Title: Interactions between the police & persons with mental illnesses

Page Count: 49 (without bibliography or abstract)

# Word Count: 10,428

# Abstract:

This paper examines the interactions between the police and citizens with mental illnesses. There has been a rise in the numbers of interactions between both parties, particularly in the form of emotional disturbance calls. This paper will concentrate on such interactions, as well as the use of force by police against persons with mental illnesses. The changing role of the police means that they act as service providers to those with mental illnesses. This role means that police have three options to conclude an emotional disturbance call or mental breakdown of a person with a mental illness. These options are to arrest, to send the individual into civil commitment or to resolve the situation informally. The ADA also plays a role in such interactions including reasonable accommodations. The paper also addresses the role of guns, and in doing so considers Ireland given the lack of guns on the part of police and their less forceful treatment of those with mental illnesses. Finally solutions such as the use of CIT training will be provided.

Table of Contents

[Abstract: 1](#_Toc480465800)

[Introduction 3](#_Toc480465801)

[Definition of mental illness 5](#_Toc480465802)

[Section A: Background 6](#_Toc480465803)

[Section B: Role of the Police 7](#_Toc480465804)

[Section C: Extent of Interactions 11](#_Toc480465805)

[Section D: Nature of the Interactions 14](#_Toc480465806)

[1. Arrest 22](#_Toc480465807)

[2. Civil Commitment 24](#_Toc480465808)

[3. Informal Solutions or 'Doing nothing' 25](#_Toc480465809)

[Section E: Force 27](#_Toc480465810)

[Excessive force 31](#_Toc480465811)

[“Suicide by cop” 32](#_Toc480465812)

[Section F: Reasonable Accommodations 32](#_Toc480465813)

[Section G: Guns 35](#_Toc480465814)

[Section H: Ireland 37](#_Toc480465815)

[Section I: Solutions 46](#_Toc480465816)

[CIT 50](#_Toc480465817)

[Conclusion 51](#_Toc480465818)

# Introduction

The central aim of this research paper is to investigate the interaction between police and those with mental illnesses. This relationship is currently understudied[[1]](#footnote-1) and there is a lack of understanding around the role police should play in the lives of citizens with mental illness. More specifically, the paper will focus on the use of force by police against those with mental illness. The paper is not solely concerned with how police can mistreat people with mental illness (for example through the use of excessive force), but also with how they can help (for example by putting individuals in touch with mental health services). The primary goal of this paper is to focus on how relations between this population and the police can be improved.

It is well documented that disproportionate numbers of individuals with mental illnesses (particularly severe mental illnesses such as bi-polar disorder and schizophrenia) are disproportionately incarcerated in jails and prisons.[[2]](#footnote-2) One study found that at least 50% of US prisoners have a mental illness.[[3]](#footnote-3) However, in terms of the frequency of interactions between the police and those with mental illness, there is an absence of data in this area.[[4]](#footnote-4) It is currently difficult to ascertain the numbers of individuals that come in contact with the police that have a mental illness, as well as the numbers of persons with mental illness that are arrested or sent to civil confinement. However, when we consider the vast overrepresentation of prisoners who have a mental illness in the criminal justice system as a whole, and considering that only a very small percentage of those who interact with the police actually get arrested, charged, brought to trial, convicted, and sentenced to prison, it is clear that the number is very high.[[5]](#footnote-5)

Not only is this paper concerned with such quantitative elements of when and how often police interact with those who have mental illnesses, but it is also concerned with the qualitative nature of those interactions. These interactions are qualitatively different than those police interactions with those who do not have mental illnesses.

A distinctive type of interaction between police and the mentally ill is what is termed emotional disturbance calls. Emotional disturbance calls are where members of the public or family members call the police to report bizarre, and in a smaller number of cases, criminal behavior.[[6]](#footnote-6) Police are called to the scene and are tasked solely, or in some jurisdictions with the help of a mental health professional, to resolve the disturbance as peacefully as possible. This paper will focus on these types of interactions and examine the possible outcomes, namely arrest, civil commitment or an informal solution. More generally, the paper will examine both the criminal law as it pertains to individuals with mental illnesses, but also civil mental health law. Furthermore, it will also, in part, undertake a comparative analysis with Ireland, given the differences in how police interact less aggressively with less force due to the absence of guns on the part of the Irish police.

In section A (1), this paper will examine the role of the police generally and particularly as they interact with those who have mental illnesses. In section A (2), the author discusses the extent of the problem at hand, namely how the police currently treat those with mental illness. We then turn in Section B to examine the extent of these interactions. Section C deals with the three potential outcomes that are possible to come out of interactions with police for those who have mental illness (namely arrest, civil commitment or an informal solution). Section D explores the use of force by police against those who have mental illnesses. Section E examines the role reasonable accommodations, under the Americans with Disabilities Act, can play. Section F confronts the controversial topic of guns and mental illness. Section G undertakes a comparative analysis with Ireland. Finally, Section H outlines possible solutions to the problems discussed in the paper.

## Definition of mental illness

To begin, it is important to understand what we mean by severe and persistent mental illness (SPMI). SPMI covers more serious mental illness diagnoses such as schizophrenia, bipolar disorders, and severe forms of depression.[[7]](#footnote-7) Generally, when the author refers to mental illness, we are referring to severe and persistent mental illnesses. Mental illness is a strong identity, and often externally is the predominant identity or label that we associate with such individuals.[[8]](#footnote-8) The author would call for a re-conceptualization of what type of people we think of when we mention that an individual has a mental illness.[[9]](#footnote-9) We need to think of those with mental illness beyond merely as potential criminal offenders or defendants, as indeed they may be victims, witnesses, missing persons, or ordinary members of the public.[[10]](#footnote-10) Mental illness has a profound effect on people's daily lives, and as we can see, this translates into a qualitatively different experience when dealing with police.[[11]](#footnote-11)

# Section A: Background

This research paper is cognizant of the history of how those with mental illness are treated within our society. This section of society is marked by a history of institutionalization, then deinstitutionalization and now trans-institutionalization.[[12]](#footnote-12) Unfortunately, the flow of funding did not follow the movement of people with mental illness out of institutions and into the community.[[13]](#footnote-13) Furthermore, it is worth noting that we have entered an era characterized by the “criminalization of mental illness”,[[14]](#footnote-14) largely spearheaded by the police.[[15]](#footnote-15) Mental illness has been criminalized to the extent that there are now more individuals with mental illness in U.S. prisons than U.S. mental hospitals.[[16]](#footnote-16) Since the the 1963 Community Mental Health Act,[[17]](#footnote-17) and resulting deinstitutionalization, we have seen a shift towards incarcerating the mentally ill in criminal justice institutions, rather than treating them in mental health facilities.[[18]](#footnote-18) Although there are a number of studies in the literature,[[19]](#footnote-19) the most reliable source of such statistics, is an outdated Bureau of Justice Statistics study where data was collected in 2002 and 2004. This study found that over 50% of state prisoners, almost 50% of federal prisoners, and almost 65% percent of jail inmates had mental health issues.[[20]](#footnote-20) There are now three to ten times more individuals with serious mental illnesses in U.S. prisons than U.S. mental hospitals.[[21]](#footnote-21) It is unclear to what extent such individuals had a mental illness upon entering prison or developed in prison. The decision to place individuals into the criminal justice system, rather than diverting individuals with mental illness into civil confinement rests largely with the police. Again, this underlines the importance of police discretion when individuals interact with the criminal justice system for the first time.[[22]](#footnote-22) In this regard, police are the gatekeepers to the criminal justice system.[[23]](#footnote-23)

# Section B: Role of the Police

First, it should be noted that the police are a subsystem of the general criminal law system, in addition to the judiciary and corrections subsystems.[[24]](#footnote-24) Moreover, the police are the most visible element of the criminal justice system, and the subsystem that people come into contact with most often.[[25]](#footnote-25)

While traditionally the powers of police were grounded in the common law, there has been a movement towards them being found in statute in more recent times.[[26]](#footnote-26) Within this mainly statutory framework, the dominant role of police appears to be one of public safety and law enforcement.[[27]](#footnote-27) It should be noted that “(t)he state exercises coercive force under the police power to protect the public order, security, and justice.”[[28]](#footnote-28) Importantly for this paper, additionally the state, through the police, act as *parens patrie* to help those in need.[[29]](#footnote-29) Here the police are involved in the civil committal of individuals with mental illness where they are a threat to themselves or others, or where they cannot take care of themselves.[[30]](#footnote-30) In pursuit of this parental role, some emerging policies in certain US states involve the police, following an altercation or emotional disturbance call, revisiting the individual in order to check on their welfare and medications.[[31]](#footnote-31) Unfortunately, despite the good intentions of such tactics, this may contribute to a net widening of those with mental illness finding themselves under the control of the criminal justice system as a whole and may also pose privacy concerns.[[32]](#footnote-32)

The police have responded to the popular “declining tolerance for public disorder” and have been tasked with what has been termed “‘quality-of-life’ crime enforcement”, such as public nuisance and being drunk in public.[[33]](#footnote-33) Barr explains that those most affected by the enforcement of such laws are the mentally ill.[[34]](#footnote-34) This is because those with mental illness are at greater risk of homelessness[[35]](#footnote-35) and poverty,[[36]](#footnote-36) and are the type of population that such crimes are generally enforced against.[[37]](#footnote-37)

It has been pointed out in an Irish context that there is an emerging “role conflict between traditional (law enforcement) and contemporary (social welfare) expectations of policing”,[[38]](#footnote-38) the same appears to be happening in the US.[[39]](#footnote-39)

Being cognizant of the movement toward community policing,[[40]](#footnote-40) and of the fact that the type of police force in society is generally one that is desired by the members of society,[[41]](#footnote-41) these two elements have meant the police role has manifested itself as more of a service provider to society and to the mentally ill.[[42]](#footnote-42) As stated above, some police visit the homes of individuals with mental illnesses to check on their welfare and ensure medication regimens are being adhered to.[[43]](#footnote-43) This is another demonstration of the movement away from traditional crime control to order maintenance.[[44]](#footnote-44) We can also see the shift in the police role towards a service model[[45]](#footnote-45) when we see joint endeavors by police with mental health professionals when dealing with the mentally ill.[[46]](#footnote-46) The police may resist the change and complexity[[47]](#footnote-47) in their function, and this may be a reason why some police officers may not respond to calls involving those with mental illnesses, as they feel these calls are outside their realm of responsibility and more so within the prerogative of mental health professionals.[[48]](#footnote-48) It is submitted that police should not ignore such calls and should fulfill their duties towards those with mental illnesses.

Wood et al. call for an expansion in the understanding of the role of police towards a continuum model.[[49]](#footnote-49) This encapsulates their capacity to be transporters, early interveners, co-interveners, etc.[[50]](#footnote-50) It is important to understand, as stated above, that police are both first responders to emotional disturbance calls, and in terms of solving the issues, are gatekeepers to the civil and criminal systems.[[51]](#footnote-51)

# Section C: Extent of Interactions

Morabito and Socia correctly note that there is a lack of data collection in this field.[[52]](#footnote-52) However, it has been found that 43.8 million adults experience mental illness annually in the United States,[[53]](#footnote-53) 60% of whom have not received treatment in the past year.[[54]](#footnote-54) Furthermore, in terms of bi-polar disorder, schizophrenia, and other forms of severe depression, 5% of US citizens have a serious mental illness.[[55]](#footnote-55)

In terms of the frequency of contact with the police, it is estimated that between 7% and 10% of all police calls involve those with mental illnesses.[[56]](#footnote-56) This is a surprisingly low figure given the high rates of mental illness in prison. Barr outlines that such frequencies of interactions are increasing.[[57]](#footnote-57) In a 1998 study, it was found that 92% of police officers were involved in a situation with an individual with mental illness in the past month.[[58]](#footnote-58) In Ireland, it is reported that the police engage with those with mental illness on a daily basis.[[59]](#footnote-59) Morabito and Socia point out that such contact is persistent and common.[[60]](#footnote-60) “Contact with the police is common among this population”[[61]](#footnote-61), and is increasing.[[62]](#footnote-62) In fact, it is estimated that 7% of police calls concern individuals with mental illnesses.[[63]](#footnote-63) In 2014, the US police received more than 130,000 calls from emotionally disturbed persons.[[64]](#footnote-64)

The increased contact with police may be due to a number of reasons: deinstitutionalization and the closure of mental health institutions (largely brought about by the 1963 Community Mental Health Act);[[65]](#footnote-65) police specifically targeting this population[[66]](#footnote-66) (for example for more surveillance and stops) [[67]](#footnote-67); risks of violence;[[68]](#footnote-68) drug use;[[69]](#footnote-69) or socio-demographic factors.[[70]](#footnote-70) In terms of socioeconomic factors, the population of mentally ill are associated with higher levels of many lifestyle characteristics (such as homelessness) that are also linked to increased contact with police.[[71]](#footnote-71) With deinstitutionalization, it was unfortunately common for individuals to fall “outside the country’s social safety net”.[[72]](#footnote-72) As a result, this population experienced (and continues to experience) problems of homelessness,[[73]](#footnote-73) poverty,[[74]](#footnote-74) addiction,[[75]](#footnote-75) unemployment[[76]](#footnote-76) and associated discrimination[[77]](#footnote-77) - the very criminogenic social determinants and factors that have such strong correlations with police contact and prison entry.[[78]](#footnote-78) These drivers of interaction with the criminal justice system have since been experienced disproportionately by those with mental illness.[[79]](#footnote-79) Lurigio argues that the harsh policies implemented by the police and other criminal justice actors are primarily to blame for the criminalization of poverty and disproportionate levels of incarceration for this sub-population of the mentally ill, particularly America’s draconian drug laws.[[80]](#footnote-80) The war on drugs has had a disproportionately harsh impact on those with mental illnesses.[[81]](#footnote-81) This is due to concurrent characteristics that put persons at risk of using drugs and engaging in criminality, and due to illicit drug and alcohol abuse amongst the mentally ill.[[82]](#footnote-82)

# Section D: Nature of the Interactions

As stated, one of the most common type of interactions between police and those with mental illnesses are emotional disturbance calls. These are calls made by family members or members of the public informing the police that a mental breakdown of an individual is currently taking place.[[83]](#footnote-83) The callers may also be concerned with the danger posed to the individual or others, or alternatively be reporting a public nuisance such as vagrancy, loitering, or trespass.[[84]](#footnote-84)

When police reach the scene, they may or may not be on notice that the individual has a mental illness.[[85]](#footnote-85) This is the major barrier to effective relations between this population and police. The emotional disturbance caller may not make the police aware of the mental illness. They may simply be calling due to irrational or strange behavior. As stated above these emotional disturbance calls are qualitatively different to ordinary police calls.[[86]](#footnote-86)

So how can the police ascertain if the individual has a mental illness? One method would be to ask the individual directly,[[87]](#footnote-87) although this often may not be possible under circumstances where the individual poses a threat to themselves or another. Another more likely avenue would be to get in touch with the individual’s family if a mental illness is suspected.[[88]](#footnote-88) In fact, if a mental illness is suspected, perhaps the police should operate on the assumption that a mental illness is involved.[[89]](#footnote-89) Given that many police departments have a policy of ticking a box in the incident report after a situation involving a person with mental illness,[[90]](#footnote-90) the police may also refer to their own databases and records for previous encounters with the individual at hand, and check whether a mental illness was noted at that stage. Finally, through police training, the officer could look out for signs of mental illness such as irrational behavior, sudden changes in behavior, confused thinking, irritability, signs of depression and anxiety, strange delusional thoughts, evidence of hallucinations, and expressions of suicidal tendencies.[[91]](#footnote-91)

When aware of a mental illness, the police should ideally contact and invite to the scene a mental health professional. They should also draw on their training (if indeed they received any!) at this stage. Such training focuses on de-escalation and how to effectively communicate and engage with the individual who has a mental illness. Often those with mental illness will not respond appropriately to normal and often aggressive police tactics which tend to escalate the situation.[[92]](#footnote-92) It is also worth noting here that those with mental illness are more susceptible to coercive police tactics, with a higher likelihood to acquiesce and give false statements.[[93]](#footnote-93) (It is no wonder then that those with mental illnesses are at a heightened risk of experiencing wrongful convictions.[[94]](#footnote-94))

As stated previously contemporary police tactics centers on frequent and aggressive interactions with youths such as *Terry* stops. A *Terry* stop is essentially a stop and frisk encounter between an individual and police, where the police have reasonable suspicion that a crime has been committed.[[95]](#footnote-95) A study by Colombia professors, including the influential Jeffrey Fagan, demonstrated not only the subsequent negative mental health complications following such a policy, but more generally called for a less aggressive police approach towards those with pre-existing mental health concerns.[[96]](#footnote-96) Similarly, the Justice Department's report on Baltimore police was highly critical of their dealing with those who have mental illness, particularly on their use of force against the mentally ill and their failure to distinguish emotional disturbance calls from calls reporting that a crime has been committed.[[97]](#footnote-97)

It is important to note that irrational behavior exhibited by a person with mental illness may be misinterpreted as aggressive,[[98]](#footnote-98) criminal,[[99]](#footnote-99) or resisting arrest,[[100]](#footnote-100) when often the taking of such actions is “not truly volitional”[[101]](#footnote-101) and the individual may not simply understand the police instructions.[[102]](#footnote-102) It is important to remember that such behavior may be unintended but difficult to control. Fagan et al. point out that those “displaying mental health symptoms might have attracted greater reasonable suspicion, or responded to police questioning in ways that escalated their situations”.[[103]](#footnote-103)

Police often fail to recognize symptoms of mental illness and misinterpret this behavior as dangerous, which is to the detriment of relations between the mentally ill and the police.[[104]](#footnote-104) Police often perceive those with mentally ill as a major threat to themselves and police safety.[[105]](#footnote-105) It has been also found that both parties, the mentally ill individual and the police officers, are often fearful of the other party, which also contributes to an escalation of the situation.[[106]](#footnote-106)

It is vital that police do not buy into the commonly held myths around the inherent link between mental illness and violence as popularized by the media.[[107]](#footnote-107) Certain preconceptions can mean that police come ready for a violent altercation and act accordingly.[[108]](#footnote-108) Police perceptions appear to continue to hold onto the myth of dangerousness of persons with mental illness.[[109]](#footnote-109) It is well established that a myth of dangerousness surrounding those with mental illness is widespread.[[110]](#footnote-110) For instance, a national survey study found that 46% of the public believe that those with mental illness were “far more dangerous than the general population”.[[111]](#footnote-111) This misperception leads to stigma and reduced access to mental health services.[[112]](#footnote-112) This myth is further perpetuated by the media.[[113]](#footnote-113) Most violent crime is in fact not committed by those with mental illness[[114]](#footnote-114) and is relatively rare.[[115]](#footnote-115) (However, it should be noted on the other hand that “the rate of violence among seriously mentally ill persons who are hallucinating or delusional is higher than the general population.”)[[116]](#footnote-116) It has been found that less than 5% of overall violence in the US are committed by those with mental illnesses.[[117]](#footnote-117) When we combine these misconceptions with the general ad-hoc responses to emotional disturbance calls, there is a heightened risk for the situation to deteriorate.[[118]](#footnote-118)

We now turn to whether there is any truth to the dangerousness myth that surrounds those who are mentally ill. Statistically, it is four times more likely that a police officer would kill a person with mental illness than the other way around.[[119]](#footnote-119) According to the most recent data available from the FBI, in 2015 there was 41 officers killed during duty - only 2 of these (a total of 4%) involved an individual with mental illness.[[120]](#footnote-120) Furthermore, in terms of assaults of officers, of the 50,212 assaults, only 1,710 (3%) were situations involving those with mental illnesses.[[121]](#footnote-121) It is worth noting that injury rates to police are the same as those committed by individuals without mental illness.[[122]](#footnote-122) Police incidents involving those with mental illnesses are covered widely by the media,[[123]](#footnote-123) and perpetuate the myth of dangerousness.[[124]](#footnote-124) Furthermore, and more generally, most of those with mental illness are not a danger to anyone, except maybe themselves.[[125]](#footnote-125)

When police respond to situations involving persons with mental illness, in most cases no crime has been committed.[[126]](#footnote-126) Where crimes are committed by those with illness, they tend to be minor non-violent offenses such as public order offenses, property and drug crimes.[[127]](#footnote-127) (We can see here the problem of the common co-current alcohol and drug dependency issues[[128]](#footnote-128) and homelessness[[129]](#footnote-129) for those who have mental illnesses.) Often persons with mental illness are more likely to be victims than perpetrators of crime.[[130]](#footnote-130)

While initially focusing on de-escalating the situation, the police should also be cognizant of what to do once the situation is under control. Police have large amounts of discretion in this regard,[[131]](#footnote-131) with a large variety of outcomes.[[132]](#footnote-132) In fact, traditionally speaking, the interaction of police and those with mental illness had low visibility and observation by society.[[133]](#footnote-133) However, bearing in mind the Black Lives Matter movement and their reliance on social media and recording of police behavior,[[134]](#footnote-134) in an increasingly digital society with YouTube, iPhones, iPads etc, as well as police body cameras, police discretion can be analyzed more closely.[[135]](#footnote-135) In the near future we should see more concrete examples of how the police treat and mistreat those with mental illnesses.[[136]](#footnote-136) See recently the video recordings of the death of individuals with mental illnesses, namely Freddie Gray in Baltimore,[[137]](#footnote-137) Randy Rodick in Denver,[[138]](#footnote-138) Freddy Centeno in Fresno,[[139]](#footnote-139) Muhammad Muhaymin in Phoenix,[[140]](#footnote-140) Jason Harrison in Dallas,[[141]](#footnote-141) and Sean Moore in San Francisco[[142]](#footnote-142).

