows that they [the police] … know all the secrets … right down to your doctor's name, they could feel pretty intimidated. (I97)

I understand that they've [the police] got a job to do and they don't want to go into it blind, because that could put them, you know, at risk. But, then, at the same time … there are not very many good cops out there, in my opinion. … I find that more often than not it's a power tripper that I'm dealing with, all the time. .. You know, a power tripper who has already, like, met me a thousand times, already know exactly who I am, you know, even though we've never met before. … Once they get that information … they're not open to hear you because they've already got their minds made up. (I301)

Police Training and Education

Police training and education was identified by the initial focus group participants as an important topic to include in the research study. The interview guide contained detailed questions pertaining to police training in relation to mental illness. In one of these questions, the interview participants were asked to rate how important they felt it was for police officers to receive training on handling situations that involve people with mental illness.

Figure 27. Interview Participants' Ratings of the Importance For Police Training on Handling Situations Involving People with Mental Illness (n=60).



As is illustrated in Figure 27, 90% (*n* = 54) of the interview participants believed that police training was 'very' or 'extremely' important. Several participants described the reasons why it is important for police officers to receive mental health-related training.

> *Then they [the police] know what they're dealing with. Like, a regular criminal, they might shoot them or something. This man may not understand something they're telling him, and this way they could understand or try to talk to him.* (I2)

> *I think there's so many myths and misconceptions and stigma out there. I mean, I used to be the same way about AIDS and I ... realize, boy, these are still human beings. ... I'm not mad at society, or the police for having some of these misconceptions and myths, but, but at the same time ... more training and support would help break it down.* (I36)

> *I think that training in mental health is really important for the police officers. I really think it makes a difference when they know what to look for or explore. ... So they know how to deal with the situation. ... Without coming at it from a criminal point of view. ... They can look at it more in context or if someone isn't in the common reality then at least they can understand why they're answering the way they're answering or why they're acting the way they're acting.* (I60)

I think it would be a lot better for them [the police], and a lot better for us. It would be better for both sides. (I67)

A lot of the citizens that they're [the police] going to come in contact with have mental disorders, including alcohol or drug dependence. And therefore it's absolutely necessary that they know how to handle people that are acutely ill and I think it will save energy and make everything more safe. (I76)

I think people [with] mental illness might need the police a bit more frequently than … the rest of the population. Because we have more stressful events, even though they're caused by our illness, where we might want to reach out and there's not always someone to reach out to and so the police will end up being used more … if they were more compassionate. 'Cause if you're in real distress, I find that I don't always know where to call. … And it would be nice to have that support. But of course, I don't know, most people must be afraid of them 'cause they will mistreat you, throw you in jail and stuff. (I77)

Well, a lot of them [the police] are fairly new in the force and they don't understand how to deal with people with mental illness, you know. Like, you don't threaten somebody that's schizophrenic. Usually the first thing they'll do is run or hide under a table and get paranoid, eh? They just, they should be trained a bit more in how to deal with that, you know? (I246)

Police need more training on dealing with mental illness. I think many police officers do not know the signs and symptoms of mental illness and mistake them for being drunk or high or choosing to be violent. I think with most people with mental illness, fear is often the reason for symptoms. When someone is afraid, the wrong thing to do is apply force, which happens. (S405)

Maybe the police themselves should be educated more, if they are not already, on mental illnesses and not just judge everyone with a mental illness the same. Not everyone with schizophrenia is a violent person and not everyone with a mental illness has a transferable disease. Many people suffering with illness' are not so out of it that they have to be talked to like an imbecile. Many are very well capable of following directions, answering questions and having intelligent dialogues with others. (S271)

The younger officers do seem a little bit more aware. I'd like to see the more senior and long term police officers be forced to take some mental health training. … And to not just have training and that's it, like they, they could use this training again and again. … Mental health is changing too. … There's new things happening and new, you know the consumers are changing too so (uh) it doesn't have to be taught when you are becoming a cop and that's it. (FG)

The participants were also asked to identify critical elements of a training program that would allow police to handle situations that involve people with mental illness more effectively. Topics suggested by participants included communication, understanding mental illness, compassion and respect, and emphasizing non-violent approaches.

