Operational response : Policing persons with mental illness in Australia

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By

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Abstract

Across the globe, policing persons with mental illness (PWMI) in crisis involves significant police work. Police must respond effectively to individuals whose behaviour and language are often erratic, and who may be intoxicated or experiencing psychosis. In Australia, police are often criticised for inappropriately handling mental health crises in the community and for differentially policing PWMI in crisis. To better understand Australian police response to PWMI in crisis, this study conducted interviews with 25 operational police officers working in one of the largest Australian state police organisations. The findings indicate that police response to PWMI in crisis is underpinned by trial-and-error practices, because officers are insufficiently trained to manage PWMI in crisis, and police are resistant to accept tasks considered 'welfare work'. Officers are also relieved when response to PWMI in crisis includes mental health practitioners. We argue that whilst the availability of interagency schemes in Australia is generally restricted to metropolitan areas, effective policing response to PWMI in crisis should include a collaborative response between police and mental health practitioners.

Keywords

Introduction

The process of deinstitutionalisation of mental health services across Australia in the late 20th century is argued to have over-burdened the police acting as first responders to persons with mental illness (PWMI) suffering crises[1] in the community. It has also increased the need for police response (Kruger, 2020). Yet research suggests that police operational practices used to address the complex needs of PWMI during police–citizen engagement are incompatible and unsuitable (Gooding, 2017). Whilst Australian police officers are legally obliged to respond to mental health-related calls, they often respond to these calls unassisted by appropri- ate service providers, such as paramedics, social workers, and other health care providers (Senate Select Committee on Mental Health, 2006).

This is not to suggest that co-responder models do not exist in Australia. The New South Wales Police Force, for example, piloted the 'Mental Health Intervention Team' in 2007 as a response initiative with other Australian health-related agencies to meet the complex chal- lenges posed by mental health policing. Whilst this has been an ongoing collaborative endeav- our between police and health-related industry partners, it was not until 2017, following a coronial inquest into the fatal shootings of five PWMI by Australian police when officers were called to respond to separate incidents of people experiencing crises, that many other Australian police organisations changed their policing response to include non-aggressive policing tactics when responding to PWMI (Ryan, 2017). Critics of police response to PWMI in crisis, however, argue that differential police response, and a lack of awareness and understanding regarding PWMI, is often identified as being at the centre of the problem (Bradbury et al., 2017).

Whilst most PWMI do not interact or engage with police daily, it is estimated that Australian police officers can spend anywhere between 10% and 30% of their time involved in the man- agement of these individuals for a variety of reasons. These reasons may include police search- ing for PWMI who have absconded from psychiatric services, connecting them to mental health services, as well as responding to their mental health crises (Kruger, 2020). PWMI self- define their mental health crises as 'uncontrollable feelings of extreme distress, fear and des- peration', which can lead to the risk of suicide, self-harm or harm to others[2] (Gooding, 2017). Yet there is a lack of consensus amongst police organisations and mental health clini- cians regarding appropriate communication tactics for interacting with PWMI whose behaviour and language are often erratic and who may be intoxicated or experiencing psychosis (Bradbury et al., 2017). It is also argued that across Australia, a third of fatal police shootings may involve PWMI in crisis (Gooding, 2017), and whilst police shootings in Australia are rare, they indicate that responding to people in crisis is challenging for police.

This study, therefore, assesses operational police practices in relation to police response and PWMI in crisis. Semi-structured interviews with 25 general duties police officers were con- ducted with officers working in one of the largest Australian state police organisations (de-identified for ethics reasons) to analyse how police respond to PWMI in crisis. This research offers original insight into a previously under-researched area.

Literature review

In Australia, the police are legally obliged to provide a 24/7 service when responding to calls for service involving PWMI in crisis in the community (Asquith & Bartkowiak-Théron, 2017).

A mental health crisis occurs when an individual loses the ability to cope with the symptoms of mental illness, which has the potential to place the individual or others nearby at risk (Penterman & Nijman, 2011). If public displays of behaviour are considered criminally offensive, socially unacceptable, or which may put the individual or other members of the public at risk, then it is highly likely that such behaviour will attract the attention of the police (Herrington & Clifford, 2012). Whilst police and ambulance officers are legally obliged to respond to mental health crisis calls in Australia (Senate Select Committee on Mental Health, 2006), police officers are not trained specifically in medical or psychiatric care. As such, police officers often struggle to make appropriate decisions when managing PWMI in crisis.

Interactions between PWMI and the police can sometimes result in violence, especially when police engage using dominant and hostile styles of policing (de Tribolet-Hardy et al., 2015; Ruiz & Miller, 2004). Given that the behaviour of some PWMI in crisis is often perceived to be socially unacceptable, police responses are compounded further by negative community stereotypes of PWMI being dangerous and 'criminal'. Police often criminalise PWMI in the community due to a lack of recognition and understanding of mental illness, and frequently misinterpret their behaviour as being a danger to themselves or others (Queensland Health, 2015). For example, PWMI will often arm themselves as a protective factor or for the purposes of self-harm rather than to harm others (Ghiasi et al., 2020). If mental illness is suspected, then the police have an official role to assist PWMI for reasons of public safety (as well as the safety of the individual) and if necessary, involuntarily commit PWMI to mental health facilities under the auspice of mental health legislation and police operational guidelines (Herrington & Clifford, 2012).