The options facing police when interacting with those who have mental illnesses essentially boils down to three options: to arrest the individual thus forcing them into the criminal justice system; to coercively or otherwise transfer the individual into the civil mental health system; or finally to do nothing essentially not invoking the criminal or civil procedures, leaving the scene having given the individual appropriate resources for further help.[[143]](#footnote-143)

## 1. Arrest

According to Teplin, arrest and use of force by police is how this population is handled and subjugated by the state.[[144]](#footnote-144) Indeed, it has been found by some commentators that those with mental illness experience high rates of arrest.[[145]](#footnote-145) Despite this, arrest has been found to be the least likely outcome for interactions with police when compared with being sent to civil commitment and informal solutions.[[146]](#footnote-146) As stated above, it has been found that those with mental illness are “unfairly targeted” by police.[[147]](#footnote-147) But what are the arrest rates for such individuals?

Older studies, such as that undertaken by Teplin, showed not only disproportionate interactions but also disproportionate arrest rates for those with mental illness.[[148]](#footnote-148) Elsewhere, Fischer worryingly declared that 42-50% of those with a mental illness will be arrested in their lives, compared to 7-8% of the general population.[[149]](#footnote-149) In particular, for those with mental illness, these arrests are mainly for minor offenses.[[150]](#footnote-150) Bernstein and Seltzer have found that arrest rates are twice as high when compared with those without mental illness.[[151]](#footnote-151) Before that, Teplin reported that arrest rates for those with mental illness were nearly 70% greater.[[152]](#footnote-152) In fact, Watson and Angell found that less experienced officers are more likely to arrest than their more experienced colleagues.[[153]](#footnote-153) Consequently, any training should focus on the more experienced members of the force to act as leaders setting the standard for the younger members of the police unit or department. This approach is even more plausible when we consider that more experienced police achieve more from training in this space and retain knowledge for longer periods of time.[[154]](#footnote-154)

However, more recent studies, such as that by Engel and Novak, found the opposite to the earlier studies.[[155]](#footnote-155) They found arrest rates for those with mental illness were lower than those without mental illnesses.[[156]](#footnote-156) The author of this paper would question the validity of generalizing these findings, particularly when we consider the following if we have disproportionate numbers in prisons, and given that police act as gatekeepers to the criminal justice system, this author queries how there is not disproportionate levels of interactions and arrest rates between police and those with mental illness.[[157]](#footnote-157)

What are the causes of arrests for those with mental illness? These arrests in some instances may take the form of mercy bookings, where police are concerned for the welfare of the individual and arrest them so as to ensure they are provided with food and shelter at the police station or jail.[[158]](#footnote-158) Furthermore, Fishcer has noted that higher arrest rates are also due to increased likelihood of resisting (74%),[[159]](#footnote-159) “drug and alcohol abuse, homelessness... nuisance bookings, barriers to effective police responses; and faulty public perceptions of mental illness.”[[160]](#footnote-160) Despite these findings, it should be noted that diversion away from the criminal justice system is key at the point of arrest,[[161]](#footnote-161) and instead police should focus on the next two options. The following two options have the potential to solve the underlying issue and perhaps the cause of crime, namely the person's mental illness.[[162]](#footnote-162)

## 2. Civil Commitment

Civil commitment involves police transporting an individual with a mental illness and checking them into a mental health hospital or other institution.[[163]](#footnote-163) After being transported to a civil detention center, the individual with a mental illness is then brought before a judge “to decide whether that person is mentally ill and dangerous.”[[164]](#footnote-164) As Wood et al. point out, police “must have probable cause to believe civil commitment criteria are present—i.e., dangerousness or incompetence due to mental illness”.[[165]](#footnote-165) According to the courts in *Foucha v Louisiana*, the individual must both have a recognizable mental illness, but also be a danger to themselves or others.[[166]](#footnote-166) While compared to arrest, civil commitment appears to be a less invasive option, however, it too represents “substantial intrusions into ordinarily protected liberties.”[[167]](#footnote-167) One problem with civil commitment when compared to a prison sentence, is that the duration of commitment is indefinite, it depends on recovery and so could theoretically last the whole life of an individual, whereas a prison sentence is for a definitive amount of time.[[168]](#footnote-168)

Opting for civil commitment not only “result(s) in clinically appropriate treatment more efficiently than a criminal trial”,[[169]](#footnote-169) but also satisfies the public desire for incapacitation as the individual is committed to a mental health institution and so, from a deterrence perspective, the risk to others is reduced.[[170]](#footnote-170)

If a crime has been committed, and the police still opt for civil commitment, it is an expression that the person is not fully responsible or culpable for their actions, similar to what a successful insanity plea would do.[[171]](#footnote-171)

We should also address the idea of what body decides to use diversionary programs.[[172]](#footnote-172) Often it depends on who is dealing with the matter on the ground in real time.[[173]](#footnote-173) For instance, if it is solely the police dealing with the incident on their own, and if they have the requisite training, then they will make the decision whether to divert the individual or not.[[174]](#footnote-174) However, if they are solving the issue with the help of mental health professionals, then they can be involved or take the decision to divert .[[175]](#footnote-175)

## 3. Informal Solutions or ‘Doing nothing’[[176]](#footnote-176)

As seen, police have large amounts of discretion when it comes to the end of an emotional disturbance scenario. Their final option is to end the matter informally, neither arresting nor using civil commitment. This may involve providing contacts of available services to the person with mental illness. This is not only the most time efficient option of the three initially, but also the one that eliminates the possibility of criminalization.[[177]](#footnote-177) The choice to resolve the situation informally may require follow-up calls by the police.[[178]](#footnote-178)

According to some studies and commentators, such as Morabito and Socia, the police act more leniently towards those with mental illness.[[179]](#footnote-179) Similarly, Price found that police are actually more empathetic to those who have mental illnesses.[[180]](#footnote-180) However, how is this the case when there are disproportionate numbers of people with mental illness in prison?

One reason for this apparent leniency may be the amount of options open to police when interacting with those who have mental illnesses. Ordinarily, when confronting an individual without a mental illness, the police have two options - either to arrest or not to arrest. However, in terms of interactions with those with mental illnesses, they have these two options, in addition to the option of committing the person to civil confinement and finally the option of ‘doing nothing’ and informally resolving the situation.[[181]](#footnote-181)

According to Hoover, police are generally not antagonistic towards those with mental illness, but actually want to help.[[182]](#footnote-182) He argues that the problem lies in a lack of resources and the fact that such altercations and alternative solutions to the altercations (such as civil commitment) are often more time consuming than traditional police activity, such as arrest.[[183]](#footnote-183)

Before police reach the decision whether to arrest, transport the individual into the civil commitment procedure or solve the situation informally, force may or may not be used to reach these outcomes.

# Section E: Force

We have just discussed the three options that represent, essentially, peaceful conclusions to these encounters, to the extent that arrest and (involuntary) committal are peaceful! However, such peaceful outcomes are not always the result. At times police use fatal and non-fatal force during the course of such interactions. It appears from recent media coverage that fatal outcomes are increasing in frequency.[[184]](#footnote-184) The coverage of the deaths of the likes of Alfred Olang,[[185]](#footnote-185) James Hall,[[186]](#footnote-186) Kelly Thomas, and Ezell Ford in one state alone (California) have brought this topic into the homes of many Americans.[[187]](#footnote-187) However, generally the use of force by police is rare.[[188]](#footnote-188) While the use of deadly force can be warranted in a very limited set of circumstances,[[189]](#footnote-189) the widespread reporting of such scenarios suggests that fatal force is being used excessively, and also suggests that reporting and visibility of such uses of force are increasing.

Despite the large media coverage of the use of deadly force against those with mental illness,[[190]](#footnote-190) there appears to be no governmental systematic monitoring of police shootings[[191]](#footnote-191) or use of force.[[192]](#footnote-192) However, a Treatment Advocacy Center report estimates that people with mental illnesses are 16 times more likely than others to be killed by police.[[193]](#footnote-193) According to a Washington Post study, over 1,500 people were shot by police in 2015, with almost 400 constituting an emotional disturbance call with the victims having a mental illness.[[194]](#footnote-194) According to Steadman and Morrissette, emotional crises by those with mental illness constituted-approximately one quarter of all fatal police shootings in 2015.[[195]](#footnote-195) In an older study, Zdanowicz reported that in one year 30 mentally ill people were killed during interactions with the police.[[196]](#footnote-196)

However, despite these studies other commentators, such as Skeem and Bibeau, argue that force is used less frequently than first thought against those with mental illness.[[197]](#footnote-197) Johnson[[198]](#footnote-198) and Morabito and Socia have come to similar conclusions.[[199]](#footnote-199)

Force can be used by police when necessitated by the totality of the circumstances,[[200]](#footnote-200) for instance where the individual with a gun shoots or threatens to shoot a police officer or member of the public.

Use of force is at the core of the police function in society according to Greene.[[201]](#footnote-201) Max Weber stated that the state has a “monopoly on the legitimate use of physical force”,[[202]](#footnote-202) through the police. In fact, Trotsky once said that “(e)very state is founded on force.”[[203]](#footnote-203) However, when force is used, some argue it is used disproportionately on minority groups[[204]](#footnote-204) such as those with disabilities. This approach more generally has a tendency to escalate the situation.[[205]](#footnote-205)

According to Morabito and Socia, those with mental illness are more likely to show resistance and be under the influence of drugs and alcohol, and these are the factors that may contribute to high rates of force used by police.[[206]](#footnote-206)When a citizen is acting irrationally, there is a higher likelihood of force being used against them by police.[[207]](#footnote-207) This is most likely due to this behavior being misinterpreted as being threatening.[[208]](#footnote-208) Taking control of situations is a top priority for police on the ground. However, “control requires the officer to be able to predict accurately the actions of the citizen”.[[209]](#footnote-209) This is why interactions with the mentally ill are so unpredictable, as their mental illness often results in irrational behavior.[[210]](#footnote-210) When those with mental illness disobey police orders, it is not for the ordinary reasons that is at issue for those without mental illnesses, but a matter of being “ill, confused and unable to comport their behaviors to the officers’ and society’s expectation”.[[211]](#footnote-211)

Engel states that despite the new studies, it is still relatively unknown whether force is used more or less frequently against those with mental illness.[[212]](#footnote-212) In fact, both Engel and Alpert state that the “use of force (against those with mental illness) is a relatively rare event”.[[213]](#footnote-213) When we pit these conclusions against the previous studies that found higher rates of arrest and force against those with mental illness, it appears that even though the arrest rates may not be *disproportionately* high, they are significantly high nonetheless, as evidenced by their coverage in the media and academia.[[214]](#footnote-214)

## Excessive force

Minimal amounts of force are expected of the police, and enforced by law.[[215]](#footnote-215) When police abuse this authority and use excessive force, people with mental illnesses, and anyone affected, can bring causes of action under the Fourth Amendment, the Fourteenth Amendment, and 42 U.S.C. §1983.[[216]](#footnote-216) In terms of excessive force, once police officers act with no ‘malicious intent’ and stay within the scope of their employment, no legal liability will ensue. Unrestricted use of force is not allowed.[[217]](#footnote-217) Police use of force must be the least invasive or violent option available.[[218]](#footnote-218) The police officer’s conduct must be objectively reasonable under the totality of the circumstances, and must not go beyond what is necessary.[[219]](#footnote-219) According to the Graham factors from *Graham v Connor*,[[220]](#footnote-220) certain issues are relevant to this totality of the circumstances test, namely the severity of the alleged crime, a threat to the officers or to others, and whether the individual was resisting arrest or attempting to escape.[[221]](#footnote-221) Other more recent factors outlined in *Palmquist v. Selvik*[[222]](#footnote-222) include an officer’s knowledge of a suspect’s emotionally disturbed status. This knowledge should inform the officer to act in an appropriately tailored manner in terms of interactions and in terms of force used.[[223]](#footnote-223) More generally, *Tennessee v. Garner*[[224]](#footnote-224) outlined the circumstances of when an officer can use deadly force. These factors include whether an officer is threatened by a deadly weapon, when there is probable cause of a threat of serious physical harm or death to the officer or another, or probable cause to believe that the suspect has committed a crime involving threatened or actual serious injury or death to another. Without such circumstances, using lethal force against someone is unreasonable and excessive.[[225]](#footnote-225) Furthermore, importantly for this paper, for liability to occur in the circumstances of an emotional disturbance call, it must be proved that the officer knew (actual notice), or should have known (constructive notice), that the person being dealt with had a mental illness and was in an emotionally distressed situation.[[226]](#footnote-226)

### “Suicide by cop”

“Suicide by cop” is another situation facing police in regards to those with mental illness discussed by Lord. Lord explains that those with mental illness who have suicidal wishes, deliberately break the law and engage the police in a shoot-off situation, ultimately to bring about their own death.[[227]](#footnote-227) Again, force is used here, however it is not likely to be excessive as the individual essentially invites the police to shoot them, by brandishing a weapon and threatening to kill another person. Police have few options if the person has a gun and has shot someone or threatened to do so.[[228]](#footnote-228)

# Section F: Reasonable Accommodations

Another important aspect of the police’s relationship with those with mental illness is the concept of reasonable accommodations. What role does the Americans with Disabilities Act (“the ADA”) play in these interactions? The ADA prohibits discrimination across various fields including public services.[[229]](#footnote-229) The ADA was introduced not only to eliminate physical barriers and to create employment opportunities, but for the wider cultural change of “breaking down stereotypes, dispelling myths and quieting fears”.[[230]](#footnote-230) Unfortunately, “changing mentalities is much more difficult than providing access or accommodation for the disabled. Mentalities... infiltrate all levels of society and culture”.[[231]](#footnote-231) We can see this same difficulty of changing police culture when it comes to mental illness.[[232]](#footnote-232)

The 1998 Supreme Court case *Pennsylvania Department of Corrections v. Yeskey*[[233]](#footnote-233) found that those with mental illness, while being subject to law enforcement, were not receiving a benefit from the government. According to Auner, since this decision, courts have been more receptive to applying the ADA to law enforcement activities.[[234]](#footnote-234) For example, in *Gohier v. Enright*,the Court applied the reasoning of *Lewis* and *Jackson* to ascertain whether the use of force by police in this instance was based on the person’s disability, not based on their committal of a crime.[[235]](#footnote-235) The Court in *Gohier* distinguished *Lewis v Truitt*[[236]](#footnote-236)and *Jackson v Town of Sanford*[[237]](#footnote-237) on the facts, as in those cases the issue was wrongful arrest, where the police officer perceived actions taken by the defendant were symptoms of their disability, rather than unlawful conduct. As a result, if a certain fact pattern comes before the courts, it is plausible they will follow the *Lewis* and *Jackson* cases if, on the facts, an arrest is made on the basis of the person’s symptoms of mental illness rather than unlawful conduct. As such, the ADA governs issues of arrest in such circumstances.

As both a victim of a crime and as a suspect at the time of arrest, individuals with mental illnesses are entitled to reasonable accommodations at the police station. According to the *Sheehan* case, the ADA only becomes operative after arrest.[[238]](#footnote-238) Difficulties arise within ‘on the street scenarios’ where there is a risk of danger to the individual or others. Title II of the ADA can apply to the scene of an arrest or interaction with a member of the public. However, often the police and state rely on the exigent circumstance exception, that there was an immediate requirement to protect the officer or another from harm.[[239]](#footnote-239) There is no entitlement to equal participation under the ADA if an individual poses a threat to others.

Individuals with mental illness are also afforded general procedural rights afforded to all suspects. However, when we consider that those with mental illnesses have problems with understanding their rights and are more susceptible to false confessions, we can see why more protective procedural rights may be required.[[240]](#footnote-240) Procedural rights offered by the ADA reasonable accommodations are only required when police have, or should have, knowledge of the disability. See for example *Sperry v. Maes*. Here the police officers had some knowledge of a mental illness, but not to a sufficient extent as to trigger the ADA, with the court stating that “the officers had no duty to further investigate the extent of plaintiff's disability.” [[241]](#footnote-241) We see here how crucial knowledge of a mental illness is in terms of triggering any ADA requirements.[[242]](#footnote-242)

If reasonable accommodations are required, what kinds of accommodations should be made available? The provision of such accommodations may have an impact on the admissibility of evidence. This is particularly important when we consider that detainees with mental illnesses are more likely to acquiesce to police pressure during interrogations.[[243]](#footnote-243) This traditional style of questioning may need to be amended in order to satisfy reasonable accommodation requirements.[[244]](#footnote-244) Another element that may be required is the reasonable accommodation of rest breaks during interrogations.

# Section G: Guns

Another factor in the discussion on police and the mentally ill is gun use and ownership - both on the part of the police and of those with mental illness. At this point in the paper, we will pivot to incorporate a comparative approach, and examine how police in Ireland do not use guns but succeed in managing those with mental illnesses more appropriately than their U.S. counterparts (if we consider success being the least amount of harm being done to the individual).

According to section 922(g) of the Gun Control Act of 1968, reasons to restrict gun ownership include the fact that an individual has been “adjudicated as a mental defective” or have been “committed to a mental institution.”[[245]](#footnote-245) This covers not only those who pose a danger to society (for instance who have been deemed incompetent to stand a criminal trial or who successfully argued an insanity defense), who correctly should have limited access to firearms, but also to people who cannot arrange their own affairs. [[246]](#footnote-246)

The risks associated with general gun ownership have been widely debated in the US.[[247]](#footnote-247) Approximately 40% of US homes own a gun.[[248]](#footnote-248) In addition to the Gun Control Act 1968, the US, through legislation in 2008 the NICS Improvement Amendments Act of 2007, prohibited gun ownership by those with mental illness. One concern the author of this paper would have with such policies is that stricter gun laws may contribute to the further stigmatization of those with mental illnesses and sustain the myth of dangerousness associated with all who have mental illness.[[249]](#footnote-249)

Firearm prohibition should not be used against an individual just because they have appeared before the courts on their capacity to manage certain elements of their livelihoods. The restriction of access to guns should be limited to circumstances where that individual has proved to be a danger to themselves or others in the past (incompetency to stand trial, or the use of the insanity offense).[[250]](#footnote-250) As the American Psychological Association points out, “it must be recognized that persons with serious mental illness commit only a small proportion of firearm-related homicides”.[[251]](#footnote-251) In fact, persons with severe mental illness are more at risk of harming themselves than others, with suicide, not homicide, accounting for over 60% of all gun fatalities in the United States.[[252]](#footnote-252) According to a study undertaken by the organization Everytown For Gun Safety, in only 11% of mass shootings were concerns raised about the killer’s mental health prior to the crime.[[253]](#footnote-253)

Mass shootings, such as those at Newtown, CT, Aurora, CO, and Tucson, AZ, have been reacted to in two ways. One is the discussion that is led by the political left on gun control that is a topic of taboo for the right. But there is an alternative narrative on the role mental illness, not guns, play in these mass shootings, as led by the conservative right, who seek to avoid discussing guns generally.[[254]](#footnote-254) For example, this position is best represented by the conservative Anne Coulter’s reaction to the mass shooting in Newton, CT that “guns don't kill people, the mentally ill do”.[[255]](#footnote-255) This again perpetuates the myth of dangerousness regarding people with mental illness.

# Section H: Ireland

Given that many of these scenarios in the US involve the use of guns on the part of the police, and sometimes on the part of the person with a mental illness, we now move to a comparative analysis with the jurisdiction of Ireland. The rationale behind choosing Ireland as the subject of comparison is twofold. Not only does Ireland have strict gun control laws, but also their police are also largely unarmed (with only specialized units having firearms).[[256]](#footnote-256) Having said that, Ireland too has struggled with the use of lethal force on those with mental illness, with a small few infamous cases. In particular, there is one case that resulted in a political inquiry into the handling of the situation by police, called the Barr Tribunal which illustrates the issues (similar to the US experience) Irish law enforcement face when dealing with the mentally ill.

As the Report of Joint Working Group on Mental Health Services and the Police states, there is a “dearth” of analysis on this topic in Ireland, even more so than the US.[[257]](#footnote-257) This report found that there is an increase of contact between those with mental illness and the police, largely due to de-institutionalization and increased treatment of the mentally ill in the community.[[258]](#footnote-258) They come in contact with police due to other issues, such as domestic or public disturbances, minor offenses or homelessness.[[259]](#footnote-259) Again, similar to the US,[[260]](#footnote-260) the Irish police (An Garda Siochana or the Gardaí) act as frontline actors when it comes to those with mental illness.[[261]](#footnote-261) Similar to the US, in Ireland there have been calls to divert those with mental illness away from the criminal justice system, particularly if a minor crime is involved.[[262]](#footnote-262) Generally, police have more discretion when dealing with minor offenses or where no crime has been committed.[[263]](#footnote-263)

The Irish police have authority to bring those with mental health illnesses into involuntary committal under Section 12 of the Mental Health Act 2001.[[264]](#footnote-264) Under Section 12, people with mental illnesses who pose a danger to themselves or others, can be brought into police custody, be examined by a police doctor and be placed under the care of local community mental health care. Although the Irish police interact and serve people with mental illness and often commit them to mental health services informally, without triggering the lengthy Section 12 procedures, they have no statutory basis for doing so.[[265]](#footnote-265)

The Barr Tribunal investigated the Irish police response to a man with a history of mental illness, who was ultimately shot dead by police after an altercation. John Carthy was a registered owner of a shotgun.[[266]](#footnote-266) However, this was revoked by the Irish police, as a result of threats Mr. Carthy made to members of the public.[[267]](#footnote-267) The firearm was returned to Mr. Carthy after his psychiatrist stated he was fit to hold the gun.[[268]](#footnote-268) It was this gun that was used during the siege situation with the police. The Tribunal found various errors made by the police, including a failure to reach out to mental health professionals during the siege incident.[[269]](#footnote-269) Furthermore, the Irish police were not only criticized domestically by the Tribunal, but also internationally by Amnesty International.[[270]](#footnote-270) The former director of Amnesty International Ireland has stated that John Carthy’s case is not a once off, but a consistent concern.[[271]](#footnote-271)

Aside from this incident, there does not appear to be many other publicized cases in Ireland by either the media or in case law on the interactions between police and the mentally ill that would be akin to the common practice in the US of standoffs between those with mental illnesses and the police. There is, however, a more unique problem of treating the mentally ill inappropriately while in police custody in Ireland. There appears to be a contrast here between the US experience and the Irish experience of deaths or injuries occurring to individuals with mental illness committed by the police. In the US, due to police yielding guns in almost all cases, any harm that results is likely to occur during the “standoff/siege” period, where traditionally their only tactic is the use of blunt instruments, such as guns and tazers.[[272]](#footnote-272) Whereas in Ireland, given that police are unarmed, there is very little likelihood of police killing an individual with mental illness (the John Carthy case is one of few exceptions). Instead, any harm or death that occurs as a result of interacting with the Irish police, is likely to occur after arrest.