Understanding Mental Illness and its Effects

Many participants spoke about previous police interactions in which the officer(s) did not appear to understand the basics of mental illness, including how it might affect a person's cognition and behaviour. The participants felt that increasing knowledge about mental illness, including how it is experienced and how it affects an individual, would produce improvements in police officers' attitudes and behaviours.

> *Recognizing the different hints of mental illness. … That for each type of mental illness it is like … a different set of circumstance that person is dealing with. So, they [the police] can tell … whether the person is suicidal. Because along with this mental illness they know to watch what objects because they can use any kind of object to kill yourself. It doesn't have to be a gun they could shove a pen in their eye right? So they have to aware of things like that.* (I1)

> *Understanding person's inability to express themselves.* (I54)

> *I really think there should be some effort made in teaching them [the police] at least the basics of the types of mental illness and what can be expected from somebody suffering from a particular mental illness. I think the police should be schooled on that subject. And maybe they would learn to respect the mentally ill a little more.* (I67)

> *I think a knowledge of – a basic working knowledge of – the kind of symptoms they [the police] might be looking at, in terms of, you know, bipolar episodes versus schizophrenic episodes versus a, you know, a crack psychosis, … just so they … have a better idea of what they're looking at. … And I think they need, like, sensitivity training about alcohol and drugs. (I76)*

> *They [the police] must have some sensibility and knowledge of how, how to deal with people. … They can't be psychiatrists … but they should know (um) and have compassion for what's going on in someone's life.* (I305)

> *Police should be educated with the different ranges of people with mental illness and the different types of mental illnesses and the symptoms of those illness, especially when they are off medication, and the appropriate ways to get them help and diffuse the situation.* (S244)

> *They [the police] should not be allowed on the streets without training in how mental illness affects world view and coping in stress, and in how to provide what is needed to diffuse situations (i.e., body language, talking, giving enough space, saying appropriate things). Offering support, understanding and empathy instead of accusation, suspicion and pre-judgement.* (S256)

> *I think that they [the police] should just know signs of mental illness and intoxication a little bit better. Like all this is going to be hard but they have to be able to treat everybody though as they can get hurt dealing with anybody. … Maybe you shouldn't tase [taser] this guy if he seems like he's, you know, schizophrenic and high on drugs. You'll probably give him a heart attack. Maybe just take him down if you have to.* (FG)

Communicating Effectively

Within this theme, the participants discussed how police officers should be trained to communicate with people who have mental illness in a more respectful and effective manner. This included using supportive language, respecting confidentiality, and using verbal de-escalation skills.

> *I'd say just being able to recognize it [mental illness] and (uh) know how to talk in the proper manner. … Communication, I guess.* (I34)

> *Communication skills, conflict resolution, things like that. No lethal force.* (I40)

> *Just how to talk to a person with mental illness and not to set them off. How to relate to them and that's about it.* (I64)

> *How to talk would be 90% of the, the problem solved.* (I246)

> *Compassion, empathy, de-escalating … just communicating.* (I302)

> *Communication between them [the police] should be treated as a confidential information sharing that should be protected from the public when it comes to 'helping' those with mental illness.* (S58)

> *A young police officer told me once, "We just want to help you. Let us help you." Those words stuck with me and helped me out a lot.* (S60)

> *Ask the person if they are under the care of a physician/ psychiatrist. Are they on medication for a mood disorder? Be gentle, but ask questions. If person is manic, they will appear to be invincible – do not provoke. Just prod, ask questions, ask if there is any help they need (work on deflating issue; don't aggravate). Tell them we all need to be safe, treat them with dignity. … Remember THEY ARE ILL; when a person is manic – they quite often won't even remember what they are doing. Ask them if they would like to sit and have a coffee – then get to the bottom of what's wrong.* (S205)

Treating People with Compassion

Several participants suggested that police officers should learn how to be more compassionate, empathetic, and respectful in dealing with situations involving people with mental illness. They indicated that police officers should be to be taught to adjust their response style when interacting with someone who has a mental illness, especially in the context of a mental health crisis.