Mental health legislation in Australia, however, uses subjective and ambiguous language to describe instances where first responders such as the police should recognise a mental health crisis. For example, in Queensland, Australia, the text states that recognition of a mental health crisis is when: 'the person appears to require urgent examination' (Public Health Act, 2005, p. 136), and in Victoria, Australia it refers to '…the person's apparent mental illness…' (Mental Health Act, 2014, p. 265). The federal legislation, therefore, affords officers a wide margin of discretion regarding recognising and managing PWMI in the community. A key frustration shared amongst police in Australia (and internationally) is the ambiguity in rele- vant legislation as well as unavailability and lack of support from health professionals in sharing responsibility for managing community mental health incidents (Kirubarajan et al., 2018; Morgan & Paterson, 2017; Ogloff et al., 2013). Whilst Nowacki (2015) argues that police discretion is necessary for police to interpret laws that are descriptively vague, as well as to give officers the flexibility to make decisions on whether to make arrests, issue cita- tions or use force when conducting their duties, too much police discretion allows scope for police misconduct that can damage relations between police and the community (Clifford, 2021; Evangelista, et al., 2016; Miles-Johnson, 2020).

Subjective assessments are especially challenging when policing the idiosyncrasies of mental illness and making on-the-spot distinctions between disorderly behaviour and disordered behaviour (Teplin, 2000). Threatening or bizarre behaviour can often be misinterpreted by police as dangerous and in need of coercive control, whereas health professionals may perceive such behaviour as in need of care (Fry et al., 2002; Kesic, et al., 2013; Ruiz & Miller, 2004). In addition, research determines that it is common practice for police to exercise a level of discretion when managing PWMI (Teplin, 2000), which can lead to positive and

effective outcomes, but does not always guarantee fairness, consistency, transparency and even-handiness in the procedure (Farmer, 2018).

The complex gatekeeping role police play in mental health incidents is also reflected by the over-representation of PWMI in police custody (Ogloff et al., 2007). Although not all individuals will require being diverted away from the criminal justice system for health treatment (Baksheev et al., 2012), PWMI is continually over-represented within the criminal justice system in part due to police not recognising mental health symptoms whilst policing at the street level or within police custody (Baksheev et al., 2012; McKinnon & Grubin, 2013; Ogloff et al., 2007). Police officers are required to effectively communicate with all citizens and research by Coleman and Cotton (2014) posits that because communication between police and PWMI occurs on a day-to-day basis they should be able to adequately recognise, and then de-escalate, mental health crises (Coleman & Cotton, 2014).

The propensity for differential policing to occur or the tendency for violence to follow in these situations, however, can be provoked by the ambiguity of the legislation as well as an officer's fear and mistrust of PWMI. Because police frequently misunderstand or misinterpret the actions of individuals in crisis and often perceive PWMI to be violent and incapable of reasoning (de Tribolet-Hardy et al., 2015), it is highly likely that police will differentially police PWMI in crisis. For example, Watson et al. (2008) conducted in-depth interviews with 27 PWMI regarding their encounters with the police, and the results indicated that police frequently differentially policed these people during the interaction. They also determined that when police use procedurally fair policing techniques, PWMI had a better emotional response to officers in these interactions and were more satisfied with police treatment (Watson et al., 2008).

Whilst the police will largely encounter PWMI who are non-violent during police– citizen encounters, police will deal with a disproportionate number of violent PWMI by virtue of their profession in maintaining public order and safety (Kesic et al., 2013). Ruiz and Miller (2004) suggest that a potentially volatile situation can arise when PWMI encounter the police due to the heightened fear they experience when confronted by an unfamiliar, police-uniformed response. This can be exacerbated further by a lack of under- standing and empathy exhibited by the police officer towards the idiosyncrasies of a mental health crisis (Clifford, 2021; Haigh et al., 2018). The propensity for violence in these situa- tions can also be provoked by an officer's fear and mistrust of PWMI since police often perceive them to be violent and incapable of reasoning (de Tribolet-Hardy et al., 2015; Ruiz & Miller, 2004).

Numerous national enquiries into the fatal use of police force in Australia have highlighted the inadequacies associated with policing of mental health (Brouwer, 2005; Whiteford, 1998; Wooldridge, 2000). For example, when police apply forceful and coercive tactics to situations involving PWMI, which are otherwise normally applied to situations involving offenders not identified as PWMI, it is likely to have negative or fatal outcomes (de Tribolet-Hardy et al., 2015). PWMI may not understand coercive cues from the police such as officers shouting and using verbal/physical threats, and a lack of understanding can then be perceived by the officer/s as non-compliant and disrespectful behaviour (de Tribolet-Hardy et al., 2015). In 85% of the cases of fatal police shootings of PWMI in Australia, it was reported that the indi- vidual did not understand police directives and was armed with a dangerous weapon (Australian Institute of Criminology, 2013). This highlights the difficulties police officers face when responding to high-pressure situations involving some PWMI.

As a response to the high-profile police shootings in Australia, Victoria Police implemented 'Operation Beacon' to address public concerns regarding combative and adversarial police tactics when engaging with vulnerable populations (Gooding, 2017; Saligari & Evans, 2016). It was one of the largest retraining programmes in the history of Australian policing, and although it was only offered for a short period, it addressed the combative police training culture identified within policing (Saligari & Evans, 2016). The programme was underpinned by notions of force reduction and de-escalation of citizens (including PWMI) using communication tactics rather than proportionate force (Gooding, 2017; Kesic et al., 2010). In the short term, Operation Beacon proved hugely successful in enhancing community-oriented policing and reducing police fatal shootings of PWMI and other citizens (Saligari & Evans, 2016). Yet, its long-term impact is questionable because police shootings by the Victoria Police rose in the years following its discontinuation (Saligari & Evans, 2016).