While there exists procedures to systemically review deaths while in the custody of Irish prisons, none exists for deaths while in police custody, despite calls for this policy change.[[273]](#footnote-273) In terms of investigating single occurrences of death in police custody, this is governed by the Garda Síochána Act 2005. This was introduced after findings of another tribunal, called the Morris Tribunal.[[274]](#footnote-274) Under the Garda Síochána Act 2005 section 102(1), the head of the Irish police, the Garda Commissioner, is under a legal obligation both under domestic law but also under Article 2 of the European Convention on Human Rights, to refer any possible death or serious harm occurrences that occurred in police custody to the Garda Síochána Ombudsman Commission (GSOC). GSOC can then choose to instigate an investigation. In 2015, the Garda Commissioner referred 52 (15 were fatalities) incidents to GSOC under section 102(1) of the Garda Síochána Act 2005. This compared with 41 in 2013, 72 in 2012, 90 in 2011 and 103 in 2010.[[275]](#footnote-275) According to Adeleke et al., the GSOC “has no immediate explanation for this trend.”[[276]](#footnote-276) When cases are referred, GSOC can opt for a criminal investigation in partnership with the Director of Public Prosecutions (the state prosecutor) or opt for a disciplinary hearing.

The most recently available data on the issue states that of all complaints made to GSOC about police behavior, 4% of complainants had psychological disabilities. In order to understand the significance of this statistic, it would be useful to have affirmative official statistics on the presence of mental illness in the Irish population generally. Unfortunately, there is little available statistics on the number of people with mental illness in Ireland. Two Irish studies shows that between 9% and 14% of Irish people have a mental illness.[[277]](#footnote-277) Furthermore, if Ireland follows European trends, then it is likely that around 6% of Irish people have a mental illness.[[278]](#footnote-278) When we consider these statistics (between 6 and 14%) in comparison to 4% of complainants of police behavior had a psychological illness, this is clearly a worrying trend that suggests people with mental illness are disproportionately mistreated by police in Ireland.

In terms of cases of deaths in police custody, the 2015 GSOC reports that two men with a mental illness died while in the custody of the police.[[279]](#footnote-279) In the first case, police were called to the scene of an alleged disturbance, and the individual was arrested under section 12 of the Mental Health Act 2001.[[280]](#footnote-280) The arrestee was placed in a police vehicle.[[281]](#footnote-281) He was then found to be unconscious and immediate medical attention was sought by the police.[[282]](#footnote-282) Unfortunately, the man died at the hospital due to cardiac arrest, due to Excited Delirium Syndrome, following the arrest.[[283]](#footnote-283) An investigation into the death took place, where it was found the arrest was justified and no police misconduct was found.[[284]](#footnote-284)

In another 2015 case, a man, who the police subsequently discovered had a history of mental illness, committed suicide in the presence of police after the police attempted to seize his car as the car-tax was not up to date.[[285]](#footnote-285) The investigation confirmed that the police officers did not have actual or constructive notice of the mental illness, and did all they could to save the man.[[286]](#footnote-286) No criminal or disciplinary action was taken in this case either.[[287]](#footnote-287)

In a third 2015 case, the police were called to the house of a disturbance where an individual was exhibiting distressed and aggressive behavior, that turned out to be symptoms of his mental illness.[[288]](#footnote-288) The police officers were on notice of the mental illness, as well as the fact that he had recently attempted suicide.[[289]](#footnote-289) After the man was acting aggressively towards police, he was arrested for a breach of the peace.[[290]](#footnote-290) He was placed in the back of a police van without handcuffs.[[291]](#footnote-291) When the police arrived at the police station they discovered the arrestee had slit his wrists with a knife.[[292]](#footnote-292) He was treated for his injuries and thankfully survived.[[293]](#footnote-293) Given the harm that occurred, and indeed what could have occurred (death due to suicide), the police officers were criticized for not placing handcuffs on the arrestee, particularly since they were on notice of his mental health issues.[[294]](#footnote-294) Again, no criminal or disciplinary actions were taken.[[295]](#footnote-295)

These three cases are illustrative of the prevalence of the problem in Ireland. Given that previous GSOC reports fail to list any incident involving the mentally ill,[[296]](#footnote-296) the extent of such interactions are either increasing or are becoming more aware to the authorities.

We now turn to the issue of guns in Ireland. Although Ireland traditionally has strict gun control laws and policies, Sarma explains that there is a growing movement towards a more liberal legislative model that allows access to guns for “sport-shooting purposes”.[[297]](#footnote-297) Over 15,000 guns are licensed in Ireland annually.[[298]](#footnote-298) A 2004 Irish case has forced the Irish police to issue certificates for handguns. The then High Court Judge Charleton explained in *McCarron v. Kearney* that the firearms laws is Ireland are so complex that he called for the codification of such laws.[[299]](#footnote-299) However, the firearms law relating to the mentally ill is quite clear. Section 8 of the Firearms Act 1925 lists persons of unsound mind as people not entitled to have a gun. According to the Irish police, “(i)t should be remembered that simply because a person has received treatment in the past for certain illnesses or conditions, such as depression or stress, it does not automatically follow that they are unfit to possess a firearm. It is simply one of the factors to be considered with all other evidence relating to the applicant’s character and history.”[[300]](#footnote-300) However, at the time of the Barr Tribunal applications for firearms did not have a section on mental health of the applicant.[[301]](#footnote-301) Since then, the Criminal Justice Act 2006 has allowed police to receive testimony of medical advisors regarding the applicant’s medical history.[[302]](#footnote-302)

There is reportedly an increase in the rates of both gun ownership in Ireland, but also of gun violence.[[303]](#footnote-303) Unfortunately there is no academic commentary on what role mental illness plays in these increasing rates of gun violence and firearm ownership in Ireland. The United Nations has reported that 12% of the Irish population have a gun in their household.[[304]](#footnote-304) It should be made clear that people of unsound mind, the definition of which still remains in question, are not allowed to own guns in Ireland. In order to own a gun in Ireland, applicants must certify that they have no mental illness that would interfere with their ability to use a gun safely.[[305]](#footnote-305) When making an application, applicants give permission for the decision maker (i.e. a police officer) to contact that person’s doctor or mental health provider such as a psychiatrist.

In terms of the police, only 20-25% of Irish police are trained to carry a firearm.[[306]](#footnote-306) As such, if ordinary members of the Irish police are involved in an emotional disturbance call, they do not have the option to use a gun as a fatal use of force. This essentially eliminates the possibility of a death of a civilian under such circumstances. While this is clearly an effective policy, it seems very unlikely that, given the Second Amendment gun culture and wide possession and usage of guns by civilians (with 40% of US households owning a gun),[[307]](#footnote-307) that the US police would give up their use of guns.[[308]](#footnote-308) (In fact, certain police departments are trained to routinely point their guns at individuals, such as Baltimore PD, even if a mental illness is present.)[[309]](#footnote-309) This is particularly disappointing when we consider that Ireland has lower crime rates than the US.[[310]](#footnote-310) However, pragmatically, the US police could undertake a policy not to bring firearms to emotional disturbance calls where the person with the mental illness is not armed themselves.

# Section I: Solutions

There are few solutions offered in the literature[[311]](#footnote-311) aimed at solving the issues raised in this paper other than training. [[312]](#footnote-312) Almost all of the literature focuses on police training as the sole solution.[[313]](#footnote-313) Torrey et al. are in the minority by proposing alternative or concurrent solutions such as getting more individuals with mental illness into treatment before they come in contact with the police at all.[[314]](#footnote-314) Others have called for the introduction of pre-adjudication diversion programs both in the US[[315]](#footnote-315) and Ireland.[[316]](#footnote-316) Another solution called for in this paper is for police to refrain from bringing firearms to emotional disturbance calls, learning from the Irish approach.

It is interesting to note that in the US and Ireland, both police forces want more training on how to deal with the mentally ill.[[317]](#footnote-317) Additionally, it has become a national governmental concern with recommendations regarding policing the mentally ill being made by the U.S. President’s Task Force on 21st Century Policing,[[318]](#footnote-318) as well as by other bodies such as the International Association of Chiefs of Police[[319]](#footnote-319) and the Police Executive Research Forum[[320]](#footnote-320). Hails and Borum have found that almost all police have received some training on mental illness,[[321]](#footnote-321) however the quality and duration of training varies widely.[[322]](#footnote-322) Similarly, a recent report by the Council of State Governments Justice Center and the International Association of Directors of Law Enforcement has found that 40 of 42 states studied had some training on mental illness.[[323]](#footnote-323) Such training is not only desirable, but is required by law under the ADA to satisfy reasonable accommodations for those with disabilities, as evidenced by the House Committee Report on the Act[[324]](#footnote-324) and the case *Gohier v. Enright*.[[325]](#footnote-325) Most recently, all Chicago police dispatchers have been trained in mental health awareness and de-escalation tactics.[[326]](#footnote-326) However, it is apparent from the ill-treatment of the mentally ill by police, that such training is insufficient or lacks the duration and quality desired.[[327]](#footnote-327) In fact, Greenberg found that on average only four hours of training was allocated to the subject of how to treat the mentally ill.[[328]](#footnote-328)

Unfortunately most training regimens are introduced in states after much publicized tragedies and so is reactive in this regard.[[329]](#footnote-329) Changes in public policy, particularly in the criminal justice sphere, often are predicated and driven by the development of crises such as the current situation of how the police treat those with mental illness, “rather than being dictated by evidence of what works best”.[[330]](#footnote-330) Furthermore, Reuland et al. believe that the introduction of Crisis Intervention Team (“CIT”) policies was based on the fear of dangerousness associated with the mentally ill, rather than a concern for their welfare or better treatment.[[331]](#footnote-331)

The author of this paper would argue that nationwide and consistent training should be introduced as a preventative measure. This paper would join the call of Lamb et al. that all officers should receive such training not just the specialized units that deal predominantly with the mentally ill.[[332]](#footnote-332) The current training provided is inadequate, with a failure to provide consistent follow-up training.[[333]](#footnote-333) Training would hopefully change cultural attitudes of the police, and prepare them for interactions with the mentally ill.[[334]](#footnote-334) Such training is not only advisable but may be necessary to avoid liability. For example, according to *Olsen v Layton Hills Mall*, a municipality can be sued for the failure to adequately train officers regarding mental illness.[[335]](#footnote-335)

In terms of the content of such training, it should include the following topics: how to recognize mental illness, how to de-escalate a crisis, warnings of suicide tendencies, when to use specialized teams, when to divert from the criminal system and when to invoke the civil commitment procedures, what reasonable accommodations may be required and to ensure that community resource materials are provided.[[336]](#footnote-336) One key element of training ought to be communication strategies to be deployed when dealing with a mental health crisis. If such communication skills are invoked during an altercation, there is a higher likelihood of a peaceful outcome.[[337]](#footnote-337)

Calls for training in Ireland is absent in the literature, but called for by the police themselves.[[338]](#footnote-338) Following the approach of some progressive US police departments, in Ireland there should also be specific members of the police force assigned for interacting with those with mental illness.[[339]](#footnote-339) The Barr Tribunal called for training of the part of the Irish police also, as well as improved relations with the mental health professionals.

It is argued in this paper that every officer should be trained with a general mental illness training, and then specialized mental health police officers should receive more tailored and specific training.

In terms of the effectiveness of such training, older studies suggest that training was successful in improving identification of mental illness. However, cultural changes were not as successful.[[340]](#footnote-340)

## CIT

 In terms of more specific solutions, currently in vogue is the response of police along with mental health services to the scene of a mental health crisis, such as Crisis Intervention Team (CIT). The primary goal of such programs is diversion away from the criminal justice system.[[341]](#footnote-341) It is interesting to note that the CIT training came into being after the shooting by Memphis police of a mentally ill man suffering from schizophrenia.[[342]](#footnote-342) CIT is a pre-arrest diversion program designed to divert people with mental illnesses away from the criminal justice system.[[343]](#footnote-343) Discretion rests with police to make this diversionary decision to move the individual into the care of mental health emergency services.[[344]](#footnote-344) CIT has now reached over 1000 communities.[[345]](#footnote-345)

Currently, police are often reluctant to call on the help of outside mental health professionals.[[346]](#footnote-346) Where such relationships do exist, it is important to remember that the police’s role in these interactions is not to treat or diagnose mental illness, but to provide individuals with resources. Having said that, such units can provide emergency funds for medication and check that prescribed medication is being accorded with.

# Conclusion

It has been argued in this paper that people with mental illnesses pose significant and unique concerns to the police force. People with mental illnesses have frequent contact with police, and face high arrest rates. This paper has unearthed the large amount of discretion that is yielded by the police during their interactions with those who have mental illnesses. This discretion, when used most effectively, diverts persons with mental illnesses away from the criminal justice system, and instead provides them with access to suitable mental health care. Unfortunately not all of these interactions end peacefully. There is often use of force by the police to bring emotional disturbance calls to an abrupt ending. Use of deadly force has been widely publicized by the media and presents a large problem to police. This paper also touched on what the police could positively do in the form of reasonable accommodations. It then turned to the issue of guns and mental illness. Unfortunately after high profile shootings, these two separate concerns get conflated and fused. The paper examined Ireland to discover why it does not have the same problems surrounding the use of fatal force. This paper concluded with proposed solutions to the problem, including using approaches taken by the Irish police, as well as a focus on improving training on this issue. Currently, the majority of police forces are not in a position to successfully deal with this population. As a result, this paper joins the chorus of calls for more adequate training in this field. Should this need for better training fail to materialize in policy changes, then we are likely to see more examples of uses of fatal force by police against those with mental illness.

# Bibliography

Aaltonen, M., Kivivuori, J., & Martikainen, P., *Social determinants of crime in a welfare state: Do they still matter?*, 54 Acta Sociologica 2 (2011).

Adams, K., *What we know about police use of force, in Use of Force by Police: Overview of national and local data*, *in* Use of Force by Police: Overview of National and Local Data (National Institute of Justice ed., 1999).

Adeleke, A., Ni Aingleis, B., Cooney, L., Lynch, J., Murray, N., Sheedy, K., & Yousef, A., *Deaths in Custody; Is Ireland’s Investigative Process Compliant with Article 2 of the European Convention on Human Rights?*, 42 Students Learning with Communities (2015).

Adelman, J., *Study in Blue and Grey - Police Interventions with People with Mental Illness: A Review of Challenges and Responses*, Canadian Mental Health Association (2003).

Albert, J., & Albert, A., *Police Harassment Of The Homeless: The Political Purpose Of The Criminalization Of Homelessness*, 11 Humanity & Society 2 (1987).

Alexander, M., The New Jim Crow (2010).

Allard K. Lowenstein International Human Rights Clinic, *“Forced into Breaking the Law”: The Criminalization of Homelessness in Connecticut*, 2016 Yale Law School (Nov. 11, 2016), [https://www.law.yale.edu/system/files/documents/pdf/news/criminalization\_ of\_homelessness\_ report\_ for\_web\_full\_report.pdf](https://www.law.yale.edu/system/files/documents/pdf/news/criminalization_of_homelessness_%20report_%20for_web_full_report.pdf).

Alpert, G. P., *Police Encounters with People with Mental Illness:**Police Use of Force and the Suspect with Mental Illness - A Methodological Conundrum*, 14 Crim. & Public Policy 2 (2015).

Alpert, G. P., *Police Use of Force and the Suspect with Mental Illness*, 14 Criminology & Public Policy 2 (2015).

American Psychiatric Association, Diagnostic And Statistical Manual (5th ed., 2013).

Amnesty International, *Amnesty International Report 2003 - Ireland*, Amnesty International (2003).

Andrew Lancaster, *Evidence for joint police and mental health responses for people in mental health crisis*, 19 Ment. Health Practice 10 (2016).

APA Panel of Experts Report, *Gun Violence: Prediction, Prevention, and Policy*, American Psychological Association (2013).

Appelbaum, P. S., & Swanson, J. W., *Gun Laws and Mental Illness: How Sensible Are the Current Restrictions?*, 61 Law & Psychiatry 7 (2010).

Appelbaum, P. S., *Violence and Mental Disorders: Data and Public Policy*, 163 Am. J. Psychiatry 8 (2006).

Auner, T. J., *For The Protection of Society’s Most Vulnerable, the ADA Should Apply to Arrests*, 49 Loy. L.A. Law Rev. 335 (2016).

Baron, R. C., & Salzer, M. S., *Accounting for unemployment among people with mental illness*, 20 BEHAV. SCI. LAW 6 (2002).

Barr Tribunal, *Opening Statement Of Counsel: Tribunal Of Inquiry Into The Facts And Circumstances Surrounding The Fatal Shooting Of John Carthy At Abbeylara, County Longford On The 20th Of April, 2000 And Related Matters*, (2003), http://archive.is/ cu1n0#selection-4837.43-4839.1.

Barr, H., *Policing Madness: People with Mental Illness and the NYPD*, *in* Zero Tolerance: Quality of Life and the New Police Brutality in New York City, (Andrea McArdle & Tanya Erzen, eds., 2001).

Barry, C. L., McGinty, E. E., Vernick, J. S., & Webster, D. W., *After Newtown — Public Opinion on Gun Policy and Mental Illness*, 368 New Eng. J. Med. 12 (2013).

Bernstein, R., & Seltzer, T., *The Role of Mental Health Courts in System Reform*, 7 Uni. District Columbia Law Rev. 1 (2003).

Bittner, E., Functions of Police in Modern Society (1970).

Bittner, E., *Police discretion in emergency apprehension of mentally ill persons*, 14 Social Problems 3 (1967).

Bohrman, C., *Police Officer Assessments Of Mental Illness, Substance Use And Co-Occurring Mental Illness And Substance Use: It’s Common Sense*, UPenn Dissertation (2013).

Borum, R., Deane, M. W., Steadman, H. J., & Morrissey, J., *Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness*, 16 BEHAV. SCI. LAW 4 (1998).

Brennan, A., Warren, N., Peterson, V., Hollander, Y., Boscarato, K., & Lee, S., *Collaboration in crisis: Carer perspectives on police and mental health professional's responses to mental health crises*, 25 Int. J. of Mental Health Nursing 5 (2016).

Campbell, A., *Police Body Cameras Aren’t Helping You*, Huffington Post, Oct. 18, 2016, http://www.huffingtonpost.com/entry/police-body-cameras-arent-helping\_us\_57fd0cf7e4b0 e655eab7b7f1.

Centers for Disease Control and Prevention, *Injury prevention & control: Data & statistics*, CDC (2013), http://www.cdc.gov/injury/wisqars/index.html.

Chappell, D., & O'Brien, A., *Police responses to persons with a mental illness: International perspectives*, 37 Int. J. of Law & Psychiatry 4 (2014).

Charette, Y., Crocker, A. G., & Billette, I., *The Judicious Judicial Dispositions Juggle: Characteristics of Police Interventions Involving People with a Mental Illness*, 56 Canadian J. of Psychiatry 11 (2011).

Cloyes, K. G., Wong, B., Latimer, S., & Abarca, J., *Time to Prison Return for Offenders with Serious Mental Illness Released from Prison: A Survival Analysis*, 27 Criminal Justice And Behavior 2 (2010).

Compton, M. T., & Chien, V. H., *Factors related to knowledge retention after crisis intervention team training for police officers*, 59 Psychiatric Serv. 9 (2008).

Cooper, V. G., McLearen, A. M., & Zapf, P. A., *Dispositional Decisions with the Mentally Ill: Police Perceptions and Characteristics*, 7 Police Quarterly 3 (2004).

Cordner, G., *The Problem of People with Mental Illness*,Center for Problem Orientated Policing (2006).

Corrigan, P. W., Watson, A. C., Byrne, P., & Davis, K. E., *Mental illness stigma: problem of public health or social justice?*, 50 Soc. Work 4 (2005).

Coulter, A., *Guns don’t kill people, the mentally ill do*, (2013), http://www.anncoulter.com/ columns/2013-01-16.html.

Craighill, P. M., & Clement, S., *What Americans blame most for mass shootings (Hint: it’s not gun laws)*, Washington Post, Oct. 26, 2015, https://www.washingtonpost.com/news/the-fix/wp/2015/10/26/gun-control-americans-overwhelmingly-blame-mental-health-failures-for-mass-shootings/?utm\_term=.247378b1a3d9.

Cruwys, T., & Gunaseelan, S., *“Depression is who I am”: Mental illness identity, stigma and wellbeing*, 189 J. of Affective Disorders (2016); Fiona Shaw, *Mistaken Identity*, 352 The Lancet 9133 (1998).

CSG Justice Center & The International Association of Directors of Law Enforcement Standards and Training, *The Variability in Law Enforcement State Standards: A 42-State Survey on Mental Health and Crisis De-escalation Training*, CSG Justice Center & Int. Assoc. of Directors of Law Enforce. Standards & Training, (January, 2017), https://csgjusticecenter.org/wp-content/uploads/2017/02/JC-LE-Survey.pdf

Dahlberg, L. L., Ikeda, R. M., & Kresnow, M., *Guns in the Home and Risk of a Violent Death in the Home: Findings from a National Study*, 160 Am. J. of Epidemiology 10 (2004).

Davidson, M. L., & Rosky, J. W., *Dangerousness or Diminished Capacity? Exploring the Association of Gender and Mental Illness with Violent Offense Sentence Length*, 40 Am. J. Crim. Just. (2015).

Deane, M. W., Steadman, H. J., Borum, R., Veysey, B. M., & Morrissey, J. P., *Emerging Partnerships Between Mental Health and Law Enforcement*, 50 Psychiatric Serv. 1 (1999).