> *Treat them [people with mental illness] like they are a person. … Like, you know, you would treat your partner or another person, not to treat them if they are like a ticking time bomb.* (I1)

> *Some kind of compassion training or something you know like? (um) There's just very, very few [police officers] that seem to understand or have any kind of empathy for what you may be going through.* (I33)

> *Sometimes be more human, not so policy driven. And I don't just mean handcuffs, I mean sometimes I'm just transported and … I could have been*

a sack of flour. … It's all just by the book … and I'm just nothing. I'm not a human being. (I58)

I think first of all they [the police] need to recognize their own biases. … So that they know what their own attitudes are, so that they don't take it out on other people. … Just an understanding of (uh) how to deal with other people's perspectives or how to deal with people who aren't in reality. (I60)

I think that they [the police] need sensitivity training for different varieties of people. … I think that's one of the police's major faults is that they are largely insensitive. … Maybe that comes from being on the job … for years and feeling like you're going nowhere. (I301)

Less laughing should be going on between police officers while 'helping' someone with a mental illness. It belittles the person. (S58)

Train police not to treat us as criminals. Police are trained to deal with criminals and they deal with [mental health] crisis in the same way although it's totally different. Definitely need for different approach. (S240)

The police recognizing that a person with a mental illness acts out because of intense and distressing emotions and a police officer should calmly deal with the situation diffusing the emotion not stressing out people more and scaring them by verbally abusing them and handcuffing them. Police officers need to realise that most people with mental illness are not criminals … and that most people with mental illness are good people who've had a difficult life and are going through a bad time. Immediately treating a mentally ill person like a criminal is so damaging to that person and just distresses them even more. I wish police were humble and stopped arresting the mentally ill when it's not necessary. The verbal abuse is destroying and it has to stop. (S245)

Police should care more about people. Not mattering if the person is poor, or has a history of drugs and alcohol, also a history of mental illness. I feel like the police don't care if I was to get murdered. (S282)

They [the police] need to have some empathy and compassion. It is not a crime to be sick. (S378)

Police need to be more respectful of people even if they don't dress nice or wash. Our illness makes it difficult to do these things sometimes. … The whole police culture needs to change from the top down. Be more human and less robotic. (S403)

Getting rid of the stigma would … improve lots of things for so many people, I think. (FG)

Prioritizing Non-Violent Responses

Several participants discussed the need for police officers to become more adept at using non-aggressive, non-violent approaches when dealing with situations involving people with mental illness. Many suggested that a police officer's response is a major factor that influences whether an interaction will escalate into aggression and violence.

Just how to handle them [people with mental illness] basically. … Taser's not a good thing for one. I just don't' agree with that especially with somebody in my situation where my heart's already going about a hundred beats a minute. Blast one of those in my, that's not good. So just yah, again, educating them [the police] on, you know, maybe use physical forethought. (I42)

Let's say the police get a call for violence, okay. So, ten out of ten times, that I've seen, they show up on the scene, and what do they do? They get violent. … That's hypocritical to me. It makes no sense to me. (I301)

Emphasis in training needs to be on interpersonal skills that de-escalate rather than escalate violence when dealing with public. (S250)

You cannot paint everyone with the same brush – we are all unique and if one of us crosses your path, please treat that individual as you would want to be treated. Use non-violent intervention – less invasive actions and patience. (S251)

[Police] training now seems to be way too aggressive and violent – shoot now, talk later (when mental illness person is dead). I'd prefer police to have no guns, then they might actually work at policing instead of just shooting. (S256)

Other Suggestions

Participants' narratives contained several other recommendations for improving interactions between the police and people with mental illness, such as strengthening their connections with the mental health community, rewarding positive policing, improving human resource practices, creating positive role models, increasing police accountability, and ensuring that health professionals are involved in police calls for service.