The issue of proportionality takes precedence in cases involving police fatal shootings whereby police organisations and coronial investigations examine whether the force used by the officer was proportionate to the threat posed by the offender (Australian Institute of Criminology, 2013). Resolving this issue is further complicated when assessing if the offender's capacity to comprehend the consequences of life-threatening circumstances was impaired by a mental illness as well as the use of drugs and alcohol (Australian Institute of Criminology, 2013). Although there is minimal research that has examined police attitudes towards engagement with intoxicated PWMI, some research suggests that police encounters with intoxicated PWMI heighten police frustration due to the difficulties in judging whether the behaviour is disorderly or disordered (Cummins, 2007; NSW Ombudsman, 2014; Teplin, 2000). In addition, PWMI with intersectional vulnerabilities (such as drug addiction, alcohol abuse, homelessness, disability or intellectual impairment) frustrates the police the most in terms of presenting increased challenges when police attempt to apply effective resolutions to their crises (Kaminski et al., 2004; McCabe & Priebe, 2008; Teplin, 2000). Interpretations of risk and recognition of mental illness and impaired capacity, therefore, can be more accurately made when an officer is equipped with important knowledge about the medical and offending history of a PWMI (Kesic et al., 2013; Morgan & Paterson, 2017).

In Australia, information sharing and collaborative response between public service officials (such as police and health practitioners) are legally endorsed. Most jurisdictions across Australia have formalised interagency collaborations through a Memorandum of Understanding (MOU), which is a written agreement regarding the sharing of information and safe handling of PWMI in crisis between police and health staff (Clifford, 2010). In some Australian jurisdictions, important information can be promptly conveyed to a police officer attending a PWMI in crisis via telecommunication from a mental health clinician (Scott & Meehan, 2017). Research from the UK has shown how knowledge sharing between first responders to PWMI in crisis can better inform an officer's judgements in making more therapeutic decisions when interaction occurs, such as not arresting, restraining and detaining the PWMI. This also includes opting for more informal procedures such as taking the individual home or to a relative (Morgan & Paterson, 2017).

Whilst these types of schemes have found success in other countries, the geographical nature of Australia and the paucity of health resources in rural and remote areas of Australia have resulted in interagency collaborations occurring only in metropolitan areas and only between certain hours of the day (Bradbury et al., 2017). Mental health crises occurring outside of metropolitan areas or outside these hours or when the co-response of mental health

professionals was unavailable invariably warrants a police-only response. Subsequently, the police have been compelled to act as de facto mental health practitioners because of deficient community mental health services or responses to people who are in a heightened emotional or irrational state (Cummins & Edmondson, 2016). Many police officers, however, are often unwilling to accept the welfare facet of the police mandate because it is not situated within police notions of 'cop-culture', which is epitomised by preconceived ideas of 'maintaining order' and 'fighting crime'(Reiner, 1992).

Police work involves more than traditional expectations of crime detection and prevention (Clifford, 2021). Police involvement in auxiliary welfare issues such as responding to PWMI has earned police reputations as 'quasi social workers' (Cummins & Edmondson, 2016), or 'street corner psychiatrists' (Teplin & Pruett, 1992). The welfare role police officers are expected to perform in their duties is common in most Western contexts and is one that is underpinned by universal common law principles of state protectionism and paternalistic protection of vulnerable individuals in need (Lamb et al., 2002). The challenging nature of policing PWMI in crisis, however, reinforces the notion that police work involves more than traditional expectations of crime detection and prevention.

To overcome this issue and to help police respond appropriately and effectively to PWMI, co-responder models were developed whereby police and mental health clinicians respond in unison (Evangelista et al., 2016). One viable example of interagency collaboration that requires the cooperation of mental health staff is the Crisis Intervention Team (CIT) model (Evangelista et al., 2016). To effectively manage PWMI who routinely encounter the police, police organisations in many Western states implemented CIT (also known as the Memphis model) (Seo et al., 2020). CIT helps reduce the need for police in mental health incidents by encouraging police-community mental health collaborations that develop more effective models of community-based crisis response systems (Watson & Compton, 2019). A key component of CIT is that a selection of frontline officers volunteer to become CIT officers and receive enhanced mental health response training (MHRT) (usually 40 hr) delivered by mental health professionals, PWMI, family members of PWMI and police trainers (Watson & Fulambarker, 2012).

International research determines that CIT schemes and other interagency response initiatives provide positive accounts of equitable treatment of PWMI in crisis (see Evangelista et al., 2016; Furness et al., 2016; Hanafi et al., 2008; Herrington & Pope, 2013; Morgan & Paterson, 2017; Scott & Meehan, 2017). Whilst Australian research examining these initiatives is still in need of systematic enquiry, studies by Clifford (2021) and Evangelista et al. (2016) suggest that collaborative approaches between police and mental health professionals are pivotal in therapeutically de-escalating PWMI during the crisis. Yet, little is known of the effectiveness of present-day police interagency schemes in Australia from the perspective of officers or whether police view operational co-response models between police and mental health professionals as an effective de-escalation tool when responding to PWMI in crisis. Research does suggest, however, that Australian police organisations and police officers experience significant frustra- tions when attempting to form partnerships with other agencies, especially because there is no official mandate or extra funding to formalise working partnerships across agencies that have disparate organisational philosophies (Penterman & Nijman, 2011). The lack of available inter- agency resources for police when responding to PWMI in crisis invariably restricts a police offi- cer's access to vital information and support that might otherwise help inform their judgements (Evangelista et al., 2016). Officer's preferences regarding co-responder or police only responses, and how officers respond to PWMI in crisis is, however, an under-researched area.