Department of Health & Ipsos MRBI, *Healthy Ireland: Survey 2015- Summary of Findings*, Government Publications (2015).

Department of Justice, *Report of the Commission of Investigation into the Death of Gary Douch: Volume 1*, Executive Summary and Recommendations (2014).

Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R., *Role Of Social Disadvantage In Crime, Joblessness, and Homelessness Among Persons With Serious Mental Illness*, 53 Psychiatric Serv. 5 (2002).

Drake, R., & Mueser, K. T., *Co-occurring alcohol use disorder and schizophrenia*, 26 Alcohol Res. & Health 2 (2002).

Drexler, P., *Mental Illness: A Smoking Gun*, Huffington Post, Dec. 18, 2016, http://www.huffingtonpost.com/peggy-drexler/mental-illness-a-smoking\_b\_8839128.html.

Drogin, E.,& Spaderna, C., *Mental illness, dangerousness, and involuntary commitment*, *in* Gun Violence and Mental Illness (L. H. Gold & R. I. Simon eds., 2016).

Dupont, R., & Cochran, S., *Police Response to Mental Health Emergencies Barriers to Change*, 28 J. of Am. Acad. of Psychiatry & Law 3 (2000).

Engel, R. S., & Silver, E., *Policing mentally disordered suspects: a reexamination of the Criminalization Hypothesis*, 39 Criminology 2 (2001).

Engel, R. S., *Police Encounters with People with Mental Illness: Use of Force, Injuries, and Perceptions of Dangerousness*, 14 Criminology & Public Policy 2 (2015).

Everytown for Gun Safety, *Analysis of Recent Mass Shootings*, Everytown Research (2015).

Fagan, J., Geller, A., Tyler, T., & Link, B., *Aggressive Policing and the Mental Health of Young Urban Men*, 104 Am. J. Public Health 12 (2014).

Fan, M., *Street Diversion and Decarceration*, 50 Am. Crim. L. Rev. 1 (2013).

Federal Bureau of Investigation, *Law Enforcement Officers Feloniously Killed: Circumstance at Scene of Incident by Type of Assignment 2015*, FBI (2016) https://ucr.fbi.gov/leoka/2015/ tables/table\_26\_leos\_fk\_circumstance\_at\_scene\_of\_incident\_by\_type\_of\_assignment\_2015.xls.

Ferguson, M., Ogloff, J. R. P., & Thomson, L., *Predicting Recidivism by Mentally Disordered Offenders Using the LSI-R:SV*, 36 Crim. Just. Behav. 1 (2009).

Fichtner, C. G., & Cavanaugh, J. L., *Malignant Criminalization: From hypothesis to theory*, 57 Psychiatric Serv. 10 (2006).

Fischer, J., *The Americans with Disabilities Act: Correcting Discrimination of Persons with Mental Disabilities in the Arrest, Post-Arrest, and Pretrial Processes*, 23 Law & Ineq. 157 (2005).

Fischer, S. N., Shinn, M., Shrout, P., & Tsemberis, S., *Homelessness, Mental Illness, and Criminal Activity: Examining Patterns Over Time*, 42 Am. J. Community Psychology 3 (2008).

Fisher, W. H., Roy-Bujnowski, K. M., Grudzinskas, A. J. Jr., Clayfield, J. C., Banks, S. M., & Wolff, N., *Patterns and Prevalence of Arrest in a Statewide Cohort of Mental Health Care Consumers*, 57 Psychiatric Serv. 11 (2006).

Flores, R., *After Orlando, do Americans support assault weapons ban?*, CBS, June 15, 2016, http://www.cbsnews.com/news/orlando-nightclub-massacre-cbs-news-poll-assault-weapons-ban/.

*Folkerts v. City of Waverly*, No. 12-1083, 2013 U.S. App. LEXIS 3847 (8th Cir. Decided February 25, 2013)

Follette, W. C., Davis, D., & Leo, R. A., *Mental Health Status and Vulnerability to Interrogation Tactics*, 22 Crim. Just. 42 (2007-2008).

Forrest, D. V., *50 Signs of Mental Illness: A User-Friendly Alphabetical Guide to Psychiatric Symptoms and What You Should Know About Them*, 164 Am. J. of Psychiatry 1 (2007).

*Foucha v Louisiana*, 504 US 71, 1992.

Fowles, R., & Merva, M., *Wage Inequality and Criminal Activity: An Extreme Bounds Analysis for the United States 1975-1990*, 34 Criminology 2 (1996).

Franz, S., & Borum, R., *Crisis Intervention Teams May Prevent Arrests of People with Mental Illness*, 12 Police Practice & Research: int. J. 3 (2011).

Friedman, R. A., *Violence and Mental Illness - How Strong is the Link?*, 355 New Eng. J. Med. 20 (2006).

Friedman, R. A., *Why can’t doctors identify killers?*, N.Y. Times, May 27, 2014.

Fry, A. J., O’Riordan, D. P., & Geanellos, R., *Social control agents or front-line carers for people with mental health problems: police and mental health services in Sydney, Australia*, 10 Health & Soc. Care in the Community 4 (2002).

Fuller, D. A., Lamb, H. R., Biasotti, M., & Snook, J., *Overlooked in the undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters*, Treatment Advocacy Center (2014), http://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf.

Gallant, A., *Police Chiefs Must Remove the Stigma From Talking About Mental Health*, Huffington Post, May 12, 2016, http://www.huffingtonpost.ca/arthur-gallant/police-mental-health\_b\_7251476.html.

Gallup, *Guns: Statistics*, http://www.gallup.com/poll/1645/guns.aspx.

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2015*, Garda Síochána Ombudsman Commission (2015).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2014*, Garda Síochána Ombudsman Commission (2014).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2013*, Garda Síochána Ombudsman Commission (2013).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2012*, Garda Síochána Ombudsman Commission (2012).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2011*, Garda Síochána Ombudsman Commission (2011).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2010*, Garda Síochána Ombudsman Commission (2010).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2009*, Garda Síochána Ombudsman Commission (2009).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2008*, Garda Síochána Ombudsman Commission (2008).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2007*, Garda Síochána Ombudsman Commission (2007).

Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2006*, Garda Síochána Ombudsman Commission (2006).

Garda Síochána, *Brief Medical History / Medical Enquiries: FCA1 Firearms Certificate Application Form*, Garda Síochána (2009), at 2, http://www.garda.ie/Documents/User/ FCA1%20Firearm%20Certificate%20Application%5B2%5D.pdf

Garda Síochána, *The Garda Commissioner’s Guidelines as to the Practical Application and Operation of the Firearms Acts, 1925-2009*, Garda Síochána (2009).

Godfredson, J. W., Ogloff, J. R. P., Thomas, S. D. M., & Luebbers, S., *Police Discretion And Encounters With People Experiencing Mental Illness: The Significant Factors*, 37 Crim. Just. & Behav. 12 (2010).

Godschalx, S. M., *Effect of a mental health educational program upon police officers*, 7 Res. Nursing & Health 2 (1984).

*Gohier v. Enright* 186 F.3d 1216 (10th Cir. 1999).

Gold, L. H., *Gun Violence: Psychiatry, Risk Assessment and Social Policy*, 41 J. Am. Acad .Psychiatry Law 3 (2013).

Goldstein, J., *Police decision not to invoke the criminal process*, 69 Yale Law J. 543 (1960).

Goode, E., *For Police, a Playbook for Conflicts Involving Mental Illness*, N.Y. Times, April 25, 2016, https://www.nytimes.com/2016/04/26/health/police-mental-illness-crisis-intervention.html?\_r=0.

*Graham v. Connor*, 490 U.S. 386 (1989).

Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, P., Dufour, M. C., & Wilson, C., *Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the national epidemiological survey on alcohol and related conditions*, 61 Arch. of Gen. Psychiatry 8 (2004).

Greenberg, S. F., *Police Response to People with Mental Illness*, *in* Solving Crime and Disorder Problems: Current Issues, Police Strategies and Organizational Tactics (M. Reuland, C. S. Brito & L. Carroll eds., 2001).

Greene, J. R., The Encyclopedia of Police Science (2007).

Hails, J., & Borum, R., *Police* *Training and Specialized Approaches to Respond to People with Mental Illnesses*, 49 Crime & Delinquency 1 (2003).

Haller, I., *Is there a Correlation between Poverty and Criminality? Analysis of European Data*, 7 European Rev. Applied Sociology 9 (2014).

Hamilton, M., & Winton, R., *Video shows police cornering mentally ill man and fatally shooting him: 'This was an execution'*, LA Times, Jan. 19, 2017, http://www.latimes.com/ local/lanow/la-me-ln-fontana-police-video-20170118-story.html.

Hammett, T. M., Roberts, C., & Kennedy, S., *Health-Related Issues in Prisoner Reentry*, 47 Crime & Delinquency 3 (2001).

Hartford, K., Carey, R., & Mendonca, J., *Pre-Arrest Diversion of People with Mental illness: Literature Review and International Survey*, 24 Behav. Sci. & Law 6 (2006).

Hasin, D. S., Goodwin, R. D., Stinson, F. S., & Grant, B. F., *Epidemiology of major depressive disorder: Results from the national epidemiologic survey on alcoholism and related conditions*, 62 Arch. of Gen. Psychiatry 10 (2005).

Helzer, J. H., & Pryzbeck, T. R., *The co-occurrence of alcoholism with other psychiatric disorders in the general population and its impact on treatment*, 49 J. of Studies Alcohol 3 (1988).

Hickman, M. J., Piquero, A. R., & Garner, J. H., *Toward A National Estimate Of Police Use Of Nonlethal Force*, 7 Criminology & Public Policy 4 (2008).

Hiday, V. A., & Wales, H. W., *Civil commitment and arrests*, 16 Curr. Opin. Psychiatry 5 (2003).

Hoover, L. T., *Atypical Situations-Atypical Responses, in Improving Police Response to Persons with Mental Illness: A Progressive Approach* (T. J. Jurkanin, L. T. Hoover & V. A. Sergevnin, eds., 2007).

Horspool, K., Drabble, S. J., & O'Cathain, A., *Implementing street triage: a qualitative study of collaboration between police and mental health services*, 16 Bmc Psychiatry 1 (2016).

Howell, G., *The Dark Frontier: The Violent and Often Tragic Point of Contact Between Law Enforcement and The Mentally Ill*, 17 Scholar: St. Mary’s Law Rev. & Soc. Just. 343 (2015).

Hudson, C. G., *Socioeconomic Status and Mental Illness: Tests Of The Social Causation and Selection Hypotheses*, 75 Am. J. Orthopsychiatry 1 (2005).

Huey, D., *A Culture of Silence: Mental Illness In the Law Enforcement Community*, KVUE/ABC, Nov. 24, 2016, http://www.kvue.com/news/health/a-culture-of-silence-mental-illness-in-the-law-enforcement-community/355522741.

Humphreys, K., & Rappaport, J., *From the Community Mental Health Movement to the War on Drugs*, 48 American Psychologist 8 (1993).

Ingraham, C., *American gun ownership drops to lowest in nearly 40 years*, Washington Post, June 29, 2016, https://www.washingtonpost.com/news/wonk/wp/2016/06/29/ american-gun-ownership-is-now-at-a-30-year-low/?utm\_term=.46e7699971c2.

International Association of Chiefs of Police, *Improving Police Response to Persons Affected by Mental Illness*, IACP (2016), http://www.iacp.org/Portals/0/documents/pdfs/ ImprovingPoliceResponsetoPersonswithMentalIllnessSymposiumReport.pdf.

*Jackson v. Town of Sanford*, 1994 WL 589617 (D.Me. Sept.23, 1994).

Jacobo, J., *Officer Body Cam Video of Police-Involved Shooting of Mentally Ill Man Released*, ABC News, March 25, 2016, http://abcnews.go.com/US/officer-body-cam-video-police-involved-shooting-mentally/story?id=37932048.

Jacobson, J., *No One Knows: Police responses to suspects learning disabilities and learning difficulties: a review of policy and practice*, Prison Reform Trust (2008).

Jaffee, R. D., *Race, Mental Illness And Police Collide In El Cajon, California*, Huffington Post, Sept. 28, 2016, http://www.huffingtonpost.com/entry/race-mental-illness-and-police-collide-in-el-cajon\_us\_57ebe36be4b095bd896a0403.

James, D. J., & Glaze, L. E., *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600 (2006).

Janus, S. S., Bess, B. E.,. Cadden, J. J., & Greenwald, H., *Training police officers to distinguish mental illness*, 137 Am. J. Psychiatry 2 (1980).

Jobard, F., *Conceptualizing of Police*, *in* Encyclopedia of Criminology and Criminal Justice (G. Bruinsma & D. Weisburd eds., 2014).

Johnson, R. R., *Suspect Mental Disorder And Police Use Of Force*, 38 Criminal Just. & Behav. 2 (2011).

Johnson, T., *Ezell Ford: The mentally ill black man killed by the LAPD two days after Michael Brown’s death*, Washington Post, August 15, 2014, www.washingtonpost.com/ news/morning-mix/wp/2014/08/15/ezell-ford-the-mentally-ill-black-man-killed-by-the-lapd-two-days-after-michael-browns-death/?utm\_term=.0789e39a11bb.

Junginger, J., & McGuire, L., *Psychotic motivation and the paradox of current research on serious mental illness and rates of violence*, 30 Schizophrenia Bull. 1 (2004).

Kappeler, V. E., *What is the Place of Police within the Criminal Justice System?* Police Studies Online (2012), http://plsonline.eku.edu/insidelook/what-place-police-within-criminal-justice-system.

Karp, A., *Completing the Count: Ireland: isolated no longer*, *in* Small Arms Survey 2007: Guns and the City (2007).

Kasten, B. P., *Self-medication with alcohol and drugs by persons with severe mental illness*, 5 J. of Am. Psychiatric Nurses Assoc. 3 (1999).

Kennedy, H. G., *The future of forensic mental health services in Ireland*, 23 Irish J. Psych. Med. 2 (2006).

Kerr, A. N., Morabito, M., & Watson, A. C., *Police Encounters, Mental Illness and Injury: An Exploratory Investigation*, 10 J. Police Crisis Negot. (2010).

Kesic, D., & Thomas, S. D. M., *Do prior histories of violence and mental disorders impact on violent behaviour during encounters with police?*, 37 Int. J. of Law & Psychiatry 4 (2014).

Kim, K., Becker-Cohen, M., & Serakos, M., *The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System: A Scan of Practice and Background Analysis*, 2015Urban Institute.

Koren, M., *Donald Trump and 'The Sickos'*, Atlantic, Oct. 29, 2015, https://www.theatlantic.com/politics/archive/2015/10/donald-trump-gop-debate-mental-health/413023/.

Lamb, H. R., Weinberger, L. E., & DeCuir, W. J. Jr., *The Police and Mental Health*, 53 Psychiatric Serv. 10 (2002).

Lamb, H. R., Weinberger, L. E., & Gross, B. H., *Mentally Ill Persons in the Criminal Justice System: Some Perspectives*, 75 Psychiatric Quarterly 2 (2004).

Lee, H., Jang, H., Yun, I., Lim, H., & Tushaus, D. W., *An examination of police use of force utilizing police training and neighborhood contextual factors: A multilevel analysis*, 33 Policing: Int. J. of Police Strat. & Management 4 (2010).

Lee, S. J., Thomas, P., Doulis, C., Bowles, D., Henderson, K., Keppich‐Arnold, S., Perez, E., & Stafrace, S., *Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit*, 24 Int. J. of Mental Health Nursing 6 (2015).

*Lewis v. Truitt*, 960 F. Supp. (S.D. Ind. 1997).

Lewis, L., *Mental Illness, Propensity for Violence, and the Gun Control Act*, 11 Hous. J. Health L. & Policy 149 (2011).

Livingston, J. D., Desmarais, S. L., Verdun-Jones, S., Parent, R., Michalak, E., & Brink, J., *Perceptions and experiences of people with mental illness regarding their interactions with police*, 37 Int. J. of Law & Psychiatry 4 (2014).

Lord, V. B., Suicide by Cop: Inducing Officers to Shoot (2004).

Love, S., *Afterword*, *in* In Search of John: The Abbeylara Story of Depression, Loss and a Sister's Quest for Justice (Marie Carthy ed., 2007).

Lowery, W., Kindy, K., Alexander, K. L., Tate, J., Jenkins, J., & Rich, S., *Distraught People, Deadly Results*, Washington Post, June 30, 2015, www.washingtonpost.com/sf/ investigative/2015/06/30/distraughtpcople-deadly-results/.

Luigio, A., Smith, A., & Harris, A., *The Challenge of Responding to People with Mental Illness: Police Officer Training and Special Programmes* 81 Police J. 295 (2008).

Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V., *Poverty and common mental disorders in low and middle income countries: A systematic review*, 71 Soc. Sci. Med. 3 (2010).

Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V., *Poverty and common mental disorders in low and middle income countries: A systematic review*, 71 Soc. Sci. Med. 3 (2010).

Lurigio, A. J., *People with Serious Mental Illness in the Criminal Justice System: Causes, Consequences, and Correctives*, 91 Prison J. 3 (2011).

MacDonald, J., Manz, P., Alpert, G., & Dunham, R., *Police use of force: Examining the relationship between calls for service and the balance of police force and suspect resistance*, 31 J. of Criminal Justice 2 (2003).

Maguire, K., & Pastore, A., *Sourcebook of criminal justice statistics*, United States Department of Justice (2001).

Malti-Douglas, F., *Legal Cross-Dressing: Sexuality and the Americans with Disabilities Act*, 15 Colum. J. Gender & Law 1 (2006).

Margorita, M., *Killing the Police: Myths and Motives*, 452 The Annals of the Am. Acad. of Political & Soc. Sci. (1980).

Markowitz, F. E., *Mental illness, crime, and violence: Risk, context, and social control*, 16 Aggression & Violent Behavior 1 (2011).

Martinez, O. N., Jr., *Let’s Stop Treating Mental Illness Like It’s a Crime*, Huffington Post, Jan 20, 2017, http://www.huffingtonpost.com/octavio-n-martinez-jr/lets-stop-treating-mental-illness-crime\_b\_9021456.html.

Mather, K., & Queally, J., *More than a third of people shot by L.A. police last year were mentally ill, LAPD report finds*, L.A. Times, March 1, 2016, http://www.latimes.com/ local/lanow/la-me-ln-lapd-use-of-force-report-20160301-story.html.

Matier, P., *Public Sees First San Francisco Officer-Involved Shooting Caught On Body Camera*, CBS, January 18, 2017, http://sanfrancisco.cbslocal.com/2017/01/18/public-sees-first-san-francisco-officer-involved-shooting-caught-on-body-cam/.

*McCarron v. Kearney*, IEHC 195, (2008).

McLaughlin, E. C., *Video: Dallas police open fire on schizophrenic man with screwdriver*, CNN, March 19, 2015, http://www.cnn.com/2015/03/18/us/dallas-police-fatal-shooting-mentally-ill-man-video/.

McNeeley, S., *Lifestyle-Routine Activities and Crime Events*, 31 J. Contemporary Criminal Justice 1 (2015).

Mental Health Commission & Garda Síochána, *Report of Joint Working Group on Mental Health Services and the Police 2009*, Mental Health Commission (2009).

Mental Health Commission, *Forensic Mental Health Services for Adults in Ireland: Discussion Paper*, Mental Health Commission (2006).

Michaels, D., Zoloth, S. R., Alcabes, P., Braslow C. A., & Safyer, S., *Homelessness and indicators of mental illness among inmates in New York City’s correctional system*, 43 Hosp. Community Psychiatry 2 (1992).

Miller, R. D., *Coerced Confinement and Treatment: The Continuum of Coercion, Constitutional and Clinical Considerations in the Treatment of Mentally Disordered Persons*, 74 Denver Uni. Law Rev. 4 (1997).

Morabito, M. S., & Socia,K. M., *Is dangerousness a myth? Injuries and police encounters with people with mental illness*, 14 Criminology & Public Policy 2 (2015).

Moynihan, C., *Scrutiny for New York Police Dept. in Fatal Shootings of 2 With Mental Illness*, N.Y. Times, Nov. 25, 2016, https://www.nytimes.com/2016/11/25/nyregion/after-police-shootings-of-the-mentally-ill-renewed-scrutiny-of-officers-conduct.html.

Murphy, J. W., & Rigg, K. K., *Clarifying the Philosophy behind the Community Mental Health Act and Community-Based Interventions*, 42 J. Community Psychology 3 (2014).

National Alliance on Mental Illness, *Know the Warning Signs*, NAMI, http://www.nami.org/ Learn-More/Know-the-Warning-Signs.

National Alliance on Mental Illness, *Law Enforcement and Mental Health*, NAMI, https://www.nami.org/GetInvolved/Law-Enforcement-and-Mental-Health.

National Alliance on Mental Illness, *Mental Health by the Numbers*, NAMI (2016), www.nami.org/Learn-More/Mental-Health-By-the-Numbers.

National Disability Authority, *Submission to the interdepartmental group on people with mental illness/disorder and the criminal justice system*, NDA (2012), http://nda.ie/Image-Library/PDF-Downloads/Submission-to-the-interdepartmental-group-on-people-with-mental-illness-disorder-and-the-criminal-justice-system.doc.

National Public Radio, *Of All U.S. Police Shootings, One-Quarter Reportedly Involve the Mentally Ill*, NPR,July 4, 2015, www.npr.org/2015/07/ 04/420019849/paper-finds-one-quarter-of-those-killed-by-police-are-mentally-ill.

Noack, R., *5 countries where most police officers do not carry firearms — and it works well*, Washington Post, July 8, 2016, https://www.washingtonpost.com/news/worldviews/wp/ 2015/02/18/5-countries-where-police-officers-do-not-carry-firearms-and-it-works-well/?utm\_term=.4666c333d54f.

Novak, K. J., & Engel, R. S., *Disentangling the influence of suspects' demeanor and mental disorder on arrest*, 28 Policing: Int. J. of Police Strat. & Management 3 (2005).