Connecting with the Community

One suggestion mentioned by the participants was to provide police officers with an opportunity to have direct contact with people who were coping well with their mental illness. These individuals could speak about their lived experiences, including their previous interactions with the police.

They [the police] should come see, come look around the mental institution see what it's like and everything for so they could get a rough idea of what it's like. (I2)

I would say experience with patients, patients or consumers. And not just like … a weekend workshop. I'd think you'd want to be dedicated to it over time. (I46)

I think it would be great to get all the rookies together, into a room, and have several consumers who've had bad, good, ugly experiences to come in and tell them what it was like to be brought down by the police. (I56)

Have police officers volunteer in areas were they could have good interactions (e.g., soup kitchens, shelters). (S98)

Follow up with someone like me to see what I am like when I am well. Then they [the police] can learn more about mental illness and know how to handle people like me. (S202)

Maybe police should be more present at mental health events. (S336)

I actually do get paid to train police. … I share my negative experiences with the police but I also share my positive experiences. (FG)

Recognizing and Rewarding Positive Practices

Many participants discussed instances in which they were treated positively by the police. Some felt that, in addition to holding the police accountable for misconduct, police officers should be acknowledged for situations that have been handled in a positive and constructive manner.

I believe the police do a good job and should be praised for it. (S452)

There are police officers that just have reputations in the community as being more mentally health aware or whatever. … Really make sure that they get recognized for the efforts in change that they're trying to make. I think those people would be valuable resources in any training. (FG)

I (uh) trained as a peer support worker. We're always asked to recognize the strengths of the people we're working with and (uh) I try to do that with professionals that I work with. To catch them doing things right and I think that's where, where we can try and build some, some, stronger relationships with the police, is catch them doing things right. Be more aware and be more vocal when they're doing good things and, and letting them know, hey you're doing good. (FG)

Recognizing the officers that have the courage to say, "My colleague stepped over the line here." I think that's once again catching people who are willing to say, "No, that's not good enough." … In my one situation, the police officer came to my apartment and apologized because he knew this guy [police officer] had such a history. That's what helped me, is a current police officer saying, "I'm sorry, I know you can hold this guy accountable. Do the paperwork and I'll be there for you." (FG)

Selecting and Supporting Police Officers

Participants' recommendations also focused on a range of human resource-related issues, such as ensuring the 'right' officers get hired, supporting officers to cope with stress, rewarding officers for professional development, and recognizing that some officers are not predisposed to engage effectively with people who have mental illness.

I think that [police officers] should have the option of dealing with mental illness and first aid as, as viable options for police to get (uh) higher wages, higher pay, or whatever it is in they want in exchange for the extra duties … training and education. I believe in rewarding education and extra training. (I1)

My feeling is they are taking kids from the suburbs that haven't even had, maybe, three fist fights in their whole life, putting them up against ex-cons and that and of course they're going to shoot people cause they're scared. (I40)

Just fire the jerks! I mean, there are some people that just can't even be educated because they just come from a background of not understanding mental illness, and they will never come around. … It's like the die-hards who won't ever come around to accept homosexuals. … These people have to be weeded out. … You can't keep on people who are going to abuse people with mental illnesses. (I58)

Making sure that rookie cops aren't paired together, but rather veterans are paired with rookies. (S216)

Police need to be protected from burn out. They need mandatory time off, more paid vacation periods. Police need to be consistently monitored for stress regularly. It's a tough job. (S250)

Make sure that those who join the force truly want to serve and protect all of society. (S384)

When cops are doing their training … they could pass everything, but … you got to look at the background and how, how they were brought up and how they act around people. … Certain types can go … [to] the gun squad or whatever, and other people can go to residential areas because they are more residential people. (FG)

Recognizing the Role of Peer Influence

A small number of participants indicated that certain police officers are positive role models and should be placed in positions to influence how their peers interact with people who have mental illness. Conversely, corrective action should be taken with officers in positions of influence who endorse stigmatizing attitudes and/or display disrespectful behaviour.