Methods

Semi-structured interviews with 25 general duties police officers were conducted to better understand operational responses to policing of PWMI in crisis. Whilst all the officers in this study went through mandatory academy training which would have included elements of mental health response, none of the participants were specifically trained in mental ill-health prevention. Interview participation occurred in two phases 2 months apart within a 12-month period, with the first phase of interviews comprising 9 officers in the southern region of the state, and the second phase comprising 16 officers scattered across the state capital city and other regional areas. Twelve male officers and 13 female officers were included in the sample, which comprised 21 constables, two sergeants and two inspectors. In accordance with Human Research Ethics Committee approvals[3] participation in the semi-structured inter- views was entirely voluntary. Officers were recruited in both phases via an interview informa- tion sheet and participation link emailed to all officers on behalf of the research team by the police organisation. In accordance with the ethics agreement, all participants in the interviews were de-identified, because specific information regarding ethnicity, gender, or age of the participants could potentially identify the senior officers included in the sample. It was also acknowledged that the ethnicity, gender, or age of the officers may also shape their interview responses[4]. The interviews ranged between 30 and 45 min, and all interviews were recorded on to a digital audio recording device and were transcribed verbatim into Word documents. The Word documents were then inputted into NVivo 11 to facilitate the data analysis. The data collection phase was ended after 25 interviews because initial analysis of the data indicated that no new information was being offered by participants.

To analyse the data, we adopted a 'modified grounded theory approach' whereby concepts were formed from interpretations of the data using an analysis worksheet. Key concepts were formed using an *open coding* method (whereby observed data and phenomena are segmented into meaningful expressions and described in a short sequence of words) and themes were categorised using a *selective* coding method (whereby one theme is chosen to be the core or underpinning concept which combines all other data within that group) (Glaser, 2016). Once all the key concepts were formed into categories, six core themes emerged from the police interviews which included (1) Policing PWMI is a core component of police work; (2) Officers believe policing PWMI should not constitute police work; (3) Officers believe they are not adequately trained to respond to PWMI in crisis; (4) Trial-and-error policing techniques are often employed when officers respond to PWMI in crisis; (5) Officers are relieved when mental health professionals co-respond to PWMI in crisis; and (6) Officers recognise that effective communication is needed when responding to PWMI in crisis. The research team was also very aware of their subjectivity and how this may influence interpretation of the data. Careful consideration of interpreter bias and how this may shape interpretation and meaning within the data were applied to each analytical process, and to all the findings considered for inclusion in this research.

Findings

Policing PWMI is a core component of police work

Across the Australian state, policing PWMI in crisis constitutes at least one quarter of policing responses each week. Most of the participants spoke about policing of PWMI as a core

component of their policing work and that responding is an anticipated police duty. For example, Officer 11 stated:

I would say 25% of our week is spent responding to mental health cases (Officer 11).

Although other officers were not specific about actual percentages of workload regarding operational response to PWMI in crisis, many officers acknowledged that this type of response comprises much of the working week for operational officers and that policing of PWMI is increasing. For example, Officers 10 and 18 stated:

A lot of the jobs we go to is mental health as well such as threatening suicide or having an episode… I don't know what percentage it'll be… but it's a lot (Officer 10).

We do have a lot of mental health jobs, like a lot of mental health related jobs. So those are the kind of the jobs that I find that we're probably attending the most (Officer 18).

Given that previous research suggests that some police officers harbour stigmatising views of mental illness that parallel public misconceptions regarding the frequency of people experiencing mental health crises (Bell & Palmer-Conn, 2018; Haigh et al., 2018; Pinfold et al., 2003), it may be that officers in this study recall mental health policing response more frequently than other calls for assistance. Yet research (see Livingston, et al., 2014a, 2014b; Watson & Angell, 2013; Watson et al., 2008, 2010; Wood & Watson, 2017) suggests that mental health policing is one of the most requested calls for help that officers attend, and therefore, one of the most recorded crime types recorded by police organisations. Whilst the participants recognised the frequency of policing response to PWMI as normative policing practice, it was interesting that many of them stated that it should not be the responsibility of the police to respond to these types of situations or that it should be considered police work.

Officers believe policing PWMI should not constitute police work

Whilst officers acknowledged that policing PWMI in crisis comprises a large part of their working week, across the Australian state, police officers do not like responding to these incidents. The officers believe that whilst it has increased their workload, it does not constitute what they believe is policing work. For example, Officer 2 said:

Do the police want to be involved? No, we don't. When you look at our core duties, that isn't really our core duty. Taking mental health people back to a care facility isn't really policing duty (Officer 2).

Many officers also spoke about the fact that they are not trained health professionals and accordingly, should not be responding to PWMI in crisis unless there is an issue of public safety or if the individual is at risk of self-harm. For example, Officers 16 and 23 stated:

Do we really have time for that? No, we don't, not unless they are going to harm someone or themselves, we're not psychologists or doctors, it's frustrating, we're supposed to deal with them, it's worse when they are in crisis, how do we deal with that? It shouldn't be our job, but it is our job, you know (Officer 16).

Learning to engage with different types of people in different mental states is challenging, I don't think we, the police, do it well, honestly, I don't think we should be doing it, I don't think we're the right people to do this, we are not trained for it, yes we can take them down if they are going to harm someone or themselves but otherwise, no, it's not our job (Officer 23).

The negative response given by officers regarding policing of PWMI as well as the welfare role it requires of officers raises questions about the preparation they receive whilst training and the expectations they have regarding the types of jobs they will receive whilst working. It also raises questions about the training officers receive in relation to responding to PWMI and whether it adequately prepares them to respond appropriately (Borum et al., 1998; Coleman & Cotton, 2014). Across the globe, many police academies embed MHRT in their curriculum, but previous research posits that ongoing effective police MHRT for all officers (and not just recruits), is the key to successful policing of PWMI and ongoing training has the potential to appropriately control officer discretion in these situations (Borum et al., 1998; Coleman & Cotton, 2014). It is also argued that ongoing training can enhance ethical treatment of PWMI, but frequent complaints about the way officers respond to mental health crises in the community suggest otherwise, with research arguing that the basis of these complaints is under- pinned by a lack of appropriate or ongoing training (Boscarato et al., 2014; Bradbury et al., 2017; Brennan et al., 2016).