O'Connell, P. M., *All Chicago police dispatchers now trained in mental health awareness*, Chicago Tribune, Feb. 25, 2017, http://www.chicagotribune.com/news/local/breaking/ct-911-operators-mental-health-training-met-20170225-story.html.

O'Keeffe, C., *Gardaí want training for mental illness cases*, Irish Examiner, Aug. 03, 2016, www.irishexaminer.com/ireland/gardai-want-training-for-mental-illness-cases-413839.html.

*Olsen v. Layton Hills Mall*, United States District Court, D. Utah.•Case No. 1:99-CV-0045 (D. Utah Apr. 28, 2004).

Orange, G., Police Powers in Ireland (2014).

Osborn, E. H., *What Happened to “Paul’s Law”?: Insights on Advocating for Better Training and Better Outcomes in Encounters Between Law Enforcement and Persons with Autism Spectrum Disorders*, 79 Uni. Colo. Law Rev. 333 (2008).

Padgett, D. K., Gulcur, L., & Tsemberis, S., *Housing First Services for People Who Are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse*, 16 Res. On Social Work Practice 1 (2006).

*Palmquist v. Selvik*, 111 F.3d 1332, 1340-41 (7th Cir. 1997).

Parekh, R., *Warning Signs of Mental Illness*, American Psychiatric Association (2015), https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness.

Paul, J., *Body camera footage shows Parker police officer ending shootout with suicidal suspect through “amazing” shot*, Denver Post, Oct. 27, 2016, http://www.denverpost.com/ 2016/10/27/parker-police-shootout-body-camera/.

Pearson, J., *Actors, Mentally Ill Aid NYC Police Training Meant to Calm*, Associated Press, Sept. 13, 2015, http://tinyurl.com/jtq6bjt.

*Pennsylvania Department of Corrections v. Yeskey*, 524 U.S. 206 (1998).

Perez, A., Leifman, S., & Estrada, A., *Reversing the Criminalization of Mental Illness*, 49 Crime & Delinquency 1 (2003).

Perlin, M. L., Mental Disability Law (2d ed. 1998).

Perrott, S. B., & Taylor, D. M., *Crime Fighting, Law Enforcement and Service Provider Role Orientations in Community-based Police Officers*, 14 Am. J. of Police 3/4 (1995).

Pescosolido, B. A., Monahan, J., Link, B. G., Stueve, A., & Kikuzawa, S., *The Public's View of the Competence, Dangerousness, and Need for Legal Coercion of Persons with Mental Health Problems*, 89 Am. J. of Public Health 9 (1999).

Police Executive Research Forum, *Training Guide For Defusing Critical Incidents: Integrating Communications, Assessment, and Tactics*, Police Executive Research Forum (2016), policeforum.org/assets/icattrainingguide.pdf.

Pope, L., *Rethinking mental illness and its path to the criminal justice system*, Vera Institute Of Justice (2016), https://www.vera.org/blog/rethinking-mental-illness-and-its-path-to-the-criminal-justice-system.

Prenzler, T., Porter, L.,& Alpert, G. P., *Reducing police use of force: Case studies and prospects*, 18 Aggression & Violent Behav. 2 (2013).

Price, M., *Commentary: The Challenge of Training Police Officers*, 33 J. of Am. Acad. of Psychiatry & Law 1 (2005).

Rabuy, B., & Kopf, D., *Prisons of Poverty: Uncovering the pre-incarceration incomes of the imprisoned*, Prison Policy Initiative (2015) www.prisonpolicy.org/reports/ income.html.

Redlich,A. D., *Mental Illness, Police Interrogations, and the Potential for False Confession*, 55 psychiatric serv. 1 (2004).

Redlich, A. D., Summers, A., & Hoover, S., *Self-Reported False Confessions and False Guilty Pleas Among Offenders with Mental Illness*, 34 Law Hum. Behav. 79 (2010).

Reilly, M., *Guidance on Best Practice relating to the Investigation of Deaths in Prison Custody*, Office of the Inspector of Prisons (2010).

Reuland, M., Schwarzfeld, M., & Draper, L., *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research Informed Policy and Practice*, Council for State Governments Justice Center (2009).

Riordan, S., Wix, S., Kenny-Herbert, J., & Humphreys, M., *Diversion at the point of arrest: Mentally disordered people and contact with the police*, 11 J. of Forensic Psychiatry 3 (2000).

Romanucci, A. M., *Excessive Police Force Against the Emotionally Disturbed*, 52 Trial 10 (2016).

Rosenhouse, M. A., Annotation, *Application of Title II of Americans with Disabilities Act (42 U.S.C.A. § 12132), Prohibiting Discrimination in Public Services, to Police Investigations*, 72 A.L.R. Fed. 2d 503 (2013).

Roy, L., Crocker, A. G., Nicholls, T. L., Latimer, E., & Isaak, C. A., *Predictors of criminal justice system trajectories of homeless adults living with mental illness*, 49 Int. J. of Law & Psychiatry (2016).

Ruiz, J., & Miller, C., *An Exploratory Study of Pennsylvania Police Officers’ Perceptions of Dangerousness and their Ability to Manage Persons with Mental illness*, 7 Police Quarterly 3 (2004).

*San Francisco v Sheehan*, US Supreme Court, No 13-1412, May 18, 2015

Sanburn, J., *Alfred Olango Shooting Raises Troubling Questions About Police and Mental Illness*, Time Sept. 29, 2016, http://time.com/4512253/el-cajon-police-shooting-alfred-olango-mental-illness/.

Sarma, K., *Responding to Firearms Assisted Suicide in Ireland: A review of Core Concerns and Lessons from Abroad*, 29 Irish J. of Psychology 3-4 (2008).

Schopp, R. F., *Mental Illness, Police Power Interventions, and the Expressive Functions of Punishment*, 39 New Eng. J. on Crim. & Civ. Confinement (2013).

Sellers, C. L., Sullivan, C. J., Veysey, B. M., & Shane, J. M., *Responding to persons with mental illnesses: police perspectives on specialized and traditional practices*, 23 Behav. Sciences & Law 5 (2005).

Skeem, J. L., & Peterson, J. K., *Identifying, Treating and Reducing the Risk for Offenders with Mental Illness*, *in* The Oxford Handbook of Sentencing and Corrections (Joan Peterslila & Kevin R. Reitz eds., 2012).

Skeem, J., & Bibeau, L., *How Does Violence Potential Relate to Crisis Intervention Team Responses to Emergencies?*, 59 Psychiatric Serv. 2 (2008).

Slate, R. N., Buffington-Vollum, J. K., & Johnson, W., The Criminalization Of Mental Illness: Crisis And Opportunity For The JusticeSystem (2nd ed. 2013).

Snow, D., Baker, S., & Anderson, L., *Criminality and Homeless Men: An Empirical Assessment*, 36 Social Problems 5 (1989).

*Sperry v. Maes*, 592 Fed. Appx. 688 697 (10th Cir. 2014)

Steadman, H. J., & Morrissette, D., *Police Responses to Persons With Mental Illness: Going Beyond CIT Training*, 67 Psychiatric Serv. 10 (2016).

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S., *Prevalence of Serious Mental Illness Among Jail Inmates*, 60 Psychiatric Serv. 6 (2009).

Stuart, H. L., & Arboleda-Florez, J. E., *A Public Health Perspective on Violent Offenses Among Persons with Mental Illness*, 52 Psychiatric Serv. 5 (2001).

Stuart, H., *Mental Illness and Employment Discrimination*, 19 Curr. Opin. Psychiatry 5 (2006).

Substance Abuse and Mental Health Services Administration & U.S. Department of Health and Human Services, *Mental health, United States, 2010*, SAMHSA (2012), http://archive.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf

Substance Abuse and Mental Health Services Administration & U.S. Department of Health and Human Services, *Substance abuse treatment for persons with co-occurring disorders: Treatment Improvement Protocol*, SAMHSA (2005).

Suka, M., Yamauchi, T., & Sugimori, H., *Help-seeking intentions for early signs of mental illness and their associated factors: comparison across four kinds of health problems*, 16 Bmc Public Health 1 (2016).

Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M., *Mental illness and reduction of gun violence and suicide: Bringing epidemiologic research to policy*, 25 Annals of Epidemiology 5 (2015).

Swanson, J. W., Roberson, A. G., Frisman, L. K., Norko, M. A., Lin, H., Swartz M. S., & Cook, P. J., *Preventing Gun Violence Involving People with Serious Mental Illness*, *in* Reducing Gun Violence 9in America: Informing Policy with Evidence and Analysis (D. W. Webster & J. S. Vernick eds., 2013).

Swanson, J., Swartz, M. S., & Elbogen, E. B., *Effectiveness of atypical antipsychotic medications in reducing violent behaviour among people with schizophrenia in community-based treatment*, 30 Schizophrenia Bull. 1 (2004).

Szabo, L., *People With Mental Illness 16 Times More Likely to Be Killed by Police*, USA Today, Dec. 10, 2015, www.usatoday.com/story/news/2015/12/10/peoplemental-illness-16-times-more-likely-killed-police/77059710/.

Tedstone-Doherty, D., Moran, R., & Kartalova-O’Doherty, Y., *Psychological distress, mental health problems and use of health services in Ireland*, HRB Research Series 5 (2008).

*Tennessee v. Garner*, 471 U.S. 1 (1985).

Teplin, L. A., *Criminalizing Mental Disorder: The Comparative Arrest Rates of the Mentally Ill*, 39 Am. Psychologist 7 (1984).

Teplin, L. A., *Keeping the Peace: Police Discretion and Mentally Ill Persons*, 244 Nat. Inst. Justice J. (2000).

Teplin, L. A., *Police Handling Of The Mentally Ill: Styles, Strategies And Implications, In Jail Diversion For The Mentally Ill*, *in* Effectively Addressing The Mental Health Needs Of Jail Detainees: Jail Diversion for the Mentally Ill (National Coalition for the Mentally Ill in the Criminal Justice System ed., 1990).

Terry Cotton & Dorothy Coleman, *TEMPO: A contemporary model for police education and training about mental illness*, 37 Int. J. Law & Psychiatry 4 (2014).

*Terry v. Ohio* 392 U.S. 1 (1968).

The Baltimore Sun, *Police, camera, action*, Baltimore Sun, Dec. 2, 2016, http://www.baltimoresun.com/news/opinion/editorial/bs-ed-police-20161202-story.html.

The Boston Globe, *The desperate and the dead*, Boston Globe, https://apps.bostonglobe.com/spotlight/the-desperate-and-the-dead/.

The Editorial Board, *Don’t Blame Mental Illness for Gun Violence*, N. Y. Times, Dec. 15, 2015, https://www.nytimes.com/2015/12/16/opinion/dont-blame-mental-illness-for-gun-violence.html?\_r=0.

The Expert Group On Mental Health Policy, *A Vision for Change*, Government Publications (2006).

The U.S. President’s Task Force on 21st Century Policing, *Final Report of the U.S. President’s Task Force on 21st Century Policing*, Office of Community Oriented Policing Services (2015), https://cops.usdoj.gov/pdf/taskforce/taskforce\_finalreport.pdf.

The Washington Post, *991 People Shot Dead by Police in 2015*, Washington Post, www.washingtonpost.com/graphics/national/police-shootings/.

The Washington Post, *Fatal Force: 963*, Washington Post, Aug. 31, 2016, www.washingtonpost.com/graphics/ national/police-shootings-2016/.

Torrey, E. F., Kennard, A. D., Eslinger, D., Lamb, R. H., & Pavle, J., *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States*, Treatment Advocacy Center (2010).

Torrey, E. F., Out of The Shadows: Confronting America's Mental Illness Crisis (1998).

Torrey, E. F., Zdanowicz, M. T., Kennard, A. D., Lamb, H. R., Eslinger, D. F., Biasotti, M. C., & Fuller, D. A., *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*, Treatment Advocacy Center (2014), http://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

Treatment Advocacy Center, *Focus on Mental Illness to Reduce Mass Incarceration*, Treatment Advocacy Center, http://www.treatmentadvocacycenter.org/ component/content/article/2883.

U.S. Department of Housing and Urban Development: Office of Community Planning and Development, *The 2010 Annual Homeless Assessment Report to Congress*, U.S. Department of Housing and Urban Development (2011).

U.S. Department Of Justice: Civil Rights Division, *Investigation Of The Baltimore City Police Department*, U.S. Department Of Justice (2015).

United States Sentencing Commission, Fifteen Years of Guidelines Sentencing: An Assessment of How Well the Federal Criminal Justice System is Achieving the Goals of Sentencing Reform (2004).

van Dijk, J., van Kesteren, J., & Smit, P., *Ownership of Firearms and Handguns in Countries and Main Cities (percentages): 1989-2005 ICVS and 2005 EU ICS*, *in* Criminal Victimisation in International Perspective: Key findings from the 2004-2005 ICVS and EU ICS (Jan van Dijk, John van Kesteren & Paul Smit eds., 2007).

Wallace, C., Mullen, P. E., & Burgess, P., *Criminal Offending in Schizophrenia Over a 25-Year Period Marked by Deinstitutionalization and Increasing Prevalence of Comorbid Substance Use Disorders*, 161 Am. J. Psychiatry 4 (2004).

Walters, G. D., Drugs and Crime in Lifestyle Perspective (1994).

Watson, A. C., & Angell, B. A., *Applying procedural justice theory to law enforcement's response to persons with mental illness*, 55 Psychiatric Serv. 1 (2004).

Watson, A. C., Ottati, V. C., Draine, J., Kerr, A. N., & Angell, B., *Outcomes of police contacts with persons with mental illness: The impact of CIT*, 37 Admin. & Policy in Ment. Health 4 (2010).

Watson, A. C., Swartz, J., Bohrman, C., Kriegel, L. S., & Draine, J., *Understanding how police officers think about mental/emotional disturbance calls*, 37 Int. J. Law & Psychiatry 4 (2014).

Weber, M., Politics as a Vocation (1965).

Western, B., & Pettit, B., *Incarceration & social inequality*, Dædalus J. Am. Acad. Arts & Sc. (Summer 2010).

Western, B., Punishment and Inequality In America (2006).

Wilson, J. Q., Varieties of Police Behaviour (1978).

Wing, N., *Officer Who Killed Mentally Ill Man Was Wearing Body Camera But Hadn’t Turned It On*, Huffington Post, Aug. 25, 2015, www.huffingtonpost.com/entry/tuscaloosa-police-killing-body-camera\_us\_55dc73ebe4b04ae49704603a.

Winkler, A., *Ferguson: With So Many Guns in America, Police Are Trained to Live in Fear*, Huffington Post, http://www.huffingtonpost.com/adam-winkler/ferguson-guns-america-police-fear\_b\_5688750.html.

Winsor, M., *Phoenix Police Release Body Camera Videos of Man's Death After Taken Into Custody*, ABC News, Jan. 27, 2017, http://abcnews.go.com/US/phoenix-police-release-body-camera-videos-mans-death/story?id=45088346.

Wood, J., Swanson, J., Burris, S., & Gilbert, A., *Police Interventions with Persons Affected by Mental Illnesses: A critical review of global thinking and practice*, Center For Behavioral Health Services & Criminal Justice Research: Rutgers University (2011).

World Health Organization, *Data and statistics on mental health*, World Health Organization, http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ mental-health/data-and-statistics.

World Health Organization, *Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group*, World Health Organization (2010), http://www.who.int/mental\_health/policy/mhtargeting/en/.

Zdanowicz, M., *A Sheriff's Role in Arresting the Mental Illness Crisis*, 53 Sheriff 3 (2001).

1. Robin S. Engel, *Police Encounters with People with Mental Illness: Use of Force, Injuries, and Perceptions of Dangerousness*, 14 Criminology & Public Policy 2 (2015), at 247. [↑](#footnote-ref-1)
2. Treatment Advocacy Center, *Focus on Mental Illness to Reduce Mass Incarceration*, Treatment Advocacy Center (2016), http://www.treatmentadvocacycenter.org/component/content/article/2883; Jennifer L. Skeem & Jillian K. Peterson, *Identifying, Treating and Reducing the Risk for Offenders with Mental Illness*, *in* The Oxford Handbook of Sentencing and Corrections (Joan Peterslila & Kevin R. Reitz eds., 2012), at 521. [↑](#footnote-ref-2)
3. Doris J. James & Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600 (2006). [↑](#footnote-ref-3)
4. E. Fuller Torrey, Aaron D. Kennard, Don Eslinger, H. Richard Lamb & James Pavle, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States*, 2010 Treatment Advocacy Center (2016), at 1-2. [↑](#footnote-ref-4)
5. Virginia Aldigé Hiday & Heathcote Woolsey Wales, *Civil commitment and arrests*, 16 Curr. Opin. Psychiatry 5 (2003), at 576-577. [↑](#footnote-ref-5)
6. U.S. Department Of Justice: Civil Rights Division, *Investigation Of The Baltimore City Police Department*, U.S. Department Of Justice (2015), at 81. [↑](#footnote-ref-6)
7. American Psychiatric Association, Diagnostic And Statistical Manual (5th ed., 2013). [↑](#footnote-ref-7)
8. Tegan Cruwys & Sathiavaani Gunaseelan, *“Depression is who I am”: Mental illness identity, stigma and wellbeing*, 189 J. of Affective Disorders (2016); Fiona Shaw, *Mistaken Identity*, 352 The Lancet 9133 (1998). [↑](#footnote-ref-8)
9. Jennifer Wood, Jeffrey Swanson, Scott Burris & Allison Gilbert, *Police Interventions with Persons Affected by Mental Illnesses: A critical review of global thinking and practice*, Center for Behavioral Health Services & Criminal Justice Research: Rutgers University (2011), at 34. [↑](#footnote-ref-9)
10. *Ibid*. [↑](#footnote-ref-10)
11. Antonio M. Romanucci, *Excessive Police Force Against the Emotionally Disturbed*, 52 Trial 10 (2016), at 21, 23. [↑](#footnote-ref-11)
12. Duncan Chappell & Anthony O'Brien, *Police responses to persons with a mental illness: International perspectives*, 37 Int. J. of Law & Psychiatry 4 (2014), at 321. [↑](#footnote-ref-12)
13. Judith Adelman, *Study in Blue and Grey - Police Interventions with People with Mental Illness: A Review of Challenges and Responses*, Canadian Mental Health Association (2003), at 5; Jennifer Fischer, *The Americans with Disabilities Act: Correcting Discrimination of Persons with Mental Disabilities in the Arrest, Post-Arrest, and Pretrial Processes*, 23 Law & Ineq. 157 (2005), at 163. [↑](#footnote-ref-13)
14. C. G. Fichtner & J. L. Cavanaugh, *Malignant Criminalization: From hypothesis to theory*, 57 Psychiatric Serv. 10 (2006), at 1511-1512; Megan L. Davidson & Jeffrey W. Rosky, *Dangerousness or Diminished Capacity? Exploring the Association of Gender and Mental Illness with Violent Offense Sentence Length*, 40 Am. J. Crim. Just. (2015), at 354; Risdon N. Slate, Jacqueline K. Buffington-Vollum & Wesley Johnson, The Criminalization Of Mental Illness: Crisis And Opportunity For The JusticeSystem (2nd ed. 2013), at 43. [↑](#footnote-ref-14)
15. Joel W. Godfredson, James R. P. Ogloff, Stuart D. M. Thomas & Stefan Luebbers, *Police Discretion And Encounters With People Experiencing Mental Illness: The Significant Factors*, 37 Crim. Just. & Behav. 12 (2010), at 1393. [↑](#footnote-ref-15)
16. Torrey et al., *supra* note 4, at 1, 6. [↑](#footnote-ref-16)
17. John W. Murphy & Khary K. Rigg, *Clarifying the Philosophy behind the Community Mental Health Act and Community-Based Interventions*, 42 J. Community Psychology 3 (2014), at 285. [↑](#footnote-ref-17)
18. Fred E. Markowitz, *Mental illness, crime, and violence: Risk, context, and social control*, 16 Aggression & Violent Behavior 1 (2011), at 37. [↑](#footnote-ref-18)
19. For example, Henry J. Steadman, Fred C. Osher, Pamela Clark Robbins, Brian Case & Steven Samuels, *Prevalence of Serious Mental Illness Among Jail Inmates*, 60 Psychiatric Serv. 6 (2009), at 761-765; E. Fuller Torrey, Mary T. Zdanowicz, Aaron D. Kennard, H. Richard Lamb, Donald F. Eslinger, Michael C. Biasotti & Doris A. Fuller, *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*, Treatment Advocacy Center (2014), at 101, http://www.treatmentadvocacycenter.org/ storage/documents/treatment-behind-bars/treatment-behind-bars.pdf; Torrey et al., *supra* note 4, at 1. [↑](#footnote-ref-19)
20. James & Glaze, *supra* note 3. [↑](#footnote-ref-20)
21. *Ibid.*, at 1, 6. [↑](#footnote-ref-21)
22. Yanick Charette, Anne G. Crocker & Isabelle Billette, *The Judicious Judicial Dispositions Juggle: Characteristics of Police Interventions Involving People with a Mental Illness*, 56 Canadian J. of Psychiatry 11 (2011), at 679, 682. [↑](#footnote-ref-22)
23. Egon Bittner, *Police discretion in emergency apprehension of mentally ill persons*, 14 Social Problems 3 (1967); Wood et al., *supra* note 9, at 2, 10; James D. Livingston, Sarah L. Desmarais, Simon Verdun-Jones, Richard Parent, Erin Michalak & Johann Brink, *Perceptions and experiences of people with mental illness regarding their interactions with police*, 37 Int. J. of Law & Psychiatry 4 (2014), at 334; Fischer, *supra* note 13, at 168. [↑](#footnote-ref-23)
24. Victor E. Kappeler, *What is the Place of Police within the Criminal Justice System?* Police Studies Online (2012), http://plsonline.eku.edu/insidelook/what-place-police-within-criminal-justice-system. [↑](#footnote-ref-24)
25. *Ibid.* [↑](#footnote-ref-25)
26. Garnet Orange, Police Powers in Ireland (2014), at 9. [↑](#footnote-ref-26)
27. Mental Health Commission & Garda Síochána, *Report of Joint Working Group on Mental Health Services and the Police 2009*, Mental Health Commission (2009), at 65. [↑](#footnote-ref-27)
28. Robert F. Schopp, *Mental Illness, Police Power Interventions, and the Expressive Functions of Punishment*, 39 New Eng. J. on Crim. & Civ. Confinement (2013), at 99. [↑](#footnote-ref-28)
29. Arthur Luigio, Angela Smith & Andrew Harris, *The Challenge of Responding to People with Mental Illness: Police Officer Training and Special Programmes* 81 Police J. 295 (2008), at 301; R. D. Miller, *Coerced Confinement and Treatment: The Continuum of Coercion, Constitutional and Clinical Considerations in the Treatment of Mentally Disordered Persons*, 74 Denver Uni. Law Rev. 4 (1997), at 1173. [↑](#footnote-ref-29)
30. Wood et al., *supra* note 9, at 7. [↑](#footnote-ref-30)
31. Slate et al., *supra* note 14, at 189. [↑](#footnote-ref-31)
32. *Ibid.* [↑](#footnote-ref-32)
33. Heather Barr, *Policing Madness: People with Mental Illness and the NYPD*, *in* Zero Tolerance: Quality of Life and the New Police Brutality in New York City, (Andrea McArdle & Tanya Erzen, eds., 2001) at 53. [↑](#footnote-ref-33)
34. *Ibid.* [↑](#footnote-ref-34)
35. U.S. Department of Housing and Urban Development: Office of Community Planning and Development, *The 2010 Annual Homeless Assessment Report to Congress*, U.S. Department Of Housing And Urban Development (2011); Slate et al., *supra* note 14, at 79-82; D. Michaels, S. R. Zoloth, P. Alcabes, C. A. Braslow & S. Safyer, *Homelessness and indicators of mental illness among inmates in New York City’s correctional system*, 43 Hosp. Community Psychiatry 2 (1992), at 150-5; E. Fuller Torrey, Out of The Shadows: Confronting America's Mental Illness Crisis (1998), at 13. [↑](#footnote-ref-35)
36. Arthur J. Lurigio, *People with Serious Mental Illness in the Criminal Justice System: Causes, Consequences, and Correctives*, 91 Prison J. 3 (2011), at 72; Slate et al., *supra* note 14, at 78; C. Lund, A. Breen, A. J. Flisher, R. Kakuma, J. Corrigall, J. A. Joska, L. Swartz & V. Patel, *Poverty and common mental disorders in low and middle income countries: A systematic review*, 71 Soc. Sci. Med. 3 (2010), at 517-28; World Health Organization, *Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group*, World Health Organization 2010, (Oct. 17, 2016), http://www.who.int/ mental\_health/policy/mhtargeting/en/; Bruce Western, Punishment and Inequality In America (2006); Bruce Western & Becky Pettit, *Incarceration & social inequality*, Dædalus J. Am. Acad. Arts & Sc. (Summer 2010); Bernadette Rabuy & Daniel Kopf, *Prisons of Poverty: Uncovering the pre-incarceration incomes of the imprisoned*, Prison Policy Initiative (2015) www.prisonpolicy.org/ reports/income.html; Michelle Alexander, The New Jim Crow (2010); United States Sentencing Commission, Fifteen Years of Guidelines Sentencing: An Assessment of How Well the Federal Criminal Justice System is Achieving the Goals of Sentencing Reform (2004), at 113-135. [↑](#footnote-ref-36)
37. Judy Albert & Aulette Albert, *Police Harassment Of The Homeless: The Political Purpose Of The Criminalization Of Homelessness*, 11 Humanity & Society 2 (1987). [↑](#footnote-ref-37)
38. Mental Health Commission & Garda Síochána, *supra* note 27, at 66. [↑](#footnote-ref-38)
39. Courtenay L. Sellers, Christopher J. Sullivan, Bonita M. Veysey & Jon M. Shane, *Responding to persons with mental illnesses: police perspectives on specialized and traditional practices*, 23 Behav. Sciences & Law 5 (2005). [↑](#footnote-ref-39)
40. Adelman, *supra* note 13, at 5; Chappell & O'Brien, *supra* note 12, at 321. [↑](#footnote-ref-40)
41. J. Q. Wilson, Varieties of Police Behaviour (1978). [↑](#footnote-ref-41)
42. S. B. Perrott & D. M. Taylor, *Crime Fighting, Law Enforcement and Service Provider Role Orientations in Community-based Police Officers*, 14 Am. J. of Police 3/4 (1995). [↑](#footnote-ref-42)
43. Slate et al., *supra* note 14, at 189. [↑](#footnote-ref-43)
44. Larry T. Hoover, *Atypical Situations-Atypical Responses, in Improving Police Response to Persons with Mental Illness: A Progressive Approach* (T. J. Jurkanin, L. T. Hoover & V. A. Sergevnin, eds., 2007), at 9. [↑](#footnote-ref-44)
45. Jack R. Greene, The Encyclopedia of Police Science (2007), at 406. [↑](#footnote-ref-45)
46. ##  Kimberley Horspool, Sarah J. Drabble & Alicia O'Cathain, *Implementing street triage: a qualitative study of collaboration between police and mental health services*, 16 Bmc Psychiatry 1 (2016); Andrew Lancaster, *Evidence for joint police and mental health responses for people in mental health crisis*, 19 Ment. Health Practice 10 (2016); Alice Brennan, Narelle Warren, Violeta Peterson, Yitzchak Hollander, Kara Boscarato & Stuart Lee, *Collaboration in crisis: Carer perspectives on police and mental health professional's responses to mental health crises*, 25 Int. J. of Mental Health Nursing 5 (2016); Stuart J. Lee, Philip Thomas, Chantelle Doulis, Doug Bowles, Kathryn Henderson, Sandra Keppich‐Arnold, Eva Perez & Simon Stafrace, *Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit*, 24 Int. J. of Mental Health Nursing 6 (2015).