In general, I don't think they [the police] are prepared for interactions with us. But, there are remarkable exceptions. Find those officers and have them train the other officers. (S337)

I've interacted with police officers that are friendly to me. They're interested in what … I was doing that night or whatever. They're talking to me like a human being talks to a human being. … And, like, if these people were kind of esteemed as the role models… (FG)

I've been locked up here … and I watch the 'captain of the watch' abuse somebody because they're in that kind of mood and he's going to teach this shit-head a lesson kind of thing. And, of course, that spreads around to the rest of the officers. (FG)

Increasing Accountability

Improving accountability and independent oversight of the police was identified by several participants as an important way to improve interactions between the police and people with mental illness.

> *I don't think the police, should be policing the police. … I think that that's ridiculous. I think that's counterproductive. I think it's just extremely untransparent [sic]. … I just don't think it makes any sense.* (I301)

> *Governments need to crack down and insist on holding police accountable for abusive behaviour. Our justice system needs to stop holding the police above the law or it will in fact be contributing to continued police violence that both injures and kills human beings.* (S250)

> *In many situations the police are allowed to do whatever, make their own rules to deal with the poor. What needs to be done is for the police to be policed by someone and held accountable for the actions.* (S271)

> *The police is not open to take complaints from the mentally ill people seriously making us extremely vulnerable. It's not fair. … WE are not able to file complaints at any way; all my attempts via emails were ignored, by fax-not replied, etc. Complaints must be answered.* (S352)

> *Something that might be good … is quicker and more proactive, and definitely third party, reviews of violent situations with the police. Like, really pull that stuff to the surface. Put the light on it. What's going on in those situations? Be clear about them, as clear as possible.* (FG)

Involving Health Professionals

A final recommendation raised by a number of participants focused on ensuring that health professionals were actively involved in mental health-related police contacts. The joint response programs in Vancouver (Car 87) and Surrey (Car 67) were positively endorsed by several participants.

> *A lot of times people are just really scared and when they're delusional, you know. It's scary enough to have the cops near by, even at the best of times, let alone when you're paranoid or delusional. … People might just need reassurance to calm down and just jab them with a tranquilizer, you know, instead of shooting them. … There's been a few incidents where people with mental illness have been, like quite a few in BC over the last twenty years, where mentally ill people have been shot because they've been acting out. So, yeah, those are unnecessary deaths.* (I76)

> *The car 67 program in Surrey is a wonderful example of how specially qualified persons can attend to calls concerning mentally ill persons.* (S327)

> *Ensure ambulance and medical personnel are present for mental illness incidents and not just police. Ensure there is a mental health advocate present during interactions with people suffering mental illness.* (S334)

I do not believe that the police should be interacting with the mentally ill. ... People who are mentally ill are physically ill and should be treated by health professionals only. (S342)

Have paramedics serve mental health warrants on people. (S392)

SUMMARY AND DISCUSSION

One of the study objectives was to learn how often, and under what circumstances, people with mental illness interact with the police. Among our study participants, approximately three-quarters reported being apprehended and/or arrested by the police at some point during their lifetime – a much higher rate than reported in other studies. Other findings regarding the nature of their interactions with the police, however, were consistent with prior research in this area. For instance, many of our participants initiated contact with the police for reasons unrelated to perpetrating a crime (e.g., requesting assistance as a victim of crime or for mental health reasons) and most of their interactions were resolved by means other than apprehension and/or arrest.