Officers believe they are not adequately trained to respond to PWMI in crisis

Analysis of the interview data indicated that across the Australian state, police officers are not adequately trained to respond to PWMI in crisis. All the officers stated that they only receive initial training whilst at the police academy at the start of their career, and none of the officers had been specifically trained in mental health prevention. Many officers spoke about how this impacts their operational response to PWMI in crisis. Most of the officers could not recall the mental health training they received at the academy. For example, Officers 3 and 7 stated:

Was there mental health first aid training? I thought there was, something that was offered as a half-day thing, it could be years and years ago now. It was like a mental health first aid training day, but I can't remember it or the training (Officer 3).

So, obviously we did initial training at the academy, we did a one day talk on it in my first year, and from that, other than the occasional computer-based quizzes and questions, there's not much train-ing on mental health policing. You'll see an email occasionally come out about mental health response training, but because they are not compulsory, a lot of us just go – nah (Officer 7).

Given that police academy training is the foundation of police performance and is essential in building effective police–public relations with diverse groups of people (Miles-Johnson & Pickering, 2018), this finding is problematic. Whilst police academies may vary in the type of police training imparted, research determines that if police academies embed MHRT within a CIT format and focus on teaching the recruits verbal communication and therapeutic de-escalation skills in lecture, experiential and scenario-based training formats, recruits will be less likely to forget the training when working in the field. It will also effectively prepare them for crisis response policing (Teller et al., 2006; Watson & Fulambarker, 2012). Research also

argues that once fully trained, recruits will be more confident and professional when responding to PWMI in crisis and will provide a more caring and empathetic approach to interaction, and are more likely to rely on mechanisms and responses learnt from training rather than relying on discretional practices or trial-and-error policing techniques (Steadman et al., 2000).

Trial-and-error policing techniques are often employed when officers respond to PWMI in crisis

Across the Australian state, many officers admitted that trial-and-error techniques are frequently employed when officers respond to PWMI in crisis. Many of the officers disclosed the inconsistency of policing response to PWMI in crisis, and that this was expected when responding to these situations. For example, Officers 22 and 25 stated:

> We go to all these mental jobs, and we see how often they occur, and it's a different experience, a whole different ballgame of learning on the job. It's sad, it happens so much, but we wing it, try our best (Officer 22).

> You never know what you're going to come across, so we don't really know what we're going to do until we're in the situation, and even then, we respond by trial-and-error, see what works at the time, and go with it (Officer 25).

Decisions play a critical role in policing (Pulawski et al., 2021), and the choices officers make in relation to the combination of decisions they implement often lead to better outcomes in policing. Whilst research suggests that trial-and-error learning can be very positive in terms of identifying new ways or methods to police (see Bell, 2021), it is often based on officers making decisions based on past experiences, or for more junior officers, it is about making sub-optimal decisions whilst gaining experience (Pulawski et al., 2021). When responding to PWMI, trial-and-error policing may produce good policing practice, which may help cooperation (Clifford, 2021). Given that officers in this study need more verbal communication skills training and increased therapeutic de-escalation skills training (thereby embedding professional practices and appropriate responses), trial-and-error policing in these situations, however, is likely to lead to differential policing of PWMI and poor outcomes (Clifford, 2021). Officers in this study also reported that whilst trial-and-error practices are common when responding to PWMI when they receive assistance from the health sector, they are relieved.

Officers are relieved when mental health professionals co-respond to PWMI in crisis

Consistently, officers across the Australian state stated that they are relieved when paramedics or other mental health professionals also co-respond to PWMI in crisis. Many officers spoke about the need for having mental health professionals co-respond for medical reasons or sedation. For example, Officer 1 stated:

> I've had ones where it's drug induced psychosis, where they are naked, running around the street, and assaulting people, I think it took seven officers to hold them down, they had to be sedated by

paramedics. There's no way of talking with them, you can't do anything with them, they're just completely out of it, and must be sedated but that's not our job (Officer 1).

Many of the officers spoke about the operational responses to PWMI being effective when mental health professionals co-respond due to the calming presence or familiarity of the mental health professional, or the ability of the mental health professional to de-escalate the PWMI in crisis. For example, Officers 8 and 24 stated:

We might go to a job, and it's happened to me, where they don't want to speak to me, and the paramedics arrive, and they're happy to talk to a paramedic, you know what I mean? We're not doctors, we're not health care professionals or practitioners, so we can't provide that advice to people; whereas paramedics, they've obviously been trained medically, they do have a better understanding of this kind of thing. Having them on board, and attending these sorts of jobs, has certainly made our job a little bit easier (Officer 8).

We bring the ambulance guys in a lot. We work heavily with them. We do a lot of mental health jobs. It's a huge relief when they are there, it makes our lives and the job much easier (Officer 24).

Interagency collaboration and open communication between the police and other relevant stakeholders enhance trustworthy motives by the police in demonstrating their willingness to work with other agencies, as well as their ability to utilise the skills of other professionals and the wider community when responding to members of the public (Mazerolle et al., 2014). Research by Evangelista et al. (2016) analysed the experiences of PWMI and police-interagency collaboration (the Alfred Police and Clinical Early Response [A-PACER] model in Melbourne, Victoria), consisting of police and a mental health clinician that responded in the same vehicle to mental health crises. The PWMI in the study all valued the benefits of open communication within the A-PACER model when it responded to their crises, especially because it provided a timelier and less criminalising response to crisis situations and helped them in achieving a desired outcome (Evangelista et al., 2016). Despite the benefits of co-responder models, their availability, and times of operation in Australia are often limited. The areas of operation are also generally restricted to metropolitan areas (Bradbury et al., 2017; Furness et al., 2016). In regional areas where community-based health resources are scarce, the likelihood of open communication between responders regarding the situation or a co-response to a PWMI during times of crisis is also expected to vary considerably (Bradbury et al., 2017; Furness et al., 2016). One of the key findings of research in this area, however, is that despite the frequency (or infrequency) of co-responder response to PWMI in crisis, it is 'effective communication' expressed by responding officers, which under- pins successful policing outcomes in these situations (Evangelista et al., 2016).