 [↑](#footnote-ref-46)
47. Greene, *supra* note 45, at 406. [↑](#footnote-ref-47)
48. Adelman, *supra* note 13; A. J. Fry, D. P. O’Riordan & R. Geanellos, *Social control agents or front-line carers for people with mental health problems: police and mental health services in Sydney, Australia*, 10 Health & Soc. Care in the Community 4 (2002), at 277; Hoover, *supra* note 44, at 8. [↑](#footnote-ref-48)
49. Wood et al., *supra* note 9, at 34. [↑](#footnote-ref-49)
50. *Ibid*., at 34. [↑](#footnote-ref-50)
51. Bittner, *supra* note 23, at 278-292; National Alliance on Mental Illness, *Law Enforcement and Mental Health*, NAMI, https://www.nami.org/GetInvolved/Law-Enforcement-and-Mental-Health. [↑](#footnote-ref-51)
52. Melissa S. Morabito & Kelly M. Socia, *Is dangerousness a myth? Injuries and police encounters with people with mental illness*, 14 Criminology & Public Policy 2 (2015), at 253, 269, 271. [↑](#footnote-ref-52)
53. National Alliance on Mental Illness, *Mental Health by the Numbers*, NAMI (2016), www.nami.org/Learn-More/Mental-Health-By-the-Numbers. [↑](#footnote-ref-53)
54. *Ibid*. [↑](#footnote-ref-54)
55. Substance Abuse and Mental Health Services Administration & U.S. Department of Health and Human Services, *Mental health, United States, 2010*, SAMHSA (2012), http://archive.samhsa.gov/data/2k12/ MHUS2010/MHUS-2010.pdf [↑](#footnote-ref-55)
56. A. C. Watson, V. C. Ottati, J. Draine, A. N. Kerr & B. Angell, *Outcomes of police contacts with persons with mental illness: The impact of CIT*, 37 Admin. & Policy in Ment. Health 4 (2010); Robin S. Engel & Eric Silver, *Policing mentally disordered suspects: a reexamination of the Criminalization Hypothesis*, 39 Criminology 2 (2001). [↑](#footnote-ref-56)
57. Barr, *supra* note 33, at 53. [↑](#footnote-ref-57)
58. R. Borum, M. W. Deane, H. J. Steadman & J. Morrissey, *Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness*, 16 BEHAV. SCI. LAW 4 (1998). [↑](#footnote-ref-58)
59. The Expert Group On Mental Health Policy, *A Vision for Change*, Government Publications (2006), at 252. [↑](#footnote-ref-59)
60. Morabito and Socia, *supra* note 52, at 254. [↑](#footnote-ref-60)
61. Livingston et al., *supra* note 23, at 334; Laurence Roy, Anne G. Crocker, Tonia L. Nicholls, Eric Latimer & Corinne A. Isaak, *Predictors of criminal justice system trajectories of homeless adults living with mental illness*, 49 Int. J. of Law & Psychiatry (2016), at 75. [↑](#footnote-ref-61)
62. Romanucci, *supra* note 11, at 21; Godfredson et al., *supra* note 15. [↑](#footnote-ref-62)
63. Martha Williams Deane, Henry J. Steadman, Randy Borum, Bonita M. Veysey & Joseph P. Morrissey, *Emerging Partnerships Between Mental Health and Law Enforcement*, 50 Psychiatric Serv. 1 (1999), at 100. [↑](#footnote-ref-63)
64. Jake Pearson, *Actors, Mentally Ill Aid NYC Police Training Meant to Calm*, Associated Press, Sept. 13, 2015, http://tinyurl.com/jtq6bjt. [↑](#footnote-ref-64)
65. Godfredson et al., note 15, at 1393. [↑](#footnote-ref-65)
66. Jeffrey Fagan, Amanda Geller, Tom Tyler & Bruce Link, *Aggressive Policing and the Mental Health of Young Urban Men*, 104 Am. J. Public Health 12 (2014); William C. Follette, Deborah Davis & Richard A. Leo, *Mental Health Status and Vulnerability to Interrogation Tactics*, 22 Crim. Just. 42 (2007-2008), at 44; Barr, *supra* note 33, at 50-84. [↑](#footnote-ref-66)
67. Hoover, *supra* note 44, at 5; Gary Cordner, *The Problem of People with Mental Illness*,Center for Problem Orientated Policing (2006). [↑](#footnote-ref-67)
68. Cameron Wallace, Paul E. Mullen & Philip Burgess, *Criminal Offending in Schizophrenia Over a 25-Year Period Marked by Deinstitutionalization and Increasing Prevalence of Comorbid Substance Use Disorders*, 161 Am. J. Psychiatry 4 (2004). [↑](#footnote-ref-68)
69. M. Ferguson, J. R. P. Ogloff & L. Thomson, *Predicting Recidivism by Mentally Disordered Offenders Using the LSI-R:SV*, 36 Crim. Just. Behav. 1 (2009). [↑](#footnote-ref-69)
70. William H. Fisher, Kristen M. Roy-Bujnowski, Albert J. Grudzinskas Jr., Jonathan C. Clayfield, Steven M. Banks & Nancy Wolff, *Patterns and Prevalence of Arrest in a Statewide Cohort of Mental Health Care Consumers*, 57 Psychiatric Serv. 11 (2006). [↑](#footnote-ref-70)
71. ##  Glenn D. Walters, Drugs and Crime in Lifestyle Perspective (1994); Susan McNeeley, *Lifestyle-Routine Activities and Crime Events*, 31 J. Contemporary Criminal Justice 1 (2015).

 [↑](#footnote-ref-71)
72. Lurigio, *supra* note 36, at 67. [↑](#footnote-ref-72)
73. U.S. Department of Housing and Urban Development: Office of Community Planning and Development, *supra* note 35; Slate et al., *supra* note 14, at 79-82; Michaels et al., *supra* note 35, at 150-5; Torrey, *supra* note 35, at 13. [↑](#footnote-ref-73)
74. Lurigio, *supra* note 21, at 72; Slate et al., *supra* note 14, at 78; C. Lund, A. Breen, A. J. Flisher, R. Kakuma, J. Corrigall, J. A. Joska, L. Swartz & V. Patel, *Poverty and common mental disorders in low and middle income countries: A systematic review*, 71 Soc. Sci. Med. 3 (2010), at 517-28; World Health Organization, *supra* note 36; Western, *supra* note 36; Western & Pettit, *supra* note 36; Rabuy & Daniel Kopf, *supra* note 36; Alexander, *supra* note 36; United States Sentencing Commission, *supra* note 36, at 113-135. [↑](#footnote-ref-74)
75. James & Glaze, *supra* note 3; Kristin G. Cloyes, Bob Wong, Seth Latimer & Jose Abarca, *Time to Prison Return for Offenders with Serious Mental Illness Released from Prison: A Survival Analysis*, 27 Criminal Justice And Behavior 2 (2010), at 175–187, as referred to by KiDeuk Kim, Miriam Becker-Cohen & Maria Serakos, *The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System: A Scan of Practice and Background Analysis*, 2015Urban Institute, at 9-10; T. M. Hammett, C. Roberts, & S. Kennedy, *Health-Related Issues in Prisoner Reentry*, 47 Crime & Delinquency 3 (2001), at 390-409; Substance Abuse and Mental Health Services Administration & U.S. Department of Health and Human Services, *Substance abuse treatment for persons with co-occurring disorders: Treatment Improvement Protocol*, SAMHSA (2005). [↑](#footnote-ref-75)
76. Richard C. Baron & Mark S. Salzer, *Accounting for unemployment among people with mental illness*, 20 BEHAV. SCI. LAW 6 (2002), at 585-599; Slate et al., *supra* note 14, at 77. [↑](#footnote-ref-76)
77. Heather Stuart, *Mental Illness and Employment Discrimination*, 19 Curr. Opin. Psychiatry 5 (2006), at 522-526; Hammett et al., *supra* note 75, at 390-409. See also Cloyes et al., *supra* note 75; Lurigio, *supra* note 36, at 74; Deborah K. Padgett, Leyla Gulcur & Sam Tsemberis, *Housing First Services for People Who Are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse*, 16 Res. On Social Work Practice 1 (2006), at 74-83; J. Draine, M. S. Salzer, D. P. Culhane & T. R. Hadley, *Role Of Social Disadvantage In Crime, Joblessness, and Homelessness Among Persons With Serious Mental Illness*, 53 Psychiatric Serv. 5 (2002), at 565-573; Davidson & Rosky, *supra* note 14, at 354; C. G. Hudson, *Socioeconomic Status and Mental Illness: Tests Of The Social Causation and Selection Hypotheses*, 75 Am. J. Orthopsychiatry 1 (2005), at 3-18. [↑](#footnote-ref-77)
78. Mikko Aaltonen, Janne Kivivuori & Pekka Martikainen, *Social determinants of crime in a welfare state: Do they still matter?*, 54 Acta Sociologica 2 (2011), at 161-181; Leah Pope, *Rethinking mental illness and its path to the criminal justice system*, Vera Institute Of Justice (2016), https://www.vera.org/blog/ rethinking-mental-illness-and-its-path-to-the-criminal-justice-system; Richard Fowles & Mary Merva, *Wage Inequality and Criminal Activity: An Extreme Bounds Analysis for the United States 1975-1990*, 34 Criminology 2 (1996); David Snow, Susan Baker & Leon Anderson, *Criminality and Homeless Men: An Empirical Assessment*, 36 Social Problems 5 (1989), at 532; Istvan Haller, *Is there a Correlation between Poverty and Criminality? Analysis of European Data*, 7 European Rev. Applied Sociology 9 (2014); Allard K. Lowenstein International Human Rights Clinic, *“Forced into Breaking the Law”: The Criminalization of Homelessness in Connecticut*, 2016 Yale Law School (Nov. 11, 2016), [https://www.law.yale.edu/system/files/documents/ pdf/news/criminalization\_of\_homelessness\_ report\_ for\_web\_full\_report.pdf](https://www.law.yale.edu/system/files/documents/pdf/news/criminalization_of_homelessness_%20report_%20for_web_full_report.pdf). [↑](#footnote-ref-78)
79. Sean N. Fischer, Marybeth Shinn, Patrick Shrout & Sam Tsemberis, *Homelessness, Mental Illness, and Criminal Activity: Examining Patterns Over Time*, 42 Am. J. Community Psychology 3 (2008), at 251-265. [↑](#footnote-ref-79)
80. Lurigio, *supra* note 36, at 73. [↑](#footnote-ref-80)
81. Keith Humphreys & Julian Rappaport, *From the Community Mental Health Movement to the War on Drugs*, 48 American Psychologist 8 (1993); Arthur Luigio, Angela Smith & Andrew Harris, *supra* note 29, at 299. [↑](#footnote-ref-81)
82. Hammett et al., *supra* note 75; Skeem & Peterson, *supra* note 2, at 521; Substance Abuse and Mental Health Services Administration & U.S. Department of Health, *supra* note 75. [↑](#footnote-ref-82)
83. Amy C. Watson, James Swartz, Casey Bohrman, Liat S. Kriegel & Jeffrey Draine, *Understanding how police officers think about mental/emotional disturbance calls*, 37 Int. J. Law & Psychiatry 4 (2014). [↑](#footnote-ref-83)
84. Torrey et al., note 4, at 2. [↑](#footnote-ref-84)
85. Romanucci, *supra* note 11, at 23. [↑](#footnote-ref-85)
86. Romanucci, *supra* note 11, at 21, 23. [↑](#footnote-ref-86)
87. Lurigio, Smith & Harris, *supra* note 29, at 316. [↑](#footnote-ref-87)
88. U.S. Department of Justice, *supra* note 6, at 81. [↑](#footnote-ref-88)
89. Lurigio, Smith & Harris, *supra* note 29, at 316. [↑](#footnote-ref-89)
90. Geoffrey P. Alpert, *Police Use of Force and the Suspect with Mental Illness*, 14 Criminology & Public Policy 2 (2015), at 281. [↑](#footnote-ref-90)
91. David V. Forrest, *50 Signs of Mental Illness: A User-Friendly Alphabetical Guide to Psychiatric Symptoms and What You Should Know About Them*, 164 Am. J. of Psychiatry 1 (2007); Machi Suka, Takashi Yamauchi & Hiroki Sugimori, *Help-seeking intentions for early signs of mental illness and their associated factors: comparison across four kinds of health problems*, 16 Bmc Public Health 1 (2016); National Alliance on Mental Illness, *Know the Warning Signs*, NAMI, http://www.nami.org/Learn-More/Know-the-Warning-Signs; Ranna Parekh, *Warning Signs of Mental Illness*, American Psychiatric Association (2015), https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness. [↑](#footnote-ref-91)
92. Slate et. al, *supra* note 14, at 181; Alpert, *supra* note 90, at 280. [↑](#footnote-ref-92)
93. ##  Allison D. Redlich, *Mental Illness, Police Interrogations, and the Potential for False Confession*, 55 psychiatric serv. 1 (2004), at 19-21; Allison D. Redlich, Alicia Summers & Steven Hoover, *Self-Reported False Confessions and False Guilty Pleas Among Offenders with Mental Illness*, 34 Law Hum. Behav. 79 (2010).