Police use of force was a prevalent experience among study participants. A substantial proportion (almost three-quarters) of interview participants had experienced being handcuffed by a police officer – in many cases within the context of a mental health apprehension. Almost one-third of interview participants had a weapon pointed at them by a police officer. Moreover, more than one-quarter of interview participants had been injured during an interaction with the police. In addition to these direct experiences, many participants discussed witnessing or hearing about situations involving police use of force against vulnerable populations, including people with mental illness, the poor, and the homeless. These primary and secondary experiences have the potential to exert a substantial influence on how people perceive the police. For instance, some participants indicated that they were fearful and apprehensive of initiating contact with the police. In addition, some participants appeared surprised by the fact that they were not mistreated during their interactions with the police. Concern regarding police use of force in situations involving people with mental illness was raised by several participants, with many identifying this as a priority area for improving interactions between people with mental illness and the police.

Another study objective was to understand how people with mental illness perceived the police, including whether their attitudes differed from that of the general public. Overall, the results suggested that the majority of participants largely held positive attitudes toward the police; however, distinctions were made between individual officers and individual events. 'The police' was perceived as both a unified or generic social institution (with shared normative values), as well as a collection of individual officers reflecting a diversity of attitudes, beliefs, and skills. Consequently, a number of participants reported that they responded to the attitudinal questions by averaging out their experiences, but then added the caveat that their attitudes and perceptions depended on the specific officer or encounter. This is especially interesting in the context of police services in Metro Vancouver and the rest of BC, given that they are comprised of a complex patchwork of police agencies, each with varying policies, practices, and training standards with respect to handling situations involving people with mental illness. A few participants discussed having mostly positive experiences with the police, but giving more weight to their negative interactions because of the magnitude of their impact. For participants, the existence of 'bad apples' within the police ranks created problems in relation to whether they felt the police could be trusted, and whether the police would be respectful and fair; a problem that was exacerbated by the perceived lack of police oversight and accountability in BC.

Compared to the general public in BC, our survey participants' attitudes toward police performance and confidence in the police were more negative – indicating that people with mental illness have a distinct point of view regarding the police. The qualitative data suggested that this relatively negative perspective regarding the police may result from a combination of factors such as direct experiences interacting with the police (e.g., in the context of alleged criminal act), feelings of powerlessness in relation to their mental illness (e.g., mental health-related police apprehensions), co-occurring substance use problems, and marginalized social locations (e.g., high rates of poverty, unemployment, homelessness, and victimization).

In addition to understanding how people with mental illness thought and felt about the police in general, we also sought to learn how they perceived their previous interactions with the police. Consistent with other research, perceptions about police interactions varied considerably among our study participants. Participants' overall perceptions about their lifetime interactions with the police tended to be more positive than negative, but displayed variability overall. This trend was reflected both in the quantitative ratings and the qualitative narratives. Police interactions that involved mental health crises were viewed positively by the majority of participants. For example, among the survey participants, 53% were satisfied with how the police handled the situation, whereas 37% were dissatisfied. As well, interview participants whose most recent contact with the police was in the context of a mental health crisis indicated that they were treated in a procedurally fair manner

by the police officer(s), and were largely satisfied with how the situation was handled. Interestingly, when the interview participants were asked to focus exclusively on their most recent contact with the police, their ratings of procedural justice (e.g., feeling that they were treated respectfully and fairly) and satisfaction were mostly positive. As well, a large majority of participants indicated that they had felt better following their most recent contact with the police. Ratings that pertained to a specific encounter (i.e., the most recent contact) tended to reflect more positive perceptions compared with participants' ratings of lifetime experiences with the police interactions or general attitudes about the police.