Officers recognise that effective communication is needed when responding to PWMI in crisis

Across the Australian state, whilst all the officers feel inadequate to respond effectively to PWMI in crisis, many officers recognised that clear communication is the most effective tool they use when policing in these situations. All the officers spoke about the need to

communicate well when responding to PWMI in crisis, and rather than applying use-of-force tactics, most of the officer's use verbal de-escalation techniques. For example, Officers 5 and 7 stated:

> You can't come in ranting and raving to them. You've got to come in and ask them 'what's the problem?'. You've basically got to get them to talk to you. You've got to be an active listener… 'What can we do for you? What do you want us to do? How can we help you?' (Officer 5).

> I know now that there's a very strong emphasis on trying to communicate rather than going straight to the guns and stuff like that (Officer 7).

Effective communication tactics taught within MHRT have the potential to facilitate dignified and respectful policing techniques during police–citizen interaction (Clifford, 2021; Murphy & Tyler, 2017). It also has the potential to initiate procedurally just policing techniques (Tyler, 2006) and fair outcomes for PWMI (Clifford, 2021). All the officers in this study acknowledged the importance of effective communication and how it would enable them to positively de-escalate a PWMI in crisis. Many Australian police organisations are aware of the need for police officers to use effective communication skills to increase or enhance policing in these situations (Clifford, 2021). For example, in Queensland Australia, in 2017, a coronial inquiry was held into the fatal shootings of five PWMI by police when officers were called to respond to separate incidents (Ryan, 2017). The inquiry provided a catalyst for an organisational transition towards police use of non-aggressive and strategic communication tactics when encountering PWMI so that that this type of outcome is avoided (Ryan, 2017).

It was clear from the interviews that officers in this research do not want to engage in the use of force tactics when policing PWMI. When police emphasise elements of procedural justice whilst interacting with PWMI in crisis, such individuals report that they have a better emotional response, offer less resistance to police directives and feel less coerced by police during police contact (Livingston et al., 2014a, 2014b; Watson & Angell, 2013; Watson et al., 2008, 2010; Wood & Watson, 2017). Given the lack of confidence officers in this study have towards policing PWMI in crisis, this finding was encouraging.

Discussion

Before discussing the findings from this research, it is important to acknowledge the limitations of the study. First, it is acknowledged that research was conducted with only one Australian state police organisation[5]. To add further empirical deconstruction of the findings, it would be prudent to collect data from other Australian state police organisations. Second, whilst demographic information was not collected in this research (to de-identify officers as part of the ethics agreement) an inclusive sample of officers who identify as members of diverse groups based on different identifiers of race, ethnicity, religion, sexuality, and gender identity may alter the findings about operational practices. Third, whilst PWMI were not included in this research, their experiences of operational policing response to crises would offer additional insight into the effectiveness of police response in these situations. However, despite these limitations, the research was able to determine the ensuing anxiety officers have regarding operational response to PWMI in crisis and the operational policing problems posed by this type of work.

Almost every police officer interviewed in this research indicated that policing PWMI in crisis constitutes at least one quarter of policing responses each week. Whilst many officers in this research expressed their opposition to responding to PWMI in crisis, the organisation they work for officially recognises that this is a core policing role. In addition, the increasingly professionalised role of the police requires officers to provide creative resolutions to complex social issues (Morgan & Paterson, 2017). Policing also requires officers to respond to PWMI who are intoxicated, suffering psychoses (who may pose a danger to themselves and other members of the public), as well as responding to such individuals experiencing homelessness who may be moved on from public or private properties (Morgan & Paterson, 2017). Research suggests that although PWMI is more likely to be the victims of violence rather than the perpetrators of violence (Ghiasi et al., 2020), situational influences also increase the likelihood of police responding to PWMI in crisis, particularly such individuals with intersectional vulnerabilities suffering a crisis in public space.

Whilst police involvement in mental health incidents should be regarded as an integral aspect of their role in wider community safety and the protection of vulnerable persons (Cummins & Edmondson, 2016), the disapproving attitude officers expressed towards respond- ing to PWMI as a core component of police work may be indicative of an organisational 'cul- tural' resistance to redefine the role of the police. de Tribolet-Hardy et al. (2015) argue that police identify crime-fighting roles as normative police practice, whereas social work roles are viewed as atypical or not representative of police work. Most research determines that welfare duties such as police interacting with PWMI on a regular basis do not align with con- ventional aspects of 'cop culture' (Reiner, 1992). Police organisations are epitomised by trad- itional notions of maintaining order and fighting crime, and police tend to view traditional crime-fighting roles as masculine and more favourable, and social work roles (such as respond- ing to PWMI in crisis) as feminine and less desirable (de Tribolet-Hardy et al., 2015).

Vitale (2017) argues that the ever-increasing elongation of police roles has been driven by neoconservative politics where all social problems are seen as police problems. Police responses to PWMI in crisis form part of a broader social crisis in policing where criticisms of police conduct are rising in all Australian states, especially in relation to individuals whose identity marks them as different or diverse from mainstream groups (Asquith & Bartkowiak-Theron, 2021; Miles-Johnson, 2020; Ryan, 2017). Critics of Australian police argue that police are over-involved in the lives of many vulnerable and marginalised group members, such as ethnic, racial and religious minorities, people experiencing homelessness, people with disabilities, young people, the poor, sex workers, as well as in the lives of many PWMI (Asquith & Bartkowiak-Theron, 2021; Miles-Johnson, 2020; Ryan, 2017). The signifi- cant expansion of police power mandated by Western governments systematically drives seg- regation and marginalisation between citizens. It also demonstrates the unwillingness of governments to appropriately address the systemic social and economic forces that drive crime and disorder (Vitale, 2017).