 [↑](#footnote-ref-93)
94. Redlich, Summers & Hoover, *supra* note 93, at 81, 89. [↑](#footnote-ref-94)
95. *Terry v. Ohio* 392 U.S. 1 (1968). [↑](#footnote-ref-95)
96. Fagan et al., *supra* note 66. [↑](#footnote-ref-96)
97. U.S. Department Of Justice, *supra* note 6, at 8, 80-85. [↑](#footnote-ref-97)
98. Michael A. Rosenhouse, Annotation, *Application of Title II of Americans with Disabilities Act (42 U.S.C.A. § 12132), Prohibiting Discrimination in Public Services, to Police Investigations*, 72 A.L.R. Fed. 2d 503 (2013). [↑](#footnote-ref-98)
99. Charette et al., *supra* note 22, at 682. [↑](#footnote-ref-99)
100. J. MacDonald, P. Manz, G. Alpert & R. Dunham, *Police use of force: Examining the relationship between calls for service and the balance of police force and suspect resistance*, 31 J. of Criminal Justice 2 (2003); Terry Cotton & Dorothy Coleman, *TEMPO: A contemporary model for police education and training about mental illness*, 37 Int. J. Law & Psychiatry 4 (2014),at 253. [↑](#footnote-ref-100)
101. Slate et. al, note 14, at 183. [↑](#footnote-ref-101)
102. Follette et al., *supra* note 66, at 45; Cordner, *supra* note 67. [↑](#footnote-ref-102)
103. Fagan et al., *supra* note 66. [↑](#footnote-ref-103)
104. Davidson & Rosky, *supra* note 14, at 354; H. R. Lamb, L. E. Weinberger & B. H. Gross, *Mentally Ill Persons in the Criminal Justice System: Some Perspectives*, 75 Psychiatric Quarterly 2 (2004). [↑](#footnote-ref-104)
105. Jim Ruiz & Chad Miller, *An Exploratory Study of Pennsylvania Police Officers’ Perceptions of Dangerousness and their Ability to Manage Persons with Mental illness*, 7 Police Quarterly 3 (2004), at 368. [↑](#footnote-ref-105)
106. *Ibid*. [↑](#footnote-ref-106)
107. Slate et. al., note 14, at 182; Bernice A. Pescosolido, John Monahan, Bruce G. Link, Ann Stueve & Saeko Kikuzawa, *The Public's View of the Competence, Dangerousness, and Need for Legal Coercion of Persons with Mental Health Problems*, 89 Am. J. of Public Health 9 (1999). [↑](#footnote-ref-107)
108. Slate et. al., note 14, at 184. [↑](#footnote-ref-108)
109. Mona Margorita, *Killing the Police: Myths and Motives*, 452 The Annals of the Am. Acad. of Political & Soc. Sci. (1980), at 64. [↑](#footnote-ref-109)
110. Colleen L. Barry, Emma E. McGinty, Jon S. Vernick & Daniel W. Webster, *After Newtown — Public Opinion on Gun Policy and Mental Illness*, 368 New Eng. J. Med. 12 (2013), at 1081; APA Panel of Experts Report, *Gun Violence: Prediction, Prevention, and Policy*, American Psychological Association (2013), at 2. [↑](#footnote-ref-110)
111. Barry et. al., *supra* note 110, at 1078. [↑](#footnote-ref-111)
112. Lindsey Lewis, *Mental Illness, Propensity for Violence, and the Gun Control Act*, 11 Hous. J. Health L. & Policy 149 (2011), at 169; P. W. Corrigan, A. C. Watson, P. Byrne & K. E. Davis, *Mental illness stigma: problem of public health or social justice?*, 50 Soc. Work 4 (2005). [↑](#footnote-ref-112)
113. Heather L. Stuart & Julio E. Arboleda-Florez, *A Public Health Perspective on Violent Offenses Among Persons with Mental Illness*, 52 Psychiatric Serv. 5 (2001), at 654. [↑](#footnote-ref-113)
114. Lewis, *supra* note 112; Richard A. Friedman, *Violence and Mental Illness - How Strong is the Link?*, 355 New Eng. J. Med. 20 (2006), at 2065; Paul S. Appelbaum, *Violence and Mental Disorders: Data and Public Policy*, 163 Am. J. Psychiatry 8 (2006), at 1320. [↑](#footnote-ref-114)
115. J. Swanson, M. S. Swartz & E. B. Elbogen, *Effectiveness of atypical antipsychotic medications in reducing violent behaviour among people with schizophrenia in community-based treatment*, 30 Schizophrenia Bull. 1 (2004); APA Panel of Experts Report, *supra* note 110, at 1. [↑](#footnote-ref-115)
116. Hoover, *supra* note 44, at 10, referring to J. Junginger & L. McGuire, *Psychotic motivation and the paradox of current research on serious mental illness and rates of violence*, 30 Schizophrenia Bull. 1 (2004). [↑](#footnote-ref-116)
117. Richard A. Friedman, *Why can’t doctors identify killers?*, N.Y. Times, May 27, 2014. [↑](#footnote-ref-117)
118. Chappell & O'Brien, *supra* note 12, at 321. [↑](#footnote-ref-118)
119. Cordner, *supra* note 67. [↑](#footnote-ref-119)
120. Federal Bureau of Investigation, *Law Enforcement Officers Feloniously Killed: Circumstance at Scene of Incident by Type of Assignment 2015*, FBI (2016) https://ucr.fbi.gov/leoka/2015/tables/ table\_26\_leos\_fk\_circumstance\_at\_scene\_of\_incident\_by\_type\_of\_assignment\_2015.xls. [↑](#footnote-ref-120)
121. Federal Bureau of Investigation, *Law Enforcement Officers Assaulted: Circumstance at Scene of Incident by Population Group and Percent Cleared 2015*, FBI (2016) https://ucr.fbi.gov/leoka/2015/tables/ table\_73\_leos\_asltd\_circum\_at\_scene\_of\_incident\_by\_population\_group\_and\_percent\_cleared\_2015.xls. [↑](#footnote-ref-121)
122. A. N. Kerr, M. Morabito & A. C. Watson, *Police Encounters, Mental Illness and Injury: An Exploratory Investigation*, 10 J. Police Crisis Negot. (2010), at 124. [↑](#footnote-ref-122)
123. *Ibid*., at 117. [↑](#footnote-ref-123)
124. Casey Bohrman, *Police Officer Assessments Of Mental Illness, Substance Use And Co-Occurring Mental Illness And Substance Use: It’s Common Sense*, UPenn Dissertation (2013), at 152. [↑](#footnote-ref-124)
125. Jeffrey W. Swanson, Elizabeth E. McGinty, Seena Fazel & Vickie M. Mays, *Mental illness and reduction of gun violence and suicide: Bringing epidemiologic research to policy*, 25 Annals of Epidemiology 5 (2015), at 366-376. [↑](#footnote-ref-125)
126. Chappell & O'Brien, *supra* note12, at 321; Richard R. Johnson, *Suspect Mental Disorder And Police Use Of Force*, 38 Criminal Just. & Behav. 2 (2011)*,* at 127. [↑](#footnote-ref-126)
127. Fisher et al., *supra* note 70. [↑](#footnote-ref-127)
128. B. F. Grant, F. S. Stinson, D. A. Dawson, P. Chou, M. C. Dufour & C. Wilson, *Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the national epidemiological survey on alcohol and related conditions*, 61 Arch. of Gen. Psychiatry 8 (2004); R. Drake, & K. T. Mueser, *Co-occurring alcohol use disorder and schizophrenia*, 26 Alcohol Res. & Health 2 (2002); D. S. Hasin, R. D. Goodwin, F. S. Stinson & B. F. Grant, *Epidemiology of major depressive disorder: Results from the national epidemiologic survey on alcoholism and related conditions*, 62 Arch. of Gen. Psychiatry 10 (2005); J. H. Helzer & T. R. Pryzbeck, *The co-occurrence of alcoholism with other psychiatric disorders in the general population and its impact on treatment*, 49 J. of Studies Alcohol 3 (1988); Bethany Phoenix Kasten, *Self-medication with alcohol and drugs by persons with severe mental illness*, 5 J. of Am. Psychiatric Nurses Assoc. 3 (1999), at 80;James & Glaze, *supra* note 3; Cloyes et al., *supra* note 75, at 175-187; Hammett et al., *supra* note 75, at 390-409; Substance Abuse and Mental Health Services Administration & U.S. Department of Health and Human Services, *supra* note 75. [↑](#footnote-ref-128)
129. U.S. Department of Housing and Urban Development: Office of Community Planning and Development, *supra* note 35; Slate et al., *supra* note 14, at 79-82; Michaels et al., *supra* note 35, at 150-5; Torrey, *supra* note 35, at 13. [↑](#footnote-ref-129)
130. Morabito & Socia, *supra* note 52, at 269. [↑](#footnote-ref-130)
131. Kerr et al., *supra* note 122, at 116-132; J. Goldstein, *Police decision not to invoke the criminal process*, 69 Yale Law J. 543 (1960); Roy et al., *supra* note 61, at 79. [↑](#footnote-ref-131)
132. Charette et al., *supra* note 22, at 682. [↑](#footnote-ref-132)
133. Goldstein, *supra* note 131. [↑](#footnote-ref-133)
134. Andy Campbell, *Police Body Cameras Aren’t Helping You*, Huffington Post, Oct. 18, 2016, http://www.huffingtonpost.com/entry/police-body-cameras-arent-helping\_us\_57fd0cf7e4b0e655eab7b7f1 [↑](#footnote-ref-134)
135. Dragana Kesic & Stuart D. M. Thomas, *Do prior histories of violence and mental disorders impact on violent behaviour during encounters with police?*, 37 Int. J. of Law & Psychiatry 4 (2014), at 410. [↑](#footnote-ref-135)
136. Nick Wing, *Officer Who Killed Mentally Ill Man Was Wearing Body Camera But Hadn’t Turned It On*, Huffington Post, Aug. 25, 2015, www.huffingtonpost.com/entry/tuscaloosa-police-killing-body-camera\_us\_55dc73ebe4b04ae49704603a. [↑](#footnote-ref-136)
137. The Baltimore Sun, *Police, camera, action*, Baltimore Sun, Dec. 2, 2016, http://www.baltimoresun.com/ news/opinion/editorial/bs-ed-police-20161202-story.html. [↑](#footnote-ref-137)
138. Jesse Paul, *Body camera footage shows Parker police officer ending shootout with suicidal suspect through “amazing” shot*, Denver Post, Oct. 27, 2016, http://www.denverpost.com/2016/10/27/parker-police-shootout-body-camera/. [↑](#footnote-ref-138)
139. Julia Jacobo, *Officer Body Cam Video of Police-Involved Shooting of Mentally Ill Man Released*, ABC News, March 25, 2016, http://abcnews.go.com/US/officer-body-cam-video-police-involved-shooting-mentally/story?id=37932048. [↑](#footnote-ref-139)
140. Morgan Winsor, *Phoenix Police Release Body Camera Videos of Man's Death After Taken Into Custody*, ABC News, Jan. 27, 2017, http://abcnews.go.com/US/phoenix-police-release-body-camera-videos-mans-death/story?id=45088346. [↑](#footnote-ref-140)
141. Eliott C. McLaughlin, *Video: Dallas police open fire on schizophrenic man with screwdriver*, CNN, March 19, 2015, http://www.cnn.com/2015/03/18/us/dallas-police-fatal-shooting-mentally-ill-man-video/. [↑](#footnote-ref-141)
142. Phil Matier, *Public Sees First San Francisco Officer-Involved Shooting Caught On Body Camera*, CBS, January 18, 2017, http://sanfrancisco.cbslocal.com/2017/01/18/public-sees-first-san-francisco-officer-involved-shooting-caught-on-body-cam/. [↑](#footnote-ref-142)
143. Linda A. Teplin, *Police Handling Of The Mentally Ill: Styles, Strategies And Implications, In Jail Diversion For The Mentally Ill*, *in* Effectively Addressing The Mental Health Needs Of Jail Detainees: Jail Diversion for the Mentally Ill (National Coalition for the Mentally Ill in the Criminal Justice System ed., 1990), at 11-14; V. G. Cooper, A. M. McLearen & P. A. Zapf, *Dispositional Decisions with the Mentally Ill: Police Perceptions and Characteristics*, 7 Police Quarterly 3 (2004); Watson et al., *supra* note 83, at 352. [↑](#footnote-ref-143)
144. Linda A. Teplin, *Criminalizing Mental Disorder: The Comparative Arrest Rates of the Mentally Ill*, 39 Am. Psychologist 7 (1984), at 795. [↑](#footnote-ref-144)
145. Linda A. Teplin, *Keeping the Peace: Police Discretion and Mentally Ill Persons*, 244 Nat. Inst. Justice J. (2000); Kenneth J. Novak & Robin S. Engel, *Disentangling the influence of suspects' demeanor and mental disorder on arrest*, 28 Policing: Int. J. of Police Strat. & Management 3 (2005), at 498. [↑](#footnote-ref-145)
146. Charette et al., *supra* note 22, at 682. [↑](#footnote-ref-146)
147. Follette et al., *supra* note 66, at 44. [↑](#footnote-ref-147)
148. Teplin, *supra* note 145, at 498. [↑](#footnote-ref-148)
149. Fischer, *supra* note 13, at 161-162. [↑](#footnote-ref-149)
150. S. Franz & R. Borum, *Crisis Intervention Teams May Prevent Arrests of People with Mental Illness*, 12 Police Practice & Research: int. J. 3 (2011). [↑](#footnote-ref-150)
151. R. Bernstein & T. Seltzer, *The Role of Mental Health Courts in System Reform*, 7 Uni. District Columbia Law Rev. 1 (2003). [↑](#footnote-ref-151)
152. ##  Teplin, *supra* note 145; Teplin, *supra* note 144.