A final goal of our study was to obtain suggestions from people with mental illness regarding how perceptions of, and interactions with, the police can be improved. Almost half of the interview participants, including 59% of those who were in mental health crisis, indicated that their most recent interaction with the police could have been handled better. Almost all participants indicated they supported providing the police with personal details, including mental health-related information, that could assist officers with understanding a particular situation and handle it more appropriately (e.g., professionally, without using violence). Participants underscored the importance of ensuring this information was only available to, and used by, police officers who were properly trained.

Indeed, the importance of training emerged as a consistent theme, with almost all participants indicating that police officers need to be better trained to handle situations involving people with mental illness. The participants' qualitative responses indicated mental health-related training would better prepare police officers to manage situations using non-violent methods, which ultimately serves to protect the safety of the officers as well as people with mental illness. Core features of the training curriculum that were suggested by the participants focused on communication skills, symptoms and behaviours related to mental illness, compassionate treatment, and non-violent interventions. These suggestions are aligned with the findings of a US study in which the participants made the following recommendations to the police: (a) allow them a chance to explain themselves, (b) treat them like human beings, (c) be patient, (d) respond in a calm manner, (e) recognize or ask about mental illness, and (f) get special training to help them respond to people with mental illness more effectively and keep situations from escalating [33]. Beyond providing the police with appropriate information and training, our participants also suggested several other innovative strategies to improve interactions between the police and people with mental illness, such as rewarding positive police practices and increasing opportunities for positive interpersonal contact between police officers and people with mental illness.

The present study raised additional research questions. For instance, whether or not the attitudes, perceptions, and experiences of our participants are comparable to that of people with mental illness in other Canadian jurisdictions is an empirical question that requires further study. Another topic that warrants examination is the degree to which providing police officers with mental health-related training improves their attitudes and behaviours, and whether this produces an improved experience for people with mental illness. Lastly, it would be useful for researchers to focus their attention on a single police interaction, such as a mental health crisis, to gain a better understanding of the dynamic relationship between the person with mental illness, the police officer(s), and the environment. Doing so would provide valuable insight into the sequence of events that unfold before, during, and after mental health-related police interactions, and the factors that influence decision-making among police officers (e.g., escalating the amount of force) and people with mental illness (e.g., resisting or complying).

STRENGTHS AND LIMITATIONS

Several methodological strengths of the present study are noteworthy. First, this is the only Canadian study to examine the perspectives and lived experiences of people with severe mental illness in relation to their involvement with police. Prior studies on the topic comprised samples with limited generalizability to the Canadian population. Moreover, the present study represents the first large-scale study of its kind, in Canada or elsewhere.

Second, our use of a mixed method design and, specifically, the use of interviews (with both fixed and open-ended response options) and quantitative surveys, enabled the examination of diverse aspects of the attitudes and experiences of people with mental illness in relation to the police. The type and nature of participants' interactions with police were broad ranging and their lived experiences influenced by multiple factors. Mixed method designs are the preferred approach for exploring research questions that pertain to more than one conceptual level [133] and, thus, was well-suited to the present study. In particular, our inclusion of quantitative survey measures, as well as closed-ended interview questions, allowed for comparisons between groups and variables in a rigorous, transparent, and replicable manner. The qualitative data allowed for an in-depth exploration of participants' attitudes regarding the police as contextualized through the detailed accounts of their most recent experiences. Collecting quantitative and qualitative data also allowed the application of both deductive and inductive approaches and the triangulation of findings. For instance, the qualitative responses provided insight into the patterns and trends uncovered in the quantitative analyses.