Interestingly, economic forces and police funding were not raised by the participants in this research in relation to lack of training or resources to police PWMI in crisis. Research by Asquith and Bartkowiak-Theron (2021) however, suggests that lack of sustained funding for police training regarding police response to PWMI is a key factor in the inability of police offi- cers to effectively respond to vulnerable people. Yet none of the officers in this research spoke about a lack of funding affecting their response to PWMI or the systemic effect of economics on mental health training. The officers in this study only spoke about inadequate training in

relation to different aspects of crime and disorder, particularly when the disorder is related to PWMI experiencing a crisis in public space (Morgan & Paterson, 2017).

The findings in this research determine that officers are not adequately trained to respond to PWMI in crisis because they are not specifically trained in mental health intervention and only receive initial response training whilst at the police academy. Although police training is an important area where police organisations can strengthen officers' interpersonal skills during encounters with members of the public, many police training regimes lack interpersonal communication techniques that are taught without appropriate contextualisation with real-life policing situations (Livingston et al., 2014a, 2014b; Watson & Angell, 2013; Watson et al., 2008, 2010; Wood & Watson, 2017), particularly those involving police responses to PWMI. Furthermore, Australian research suggests that police recruits do not retain much of the knowledge taught at the academy, and that police academy training is mostly ineffective in preparing recruits for operational police responses once out in the field (Miles-Johnson, 2020).

At a 2017 Australian state coronial inquiry into shootings of PWMI in crisis by police officers, the effectiveness of police training in relation to policing response was criticised due to the lack of practical components within the training to test and contextualise theoretical skills (Ryan, 2017). In addition, training Australian police to respond to PWMI in remote and Indigenous communities provides additional and unique challenges for police (Asquith & Bartkowiak-Theron, 2021; Miles-Johnson, 2020; Saligari & Evans, 2016). A lack of health resources and the prevalence of substance and mental disorders in Indigenous and remote communities across Australia requires a sustained organisational emphasis by Australian police organisations on community-oriented policing principles and appropriate training (Saligari & Evans, 2016).

Past research suggests that police organisations often deliver training packages relating to one area of policing response as stand-alone exercises that only occur once and are rarely followed up by refresher training or in staff appraisals (Miles-Johnson, 2020; Saligari & Evans, 2016). If Australian police organisations do not continually and sincerely emphasise response training that is operationally approved by the organisation, officers may treat PWMI in crisis differentially resulting in procedurally unjust policing outcomes. Such outcomes are likely to eventuate given that the police officers in this research collectively indicated that they frequently learn to respond to PWMI in crisis by trial-and-error.

Whilst it is common practice for police to exercise a level of discretion when policing, which can lead to positive and effective outcomes, it does not always guarantee fairness, consistency, transparency, and even-handiness in the procedure (Asquith & Bartkowiak-Theron, 2021; Miles-Johnson, 2020). Trial-and-error learning, by definition, does not guarantee positive outcomes. In policing, trial-and-error learning in relation to police–citizen engagement does not guarantee procedurally just police responses (Clifford, 2021; Miles-Johnson, 2020; Pulawski et al., 2021). The admission from officers in this research that trial-and-error techniques are frequently employed when officers interact with PWMI is concerning, yet unsurprising, given the paucity of training at the onset of their career and the lack of ongoing training throughout their professional life.

This finding also corresponds with an argument made by Miller (2015), who suggests that police decision-making behaviour is largely informed by observed and reported behaviours whilst on duty, especially regarding the levels of resistance police experience with certain suspects or offenders. Whilst PWMI in crisis may not necessarily be conscious of resisting police,

they may well resist police as they experience psychosis because their behaviour and language are often erratic and not grounded in reality (Morgan & Paterson, 2017). Mental health policing is, therefore, particularly challenging for police, and is likely to be further exacerbated when officers use inconsistent and erratic policing practices based on trial-and-error processes to de-escalate PWMI in crisis.

Many officers in this research disclosed the use of differential policing practices when policing PWMI and stated that this is a result of police being poorly trained in mental health, as well as police regularly being the sole responders in these situations. Across the Australian state, officers said that it should be the role of the health sector and not police officers to respond to PWMI in crisis. Research posits that police are frustrated by the lack of initial involvement health professionals have in managing PWMI in crisis (Cummins & Edmondson, 2016; Morgan & Paterson, 2017). When paramedics or other mental health pro- fessionals co-respond to PWMI in crisis, police are relieved, and officers in this research fre- quently disclosed this information when speaking about the response.

According to Asquith and Bartkowiak-Théron (2017), a valuable component of community-oriented policing models is the practice that police organisations engage with other agencies. Yet Australian police organisations experience significant complications when attempting to form partnerships with other agencies, especially because there is no offi- cial mandate or extra funding to formalise working partnerships across agencies that have dis- parate organisational philosophies (Asquith & Bartkowiak-Théron, 2017). Strict financial austerity measures imposed on police and other public services also means that the rhetoric of interagency collaboration is often more of '*an organised process for abrogating responsi- bility*' than it is a process for providing cross-service care for vulnerable persons such as PWMI who encounter the police (Asquith & Bartkowiak-Théron, 2017, p. 149).

Whilst recent global trends in policing have resulted in police agencies formalising partner- ships with mental health professionals (Seo et al., 2020), there is an absence of effective and institutionalised collaborative services regarding interagency policing response in Australia (Asquith & Bartkowiak-Théron, 2017). The availability of police interagency schemes is gen- erally restricted to metropolitan areas of Australia, so the experiences of PWMI during times of crisis in regional areas or where resources are scarce will vary considerably (Bradbury et al., 2017). It is also likely that police will be the only responders under these circumstances (Bradbury et al., 2017). Without appropriate funding and dedication between agencies to form functioning police–health coalitions, police will continue to be hindered whilst commu- nicating with and de-escalating PWMI in crisis.