 [↑](#footnote-ref-152)
153. A. C. Watson & B. A. Angell, *Applying procedural justice theory to law enforcement's response to persons with mental illness*, 55 Psychiatric Serv. 1 (2004). [↑](#footnote-ref-153)
154. M. T. Compton & V. H. Chien, *Factors related to knowledge retention after crisis intervention team training for police officers*, 59 Psychiatric Serv. 9 (2008). [↑](#footnote-ref-154)
155. Novak & Engel, *supra* note 145, at 494. [↑](#footnote-ref-155)
156. *Ibid.* [↑](#footnote-ref-156)
157. Hiday & Wales, *supra* note 5, at 577. [↑](#footnote-ref-157)
158. Morabito & Socia, note 52, at 255. [↑](#footnote-ref-158)
159. Engel, *supra* note 1, at 248. [↑](#footnote-ref-159)
160. Fischer, note 13. [↑](#footnote-ref-160)
161. S. Riordan, S. Wix, J. Kenny-Herbert & M. Humphreys, *Diversion at the point of arrest: Mentally disordered people and contact with the police*, 11 J. of Forensic Psychiatry 3 (2000). [↑](#footnote-ref-161)
162. Jessica Jacobson, *No One Knows: Police responses to suspects learning disabilities and learning difficulties: a review of policy and practice*, Prison Reform Trust (2008), at 5. [↑](#footnote-ref-162)
163. *Ibid.* [↑](#footnote-ref-163)
164. Michael L. Perlin, Mental Disability Law (2d ed. 1998), § 2C-4.1. [↑](#footnote-ref-164)
165. Wood et al., *supra* note 9, at 7. [↑](#footnote-ref-165)
166. 504 US 71, 1992. [↑](#footnote-ref-166)
167. Schopp, *supra* note 28, at 110. [↑](#footnote-ref-167)
168. Eric Drogin & Carol Spaderna, *Mental illness, dangerousness, and involuntary commitment*, *in* Gun Violence and Mental Illness (L. H. Gold & R. I. Simon eds., 2016), at 162. [↑](#footnote-ref-168)
169. Schopp, *supra* note 28, at 124. [↑](#footnote-ref-169)
170. *Ibid*., at 102. [↑](#footnote-ref-170)
171. *Ibid*., at 124. [↑](#footnote-ref-171)
172. Mary Fan, *Street Diversion and Decarceration*, 50 Am. Crim. L. Rev. 1 (2013), at 184. [↑](#footnote-ref-172)
173. *Ibid*. [↑](#footnote-ref-173)
174. *Ibid*.; Kathleen Hartford, Robert Carey & James Mendonca, *Pre-Arrest Diversion of People with Mental illness: Literature Review and International Survey*, 24 Behav. Sci. & Law 6 (2006), at 8522. [↑](#footnote-ref-174)
175. Fan, *supra* note 172, at 184. [↑](#footnote-ref-175)
176. Hiday & Wales, *supra* note 5, at 575-576. [↑](#footnote-ref-176)
177. Charette et al., *supra* note 22, at 679, 682. [↑](#footnote-ref-177)
178. *Ibid*., at 682. [↑](#footnote-ref-178)
179. Morabito & Socia, *supra* note 52; Johnson, *supra* note 126*,* at 127. [↑](#footnote-ref-179)
180. M. Price, *Commentary: The Challenge of Training Police Officers*, 33 J. of Am. Acad. of Psychiatry & Law 1 (2005). [↑](#footnote-ref-180)
181. See Section D (1) of this paper. [↑](#footnote-ref-181)
182. Hoover, *supra* note 44, at 6. [↑](#footnote-ref-182)
183. *Ibid*., at 6-7; Slate et al., *supra* note 14, at 187-188. [↑](#footnote-ref-183)
184. Erica Goode, *For Police, a Playbook for Conflicts Involving Mental Illness*, N.Y. Times, April 25, 2016, https://www.nytimes.com/2016/04/26/health/police-mental-illness-crisis-intervention.html?\_r=0; Colin Moynihan, *Scrutiny for New York Police Dept. in Fatal Shootings of 2 With Mental Illness*, N.Y. Times, Nov. 25, 2016, https://www.nytimes.com/2016/11/25/nyregion/after-police-shootings-of-the-mentally-ill-renewed-scrutiny-of-officers-conduct.html; Kate Mather & James Queally, *More than a third of people shot by L.A. police last year were mentally ill, LAPD report finds*, L.A. Times, March 1, 2016, http://www.latimes.com/ local/lanow/la-me-ln-lapd-use-of-force-report-20160301-story.html; Peggy Drexler, *Mental Illness: A Smoking Gun*, Huffington Post, Dec. 18, 2016, http://www.huffingtonpost.com/peggy-drexler/mental-illness-a-smoking\_b\_8839128.html; Octavio N. Martinez, Jr., *Let’s Stop Treating Mental Illness Like It’s a Crime*, Huffington Post, Jan 20, 2017, http://www.huffingtonpost.com/octavio-n-martinez-jr/lets-stop-treating-mental-illness-crime\_b\_9021456.html; The Boston Globe, *The desperate and the dead*, Boston Globe, https://apps.bostonglobe.com/spotlight/the-desperate-and-the-dead/; National Public Radio, *Of All U.S. Police Shootings, One-Quarter Reportedly Involve the Mentally Ill*, NPR,July 4, 2015, www.npr.org/2015/07/ 04/420019849/paper-finds-one-quarter-of-those-killed-by-police-are-mentally-ill. [↑](#footnote-ref-184)
185. Josh Sanburn, *Alfred Olango Shooting Raises Troubling Questions About Police and Mental Illness*, Time Sept. 29, 2016, http://time.com/4512253/el-cajon-police-shooting-alfred-olango-mental-illness/. [↑](#footnote-ref-185)
186. Matt Hamilton & Richard Winton, *Video shows police cornering mentally ill man and fatally shooting him: 'This was an execution'*, LA Times, Jan. 19, 2017, http://www.latimes.com/local/lanow/la-me-ln-fontana-police-video-20170118-story.html. [↑](#footnote-ref-186)
187. Robert David Jaffee, *Race, Mental Illness And Police Collide In El Cajon, California*, Huffington Post, Sept. 28, 2016, http://www.huffingtonpost.com/entry/race-mental-illness-and-police-collide-in-el-cajon\_us\_57ebe36be4b095bd896a0403; Thomas Johnson, *Ezell Ford: The mentally ill black man killed by the LAPD two days after Michael Brown’s death*, Washington Post, August 15, 2014, https://www.washingtonpost.com/news/morning-mix/wp/2014/08/15/ezell-ford-the-mentally-ill-black-man-killed-by-the-lapd-two-days-after-michael-browns-death/?utm\_term=.0789e39a11bb. [↑](#footnote-ref-187)
188. Matthew J. Hickman, Alex R. Piquero & Joel H. Garner, *Toward A National Estimate Of Police Use Of Nonlethal Force*, 7 Criminology & Public Policy 4 (2008), at 589. [↑](#footnote-ref-188)
189. Romanucci, *supra* note 11, at 21-22. [↑](#footnote-ref-189)
190. See footnote 123. [↑](#footnote-ref-190)
191. Tim Prenzler, Louise Porter & Geoffrey P. Alpert, *Reducing police use of force: Case studies and prospects*, 18 Aggression & Violent Behav. 2 (2013), at 353. [↑](#footnote-ref-191)
192. Morabito & Socia, *supra* note 52. [↑](#footnote-ref-192)
193. Liz Szabo, *People With Mental Illness 16 Times More Likely to Be Killed by Police*, USA Today, Dec. 10, 2015, www.usatoday.com/story/news/2015/12/10/peoplemental-illness-16-times-more-likely-killed-police/77059710/. [↑](#footnote-ref-193)
194. The Washington Post, *991 People Shot Dead by Police in 2015*, Washington Post, www.washingtonpost.com/graphics/national/police-shootings/; The Washington Post, *Fatal Force: 963*, Washington Post, Aug. 31, 2016, www.washingtonpost.com/graphics/national/police-shootings-2016/; Wesley Lowery, Kimberly Kindy, Keith L. Alexander, Julie Tate, Jennifer Jenkins & Steven Rich, *Distraught People, Deadly Results*, Washington Post, June 30, 2015, www.washingtonpost.com/sf/investigative/ 2015/06/30/distraughtpcople-deadly-results/. [↑](#footnote-ref-194)
195. Henry J. Steadman & David Morrissette, *Police Responses to Persons With Mental Illness: Going Beyond CIT Training*, 67 Psychiatric Serv. 10 (2016), at 1054. [↑](#footnote-ref-195)
196. M. Zdanowicz, *A Sheriff's Role in Arresting the Mental Illness Crisis*, 53 Sheriff 3 (2001). [↑](#footnote-ref-196)
197. Jennifer Skeem & Lynne Bibeau, *How Does Violence Potential Relate to Crisis Intervention Team Responses to Emergencies?*, 59 Psychiatric Serv. 2 (2008), at 204. [↑](#footnote-ref-197)
198. Johnson, *supra* note 126*,* at 127. [↑](#footnote-ref-198)
199. Morabito & Socia, *supra* note 52, at 253-276. [↑](#footnote-ref-199)
200. Romanucci, *supra* note 11, at 22. [↑](#footnote-ref-200)
201. Greene, *supra* note 45, at 406. [↑](#footnote-ref-201)
202. Max Weber, Politics as a Vocation (1965). [↑](#footnote-ref-202)
203. *Ibid*. [↑](#footnote-ref-203)
204. Hoon Lee, Hyunseok Jang, Ilhong Yun, Hyeyoung Lim & David W. Tushaus, *An examination of police use of force utilizing police training and neighborhood contextual factors: A multilevel analysis*, 33 Policing: Int. J. of Police Strat. & Management 4 (2010), at 683. [↑](#footnote-ref-204)
205. Romanucci, *supra* note 11, at 21. [↑](#footnote-ref-205)
206. Morabito & Socia, *supra* note 52. [↑](#footnote-ref-206)
207. K. Adams, *What we know about police use of force, in Use of Force by Police: Overview of national and local data*, *in* Use of Force by Police: Overview of National and Local Data (National Institute of Justice ed., 1999). [↑](#footnote-ref-207)
208. Rosenhouse, *supra* note 98. [↑](#footnote-ref-208)
209. Hoover, *supra* note 44, at 10. [↑](#footnote-ref-209)
210. *Ibid*. [↑](#footnote-ref-210)
211. Slate et al., *supra* note 14, at 181. [↑](#footnote-ref-211)
212. Engel, *supra* note 1, at 250. [↑](#footnote-ref-212)
213. Alpert, Police *supra* note 90, at 281; Engel, *supra* note 1, at 250. [↑](#footnote-ref-213)
214. Engel, *supra* note 1, at 247. [↑](#footnote-ref-214)
215. Fabien Jobard, *Conceptualizing of Police*, *in* Encyclopedia of Criminology and Criminal Justice (G. Bruinsma & D. Weisburd eds., 2014). [↑](#footnote-ref-215)
216. Romanucci, *supra* note 11, at 21. [↑](#footnote-ref-216)
217. Egon Bittner, Functions of Police in Modern Society (1970), at 36-37. [↑](#footnote-ref-217)
218. Prenzler et al., *supra* note 191, at 343. [↑](#footnote-ref-218)
219. Romanucci, *supra* note 11, at 23. [↑](#footnote-ref-219)
220. 490 U.S. 386 (1989). [↑](#footnote-ref-220)
221. Romanucci, *supra* note 11, at 23. [↑](#footnote-ref-221)
222. 111 F.3d 1332, 1340-41 (7th Cir. 1997). [↑](#footnote-ref-222)
223. Romanucci, *supra* note 11, at 23. [↑](#footnote-ref-223)
224. 471 U.S. 1 (1985). [↑](#footnote-ref-224)
225. Romanucci, *supra* note 11, at 23. [↑](#footnote-ref-225)
226. *Ibid*. [↑](#footnote-ref-226)
227. Vivian B. Lord, Suicide by Cop: Inducing Officers to Shoot (2004), at 4. [↑](#footnote-ref-227)
228. Hoover, *supra* note 44, at 9. [↑](#footnote-ref-228)
229. Fedwa Malti-Douglas, *Legal Cross-Dressing: Sexuality and the Americans with Disabilities Act*, 15 Colum. J. Gender & Law 1 (2006), at 116. [↑](#footnote-ref-229)
230. *Ibid.*, at 114. [↑](#footnote-ref-230)
231. *Ibid.*, at 136. [↑](#footnote-ref-231)
232. Erica Goode, *supra* note 184; Arthur Gallant, *Police Chiefs Must Remove the Stigma From Talking About Mental Health*, Huffington Post, May 12, 2016, http://www.huffingtonpost.ca/arthur-gallant/police-mental-health\_b\_7251476.html;Dalton Huey, *A Culture of Silence: Mental Illness In the Law Enforcement Community*, KVUE/ABC, Nov. 24, 2016, http://www.kvue.com/news/health/a-culture-of-silence-mental-illness-in-the-law-enforcement-community/355522741. [↑](#footnote-ref-232)
233. 524 U.S. 206 (1998). [↑](#footnote-ref-233)
234. Thomas J. Auner, *For The Protection of Society’s Most Vulnerable, the ADA Should Apply to Arrests*, 49 Loy. L.A. Law Rev. 335 (2016), at 340. [↑](#footnote-ref-234)
235. 186 F.3d 1216 (10th Cir. 1999), at para 31. [↑](#footnote-ref-235)
236. 960 F. Supp. (S.D. Ind. 1997), at 176-77. [↑](#footnote-ref-236)
237. 1994 WL 589617 (D.Me. Sept.23, 1994), at 1 [↑](#footnote-ref-237)
238. *San Francisco v Sheehan*, US Supreme Court, No 13-1412, (May 18, 2015). [↑](#footnote-ref-238)
239. Rosenhouse, *supra* note 98. [↑](#footnote-ref-239)
240. Follette et al., *supra* note 66. [↑](#footnote-ref-240)
241. 592 Fed. Appx. 688 697 (10th Cir. 2014) [↑](#footnote-ref-241)
242. *Folkerts v. City of Waverly* No. 12-1083, 2013 U.S. App. LEXIS 3847 (8th Cir. Decided February 25, 2013) [↑](#footnote-ref-242)
243. Follette et al., *supra* note 66. [↑](#footnote-ref-243)
244. Romanucci, *supra* note 11, at 21, 23. [↑](#footnote-ref-244)
245. Please also be aware of the Brady Handgun Violence Act 1994 that introduced background checks for people with a background of psychiatric hospitalization who are attempting to buy guns. [↑](#footnote-ref-245)
246. Jeffrey W. Swanson, Allison Gilbert Roberson, Linda K. Frisman, Michael A. Norko, Hsiu-Ju Lin, Marvin S. Swartz & Philip J. Cook, *Preventing Gun Violence Involving People with Serious Mental Illness*, *in* Reducing Gun Violence 9in America: Informing Policy with Evidence and Analysis (D. W. Webster & J. S. Vernick eds., 2013), at 35. [↑](#footnote-ref-246)
247. L. L. Dahlberg, R. M. Ikeda & M. Kresnow, *Guns in the Home and Risk of a Violent Death in the Home: Findings from a National Study*, 160 Am. J. of Epidemiology 10 (2004). [↑](#footnote-ref-247)
248. Reena Flores, *After Orlando, do Americans support assault weapons ban?*, CBS, June 15, 2016, http://www.cbsnews.com/news/orlando-nightclub-massacre-cbs-news-poll-assault-weapons-ban/; Gallup, *Guns: Statistics*, http://www.gallup.com/poll/1645/guns.aspx; K. Maguire & A. Pastore, *Sourcebook of criminal justice statistics*, United States Department of Justice (2001). [↑](#footnote-ref-248)
249. Kiran Sarma, *Responding to Firearms Assisted Suicide in Ireland: A review of Core Concerns and Lessons from Abroad*, 29 Irish J. of Psychology 3-4 (2008), at 249; Paul S. Appelbaum & Jeffrey W. Swanson, *Gun Laws and Mental Illness: How Sensible Are the Current Restrictions?*, 61 Law & Psychiatry 7 (2010), at 653. [↑](#footnote-ref-249)
250. APA Panel of Experts Report, *supra* note 110, at 2. [↑](#footnote-ref-250)
251. *Ibid*., at 4. [↑](#footnote-ref-251)
252. Centers for Disease Control and Prevention, *Injury prevention & control: Data & statistics*, CDC (2013), http://www.cdc.gov/injury/wisqars/index.html. [↑](#footnote-ref-252)
253. Everytown for Gun Safety, *Analysis of Recent Mass Shootings*, Everytown Research (2015), at 5. [↑](#footnote-ref-253)
254. L. H. Gold, *Gun Violence: Psychiatry, Risk Assessment and Social Policy*, 41 J. Am. Acad .Psychiatry Law 3 (2013), at 337; Peyton M. Craighill & Scott Clement, *What Americans blame most for mass shootings (Hint: it’s not gun laws)*, Washington Post, Oct. 26, 2015, https://www.washingtonpost.com/news/the-fix/wp/2015/10/26/gun-control-americans-overwhelmingly-blame-mental-health-failures-for-mass-shootings/?utm\_term=.247378b1a3d9; The Editorial Board, *Don’t Blame Mental Illness for Gun Violence*, N. Y. Times, Dec. 15, 2015, https://www.nytimes.com/2015/12/16/opinion/dont-blame-mental-illness-for-gun-violence.html?\_r=0; Marina Koren, *Donald Trump and 'The Sickos'*, Atlantic, Oct. 29, 2015, https://www.theatlantic.com/politics/archive/2015/10/donald-trump-gop-debate-mental-health/413023/. [↑](#footnote-ref-254)
255. Anne Coulter, *Guns don’t kill people, the mentally ill do*, (2013), http://www.anncoulter.com/columns/2013-01-16.html. [↑](#footnote-ref-255)
256. Sarma, *supra* note 249. [↑](#footnote-ref-256)
257. Mental Health Commission & Garda Síochána, *supra* note 62. [↑](#footnote-ref-257)
258. *Ibid*. [↑](#footnote-ref-258)
259. Mental Health Commission, *Forensic Mental Health Services for Adults in Ireland: Discussion Paper*, Mental Health Commission (2006), at 29. [↑](#footnote-ref-259)
260. Geoffrey P. Alpert, *Police Encounters with People with Mental Illness:**Police Use of Force and the Suspect with Mental Illness - A Methodological Conundrum*, 14 Crim. & Public Policy 2 (2015) , at 277; Wood et al., *supra* note 9, at 1; Livingston et al., *supra* note 23, at 334. [↑](#footnote-ref-260)
261. The Expert Group On Mental Health Policy, *supra* note 59, at 196. [↑](#footnote-ref-261)
262. *Ibid*., at 251; Mental Health Commission, *supra* note 259, at 57; Mental Health Commission, *supra* note 259, at 26; Harry G. Kennedy, *The future of forensic mental health services in Ireland*, 23 Irish J. Psych. Med. 2 (2006), at 46. [↑](#footnote-ref-262)
263. Wood et al., *supra* note 9, at 10. [↑](#footnote-ref-263)
264. The Expert Group On Mental Health Policy, *supra* note 59, at 236. [↑](#footnote-ref-264)
265. The Expert Group On Mental Health Policy, *supra* note 59, at 138. [↑](#footnote-ref-265)
266. Barr Tribunal, *Opening Statement Of Counsel:* *Tribunal Of Inquiry Into The Facts And Circumstances Surrounding The Fatal Shooting Of John Carthy At Abbeylara, County Longford On The 20th Of April, 2000 And Related Matters*, (2003), http://archive.is/cu1n0#selection-4837.43-4839.1. [↑](#footnote-ref-266)
267. *Ibid*. [↑](#footnote-ref-267)
268. *Ibid*. [↑](#footnote-ref-268)
269. *Ibid*. [↑](#footnote-ref-269)
270. Amnesty International, *Amnesty International Report 2003 - Ireland*, Amnesty International (2003). [↑](#footnote-ref-270)
271. Sean Love, *Afterword*, *in* In Search of John: The Abbeylara Story of Depression, Loss and a Sister's Quest for Justice (Marie Carthy ed., 2007), at 237. [↑](#footnote-ref-271)
272. Gary Howell, *The Dark Frontier: The Violent and Often Tragic Point of Contact Between Law Enforcement and The Mentally Ill*, 17 Scholar: St. Mary’s Law Rev. & Soc. Just. 343 (2015), at 359. [↑](#footnote-ref-272)
273. Michael Reilly, *Guidance on Best Practice relating to the Investigation of Deaths in Prison Custody*, Office of the Inspector of Prisons (2010), at 20; Department of Justice, *Report of the Commission of Investigation into the Death of Gary Douch: Volume 1*, Executive Summary and Recommendations (2014), at 77. [↑](#footnote-ref-273)
274. Adeyemi Adeleke, Bernadette Ni Aingleis, Laura Cooney, John Lynch, Niamh Murray, Kevin Sheedy & Alshema Yousef, *Deaths in Custody; Is Ireland’s Investigative Process Compliant with Article 2 of the European Convention on Human Rights?*, 42 Students Learning with Communities (2015). [↑](#footnote-ref-274)
275. Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2013*, Garda Síochána Ombudsman Commission (2013); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2012*, Garda Síochána Ombudsman Commission (2012); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2011*, Garda Síochána Ombudsman Commission (2011); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2010*, Garda Síochána Ombudsman Commission (2010). [↑](#footnote-ref-275)
276. Adeleke et al., *supra* note 274. [↑](#footnote-ref-276)
277. D. Tedstone-Doherty, R. Moran & Y. Kartalova-O’Doherty, *Psychological distress, mental health problems and use of health services in Ireland*, HRB Research Series 5 (2008), at 33; Department of Health & Ipsos MRBI, *Healthy Ireland: Survey 2015- Summary of Findings*, Government Publications (2015), at 48. [↑](#footnote-ref-277)
278. World Health Organization, *Data and statistics on mental health*, World Health Organization, http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ mental-health/data-and-statistics. [↑](#footnote-ref-278)
279. Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2015*, Garda Síochána Ombudsman Commission (2015), at 26. [↑](#footnote-ref-279)
280. *Ibid*. [↑](#footnote-ref-280)
281. *Ibid*. [↑](#footnote-ref-281)
282. *Ibid*. [↑](#footnote-ref-282)
283. *Ibid*. [↑](#footnote-ref-283)
284. *Ibid*. [↑](#footnote-ref-284)
285. *Ibid*., at 27. [↑](#footnote-ref-285)
286. *Ibid*. [↑](#footnote-ref-286)
287. *Ibid*. [↑](#footnote-ref-287)
288. *Ibid*. [↑](#footnote-ref-288)
289. *Ibid*. [↑](#footnote-ref-289)
290. *Ibid*. [↑](#footnote-ref-290)
291. *Ibid*. [↑](#footnote-ref-291)
292. *Ibid*. [↑](#footnote-ref-292)
293. *Ibid*. [↑](#footnote-ref-293)
294. *Ibid*. [↑](#footnote-ref-294)
295. *Ibid*. [↑](#footnote-ref-295)
296. Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2014*, Garda Síochána Ombudsman Commission (2014); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2013*, Garda Síochána Ombudsman Commission (2013); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2012*, Garda Síochána Ombudsman Commission (2012); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2011*, Garda Síochána Ombudsman Commission (2011); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2010*, Garda Síochána Ombudsman Commission (2010); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2009*, Garda Síochána Ombudsman Commission (2009); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2008*, Garda Síochána Ombudsman Commission (2008); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2007*, Garda Síochána Ombudsman Commission (2007); Garda Síochána Ombudsman Commission, *Annual Report of the Garda Ombudsman: 2006*, Garda Síochána Ombudsman Commission (2006). [↑](#footnote-ref-296)
297. Sarma, *supra* note 249, at 243. [↑](#footnote-ref-297)
298. Sarma, *supra* note 249, at 248. [↑](#footnote-ref-298)
299. [2008] IEHC 195, at para 26. [↑](#footnote-ref-299)
300. Garda Síochána, *The Garda Commissioner’s Guidelines as to the Practical Application and Operation of the Firearms Acts, 1925-2009*, Garda Síochána (2009), at 33. [↑](#footnote-ref-300)
301. Sarma, *supra* note 249, at 245. [↑](#footnote-ref-301)
302. Sarma, *supra* note 249, at 245. [↑](#footnote-ref-302)
303. Aaron Karp, *Completing the Count: Ireland: isolated no longer*, *in* Small Arms Survey 2007: Guns and the City (2007), at 44. [↑](#footnote-ref-303)
304. Jan van Dijk, John van Kesteren & Paul Smit, *Ownership of Firearms and Handguns in Countries and Main Cities (percentages): 1989-2005 ICVS and 2005 EU ICS*, *in* Criminal Victimisation in International Perspective: Key findings from the 2004-2005 ICVS and EU ICS (Jan van Dijk, John van Kesteren & Paul Smit eds., 2007), at 279. [↑](#footnote-ref-304)
305. Garda Síochána, *Brief Medical History / Medical Enquiries: FCA1 Firearms Certificate Application Form*, Garda Síochána (2009), at 2, http://www.garda.ie/Documents/User/FCA1%20Firearm% 20Certificate%20Application%5B2%5D.pdf [↑](#footnote-ref-305)
306. Karp, *supra* note 303, at 44. [↑](#footnote-ref-306)
307. Drogin & Spaderna, *supra* note 168, at 160; Christopher Ingraham, *American gun ownership drops to lowest in nearly 40 years*, Washington Post, June 29, 2016, https://www.washingtonpost.com/news/wonk/wp/2016/ 06/29/american-gun-ownership-is-now-at-a-30-year-low/?utm\_term=.46e7699971c2. [↑](#footnote-ref-307)
308. Adam Winkler, *Ferguson: With So Many Guns in America, Police Are Trained to Live in Fear*, Huffington Post, http://www.huffingtonpost.com/adam-winkler/ferguson-guns-america-police-fear\_b\_5688750.html. [↑](#footnote-ref-308)
309. U.S. Department of Justice, *supra* note 6, at 79. [↑](#footnote-ref-309)
310. Rick Noack, *5 countries where most police officers do not carry firearms — and it works well*, Washington Post, July 8, 2016, https://www.washingtonpost.com/news/worldviews/wp/2015/02/18/5-countries-where-police-officers-do-not-carry-firearms-and-it-works-well/?utm\_term=.4666c333d54f. [↑](#footnote-ref-310)
311. Engel, *supra* note 1, at 247. [↑](#footnote-ref-311)
312. As called for by the likes of Howell, *supra* note 272, at 365. [↑](#footnote-ref-312)
313. Morabito & Socia, *supra* note 52, at 269-270. [↑](#footnote-ref-313)
314. Doris A. Fuller, H. Richard Lamb, Michael Biasotti & John Snook, *Overlooked in the undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters*, Treatment Advocacy Center (2014), at 2, http://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf. A similar call has been made by the APA to identify and treat those who have mental illnesses. APA Panel of Experts Report, *supra* note 110, at 2. [↑](#footnote-ref-314)
315. For example Charette, *supra* note 22, at 682. [↑](#footnote-ref-315)
316. National Disability Authority, *Submission to the interdepartmental group on people with mental illness/disorder and the criminal justice system*, NDA (2012), http://nda.ie/Image-Library/PDF-Downloads/Submission-to-the-interdepartmental-group-on-people-with-mental-illness-disorder-and-the-criminal-justice-system.doc. [↑](#footnote-ref-316)
317. H. R. Lamb, L. E. Weinberger & W. J. DeCuir Jr., *The Police and Mental Health*, 53 Psychiatric Serv. 10 (2002); Cormac O'Keeffe, *Gardaí want training for mental illness cases*, Irish Examiner, Aug. 03, 2016, www.irishexaminer.com/ireland/gardai-want-training-for-mental-illness-cases-413839.html; Hoover, *supra* note 44, at 6. [↑](#footnote-ref-317)
318. The U.S. President’s Task Force on 21st Century Policing, *Final Report of the U.S. President’s Task Force on 21st Century Policing*, Office of Community Oriented Policing Services (2015), at 56, https://cops.usdoj.gov/pdf/taskforce/taskforce\_finalreport.pdf. [↑](#footnote-ref-318)
319. International Association of Chiefs of Police, *Improving Police Response to Persons Affected by Mental Illness*, IACP (2016), http://www.iacp.org/Portals/0/documents/pdfs/ImprovingPoliceResponsetoPersonswith MentalIllnessSymposiumReport.pdf. [↑](#footnote-ref-319)
320. Police Executive Research Forum, *Training Guide For Defusing Critical Incidents: Integrating Communications, Assessment, and Tactics*, Police Executive Research Forum (2016), at 33, policeforum.org/assets/icattrainingguide.pdf. [↑](#footnote-ref-320)
321. J. Hails & R. Borum, *Police* *Training and Specialized Approaches to Respond to People with Mental Illnesses*, 49 Crime & Delinquency 1 (2003). [↑](#footnote-ref-321)
322. CSG Justice Center & The International Association of Directors of Law Enforcement Standards and Training, *The Variability in Law Enforcement State Standards: A 42-State Survey on Mental Health and Crisis De-escalation Training*, CSG Justice Center & Int. Assoc. of Directors of Law Enforce. Standards & Training, (January, 2017), at 3, https://csgjusticecenter.org/wp-content/uploads/2017/02/JC-LE-Survey.pdf [↑](#footnote-ref-322)
323. *Ibid*., at 2. [↑](#footnote-ref-323)
324. Elizabeth Hervey Osborn, *What Happened to “Paul’s Law”?: Insights on Advocating for Better Training and Better Outcomes in Encounters Between Law Enforcement and Persons with Autism Spectrum Disorders*, 79 Uni. Colo. Law Rev. 333 (2008), at 346, citing H.R. REP. NO. 101-485, pt. III, at 50 (1990). [↑](#footnote-ref-324)
325. 186 F.3d 1216 (10th Cir. 1999). [↑](#footnote-ref-325)
326. Patrick M. O'Connell, *All Chicago police dispatchers now trained in mental health awareness*, Chicago Tribune, Feb. 25, 2017, http://www.chicagotribune.com/news/local/breaking/ct-911-operators-mental-health-training-met-20170225-story.html. [↑](#footnote-ref-326)
327. Hails & Borum, *supra* note 321; Jennifer Fischer, *supra* note 13, at 170; Alina Perez, Steven Leifman & Ana Estrada, *Reversing the Criminalization of Mental Illness*, 49 Crime & Delinquency 1 (2003), at 67. [↑](#footnote-ref-327)
328. S. F. Greenberg, *Police Response to People with Mental Illness*, *in* Solving Crime and Disorder Problems: Current Issues, Police Strategies and Organizational Tactics (M. Reuland, C. S. Brito & L. Carroll eds., 2001). [↑](#footnote-ref-328)
329. Slate et. al., *supra* note 14, at 181. [↑](#footnote-ref-329)
330. Swanson et al., *supra* note 246 at 35; Slate et. al, *supra* note 14, at 182. [↑](#footnote-ref-330)
331. M. Reuland, M. Schwarzfeld & L. Draper, *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research Informed Policy and Practice*, Council for State Governments Justice Center (2009). [↑](#footnote-ref-331)
332. Lamb et al., *supra* note 104. [↑](#footnote-ref-332)
333. Romanucci, *supra* note 11, at 21; R. Dupont, & S. Cochran, *Police Response to Mental Health Emergencies Barriers to Change*, 28 J. of Am. Acad. of Psychiatry & Law 3 (2000), at 338-344. [↑](#footnote-ref-333)
334. Hoover, *supra* note 44, at 9. [↑](#footnote-ref-334)
335. United States District Court, D. Utah.·Case No. 1:99-CV-0045 (D. Utah Apr. 28, 2004). [↑](#footnote-ref-335)
336. Slate et. al, *supra* note 14, at 185; The Council of State Governments Justice Center & The International Association of Directors of Law Enforcement, *supra* note 322, at 5. [↑](#footnote-ref-336)
337. Watson & Angell, *supra* note 153. [↑](#footnote-ref-337)
338. O'Keeffe, *supra* note 317. [↑](#footnote-ref-338)
339. The Expert Group On Mental Health Policy, *supra* note 59, at 141. [↑](#footnote-ref-339)
340. S. M. Godschalx, *Effect of a mental health educational program upon police officers*, 7 Res. Nursing & Health 2 (1984), at 111-117; S. S. Janus, B. E. Bess, J. J. Cadden & H. Greenwald, *Training police officers to distinguish mental illness*, 137 Am. J. Psychiatry 2 (1980), at 228-229. [↑](#footnote-ref-340)
341. Skeem & Bibeau, *supra* note 197, at 201. [↑](#footnote-ref-341)
342. Fan, *supra* note 172, at 185. [↑](#footnote-ref-342)
343. Skeem & Bibeau, *supra* note 197, at 201. [↑](#footnote-ref-343)
344. *Ibid*. [↑](#footnote-ref-344)
345. Steadman & Morrissette, *supra* note 195, at 1054. [↑](#footnote-ref-345)
346. Hoover, *supra* note 44, at 8. [↑](#footnote-ref-346)