Third, and perhaps most noteworthy, was our use of a community-based, Participatory Action Research (PAR) approach. We engaged community stakeholders, including agencies and consumers, in varying capacities and stages throughout the project. In keeping with the principles of PAR, we engaged people with severe mental illness at every stage of the research process, from informing the design of our materials to participating in data collection activities to interpreting the study findings and developing the recommendations. Our research team also was strengthened by the inclusion of people with lived experience of mental illness. Informal feedback suggests that employing peer-interviewers served to reduce power differentials, facilitated trust and rapport between interviewer and participant, and, thereby, promoted the disclosure of sensitive information. Furthermore, we brought together a multidisciplinary research team, representing expertise in criminology, law, psychiatry, psychology, and public health, with diverse experiences in academic and practice settings, including policing. Ultimately, this collaborative approach focused our efforts on the development of recommendations that could lead to concrete (and realistic) 'next steps'. Finally, interpretation of the study findings was grounded in procedural justice theory [17, 44]. This perspective provided for consideration of participants' experiences of interacting with police as a function of how they were treated (or, at least, perceived they had been treated) during these interactions. Doing so allowed us to consider ways in which the subjective experience of interacting with police could be improved for people with severe mental illness, even for those interactions that result in less desirable outcomes (e.g., arrest, involuntary hospitalization).

There are some important caveats for the interpretation of the findings and conclusions of the present study, including the sample and the research materials. With regard to the sample, participants self-identified for inclusion in the study. Consequently, self-selection bias may undermine the validity of the findings [134]. The decision to participate or not may have been associated with factors of relevance to the study, such as severity of symptoms or desire to share a particularly salient experience interacting with the police, which may have introduced systematic

error. Other participant characteristics introduce further limitations. Specifically, there was a significant under representation of women in the initial focus groups, which may have affected the types of issues identified for inclusion in our research materials. There also was an underrepresentation of younger participants who may have different experiences with and perceptions of the police. Furthermore, for logistical reasons, we were limited to surveying individuals living in BC and interviewing participants in the Metro Vancouver area. Therefore, the generalizability of our findings to other Canadian jurisdictions is unclear. We have, however, provided sufficient details about the study context, the sample characteristics, and the research procedures to allow researchers to assess the degree of 'fittingness' or 'transferability' of the present study to their own situation or setting [135].

The study also has limitations pertaining to the subjective, self-report nature of the data collection. Participants self-identified as someone who lived with severe mental illness and had direct experience with the police. As well, we relied on the participants' subjective interpretations and perceptions of their interactions with the police. None of this was independently verified; therefore, it is possible that the study includes information that is inaccurate, distorted, or biased.

Lastly, we chose to focus the in-depth interviews on the most recent contact for several reasons, including to reduce recall bias and to promote sampling of diverse experiences. However, an alternative method may have been to focus the discussion on the most positive and negative experiences. Such an approach would have afforded the opportunity to examine both intra- and inter-individual factors that affect the subjective experience of interacting with police. Additionally, comparison between the interview and survey revealed some discrepant findings. For instance, survey participants were less positive regarding the impact that police interactions have had on their life compared to interview participants. It is possible that the increased anonymity afforded by the surveys, compared to the face-to-face interviews, encouraged disclosure of more negative attitudes. As well, it is possible that the interviews provided participants with more time to discuss and reflect on a range of experiences, which encouraged more positive perceptions to emerge.

CONCLUDING REMARKS

People with severe mental illness hold a diversity of attitudes and perceptions regarding the police. Attitudes and perceptions were neither uniformly negative nor positive. The present study revealed numerous instances in which interacting with the police was viewed positively by our participants. Conversely, a number of the participants held negative attitudes toward the police and shared stories of experiences in which they felt mistreated. Indeed, our findings painted a more balanced, and even more positive, picture than that which is reflected by the media and, perhaps, perceived by the public. Our study also highlights the complexity and variability in how people with mental illness perceive and interact with the police.

The participants shared a certain level of dissatisfaction with the status quo. Most people who participated in our study felt that improvements can (and should) be made to the manner by which police officers handle situations involving people with mental illness. The steps for improving perceptions of and interactions with the police, from the perspective of people with severe mental illness, have been outlined in this report. Clearly, the study participants felt that police agencies could do a better job training and supporting their officers. As well, they called for a transformation of police culture – one that discourages stigma and aggression, and nurtures compassion, respect, and understanding toward people with mental illness.

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