Collaborative interagency schemes in other jurisdictions that effectively partner mental health clinicians with responding police via different means such as telecommunication tech- nologies, for example, elicit positive results which enhance the communication and de-escalation tactics of police when interacting with PWMI in crisis (Cummins & Edmondson, 2016; Morgan & Paterson, 2017; Seo et al., 2020). Paterson and Best (2016) char- acterise such professional–community coalitions as 'therapeutic landscapes' whereby officers identify and mobilise local assets to harness procedurally just responses in these situations. This concept bypasses costly and inefficient formal partnerships between professional agencies and provides a timely cost-neutral approach where police can readily access community support networks to address complex social issues involving PWMI (Morgan & Paterson, 2017).

Many officers in this research recognised that whilst interagency collaboration and access to support networks is the most effective response when policing PWMI in crisis, it is also the use

of therapeutic verbal and nonverbal police communication skills which facilitate effective de-escalation. This finding corresponds with previous research which suggests that 'irrational' persons were more likely than rational persons to comply with fair and respectful police directives and were more likely to rebel against disrespectful treatment from police officers (Kruger, 2020; McClusky, 2003). According to Kruger (2020) community-oriented policing approaches (where there is a continuing dialogue between PWMI and the police) enables trust between both parties, particularly when PWMI is in crisis. Given that Australian police have been criticised for their poor handling of these situations, the recognition that communication is the most effective tool police can use when responding to PWMI in crisis is reassuring. Negative interactions between police and PWMI are not only harmful to the individual in question but also have far-reaching social and political repercussions for the officer(s) involved, as well as members of the wider community (Kruger, 2020).

Differential policing occurring during police encounters with PWMI (particularly when police use poor communication skills) has the potential to exacerbate the incident and may have ramifications for future crises where PWMI might be reluctant to call for assistance when experiencing early symptoms (Bradbury et al., 2017). Certainly, the trauma of receiving differential police treatment can leave long-lasting psychological scars (Kruger, 2020). Whilst police may recognise the effective use of communication skills as an intrinsic part of the de-escalation process, critics of police training argue that officers are inadequately trained to use communication as the first option in any instance when police encounter members of the public (including PWMI) (Livingston et al., 2014a, 2014b; Watson & Angell, 2013; Watson et al., 2008, 2010; Wood & Watson, 2017). Whilst many Australian police organisations train officers to use active listening skills, empathy, rapport and influence, to therapeutically de-escalate PWMI in crisis, most police mental health training programmes do not enable officers to recognise the dynamic nature of a mental health policing situation and do not train police to deal effectively with citizen's emotions during crisis intervention (Vitale, 2017).

It is also argued that whilst some mental health police training programmes may help police in developing relationships and credibility between themselves as negotiators and the subjects during problem-solving and crisis intervention processes, police response to PWMI in crisis should not occur in a vacuum (Bradbury et al., 2017). Given the multitude of other agencies that are more suitably aligned to interact with PWMI, successful interagency coalitions should be maintained, whereby collaborative communication from all responders occurs. Yet, this requires collaborative input and instruction from mental health professionals. Achieving this, however, will enable police to focus on providing a security role that supports the health sector, whilst allowing professionally trained clinicians to lead in interactions with PWMI in crisis, rather than being solely responsible for the outcome.

Conclusion

The police cannot be considered a viable replacement for the mental health system, nor can they be expected to make professional medical diagnoses of PWMI given the authoritarian nature of their role. Whilst effective communication may improve the quality of police–PWMI interactions, it may not work in all situations and will not be a panacea for all police responses to these situations. Officers in this study do not believe that responding to PWMI is part of their role and should not constitute core policing work. Interagency collaborative models, therefore, are a viable solution to this and an effective collaborative way for police organisations to consolidate

and embed operational strategies that will enhance the care of PWMI suffering crises in the community. Co-responder schemes also require the ongoing engagement from the health sector to provide a conjoint response to PWMI in crisis so that they can be formally implemented into police policy, training, and practice. The sustainable development of co-responder models of policing requires ongoing networking between police and mental health staff at the management and frontline levels so that each service can appreciate their respective roles and limitations in sharing responses to PWMI in crisis. Without such collaboration, police officers are likely to differentially police PWMI, thereby inadequately addressing their needs, particularly if they are policed by trial-and-error techniques. Officers also need spe- cialised mental health intervention training. Without a clear understanding of the nuances of mental health crises and an awareness of the complexity of mental health issues experienced by PWMI, individuals in crisis will be at risk of greater harm. As officers struggle to determine situations and appropriate responses to PWMI in crisis, the propensity for conflation of crim- inality increases. Individuals suffering from mental health crises are, therefore, more likely to be treated as criminals rather than as people with mental illness.

Notes

1. Crises or having a crisis refers to an internal experience of confusion and anxiety whereby coping mechanisms fail, and ineffective decisions and behaviours occur because of not being able to return to a precrisis level of emotional balance. As a result, perceptions are often altered and memories are distorted (James & Gilliland, 2001).
2. It is acknowledged that the nuances and types of crises experienced by PWMI are extremely varied and complex, and whilst important to discuss, an in-depth analysis of these are beyond the scope of this article.
3. Approval numbers 1900000018 and 1700000884.
4. It is also acknowledged that the lived experience of mental illness may have shaped responses, however, ethical restrictions did not allow collection of personal information regarding officer's mental illness.
5. Whilst the findings of this study were discussed with senior officers within the police organisation, at the time of publication, no official comments were contributed by the police organisation.

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