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Mental Distress Calls:
Should Police be Frontline Responders?

Abstract. Due to an over-reliance on law enforcement, police officers have become frontline responders to individuals suffering with mental illness, despite not being properly trained to handle such situations. Many studies have addressed officers' feelings of incompetence and lack of preparedness when faced with an individual in distress. Without proper training, police tend to resort to force against individuals in mental distress, which can escalate the situation even further. This paper serves to analyze the excessive use of force that is commonly used amongst police officers during mental distress calls, as well as its potentially dangerous and fatal outcomes for individuals with mental illness. As police brutality becomes more of an addressed systemic issue, police departments across the United States have begun to implement specialized police training programs, such as Crisis Intervention Team Training and community-oriented policing. Unfortunately, these kinds of programs are only effective if the officer in training has a desire to improve and if the situation unfolds in a predictable way. Despite some success with specialized police training, research suggests that the defunding of police and reallocation of funds to social services provide the best outcome for individuals with mental illness, allowing mental health experts to be frontline responders to mental distress calls.

Introduction

Around 450 million people currently suffer from a mental illness, a disease affecting one in four individuals around the world (Stanyon, Goodman, and Whitehouse 2014). A mental illness is a condition affecting a person's thinking, feeling and/or mood. It is usually associated with a change in personality, a display of anxiety or unprompted anger, social withdrawal and isolation, lack of self-care or risky behaviors, and a sense of hopelessness. Some of the major types of mental illness are depression, anxiety, schizophrenia, and bipolar mood disorder (Stanyon et al. 2014). Regardless of available treatments, the World Health Organization (WHO) states nearly two-thirds of people with a known mental disorder never seek help from a

healthcare professional (Geneva 2013). The WHO claims stigma, discrimination and neglect prevent care and treatment from reaching people with mental disorders (Geneva 2013). Even if a person with a mental illness seeks out treatment, treatment for mental disorders is never 100% effective. Treatment may help manage certain symptoms, but generally, mental illness can worsen over time with or without treatment. This is due to the possibility of worsening symptoms or the development of new symptoms, which calls for more stronger medication, or new treatment in order to manage them effectively.

Because individuals with mental health issues either do not seek treatment or become tolerant to their current form of treatment due to worsening symptoms, law enforcement often becomes the frontline responders to those who have a mental illness. Police officers are periodically called to handle mental distress calls, which are defined to be non-life-threatening situations in which an individual with a mental illness is exhibiting extreme emotional or behavioral distress (*Jailing People with Mental Illness* n.d.). During this situation, the individual in distress may consider harming oneself or others, disoriented or out of touch with reality, and unable to be calmed down. Unfortunately, a large majority of police officers do not have sufficient knowledge about mental illnesses to properly handle mental distress calls. As a result of a lack of proper training on how to handle these incidents, the safety of both parties could be compromised due to a lack of clear communication and the unnecessary use of excessive force. Although specialized police training programs have become more readily available in the past decade, it would arguably be more effective to defund police programs and reallocate funding towards social services that are better equipped to handle mental distress calls.

Mental Health Stigma

Mental health stigma can be divided into two distinct types: social stigma and perceived

stigma, otherwise known as self-stigma. Social stigma is characterized by prejudicial attitudes and discriminating behavior directed towards individuals with mental illness. This is a result of the psychiatric label they are given (Davey 2013). Perceived stigma, or self-stigma, occurs when an individual with a mental illness begins to internalize outsiders' discriminating perceptions of themself. Mental health stigma includes seven specific dimensions: interpersonal anxiety indicates feelings of anxiousness, nervousness, uneasiness, fear of physical harm, and general danger when around individuals with mental illness. Relationship disruption measures whether or not an individual believes he or she can have a normal and healthy relationship with someone who has a mental illness. Poor hygiene reflects stereotypes about the physical appearance of an individual with mental illness, and the perceived lack of ability for that individual to care for his or herself (Haigh and Kringen 2018). Visibility indicates an individual's belief that he or she can accurately deduce whether an individual has a mental illness through visual cues (Haigh et al. 2018). Treatability reflects an individual's beliefs about whether mental illness can be treated. Professional efficacy involves the belief that mental health professionals have the appropriate skills to effectively treat mental illness. Lastly, recovery reflects the belief that an individual has the potential to recover from their mental illness.

Mental health stigma is a significant barrier to positive outcomes for individuals with mental illness. Society generally perceives those with mental illness to be dangerous, incompetent, and violent; and general associations between mental illness and violence or danger leads to increased stigmatization. Independent factor analyses from Canada, England, and Germany confirm that stigmatization fuels the ideas that people with severe mental illness are to be feared and kept out of communities, that they are irresponsible and need others to make life decisions for them, and that they are childlike and in need of a constant caregiver (Rüsch,

Angermeyer, and Corrigan 2005). As an example, Rüsch et al. (2005) describes Anne as a 25-year old woman when she lost her job, apartment and friends. Anne has been hospitalized on multiple occasions with acute symptoms of schizophrenia. For two years, she had been symptom-free, living on her own, working in a local tourist information center, and enjoying an active social life. Unfortunately, Anne relapsed and was hospitalized again. It took her two months to recover from her symptoms. However, after she was discharged from the hospital, her employer fired her because he believed she could have a dangerous outburst in the office due to her mental illness. Her family convinced her it was too risky for her to live on her own and made her move back to her parents' home; and since her parents lived in another town, she lost all her friends in the area. Because of the stigmatization surrounding Anne's mental illness, within a month, she had lost her job, her friends, and moved back in with her parents. Stigmatic attitudes lead to corresponding discriminating behavior. People are less likely to hire individuals with mental illness, less likely to rent them apartments, and more likely to falsely press charges against them for violent behavior.

Schema Theory

Schema theory's main claim is that human knowledge is subconsciously organized and categorized, which can influence an individual's cognition, or perception, and behavior (Watson et al. 2014). A schema, in simple terms, is a collection of knowledge or memory stored in an individual's mind. Schemas may also be referred to as "cognitive frameworks." They allow individuals to create generalizations about situations, people, and places. Schemas influence cognition because they can affect an individual's ability to comprehend new information. When new information is presented, the mind involuntary relates it to existing knowledge. This process can lead to confirmation bias, the tendency to look only for information confirming one's

preexisting beliefs. If there is a stereotype about a certain group of people, this social schema is used when new information is being processed and because of this, one may tend to focus only on details consistent with the schema. This is most likely because it is cognitively easier to focus on and interpret similar pieces of information.

Schema theory provides a useful framework for understanding how police officers assess and respond to situations involving individuals with mental health issues. Watson et al. (2014) believed the most effective way to improve the interactions law enforcement has with those with mental illness is to understand police officers' personal thoughts and opinions about people who suffer from mental illness. Only then could an effective solution be created. By revealing what police officers think about individuals with mental illness, it is possible to dig deeper and examine why they have these specific schemas toward individuals with mental illness.

Unfortunately, schizophrenia has unintentionally become a schema for all, if not most, mental illnesses, meaning when individuals think of a mental illness, they initially think of schizophrenia. Even though schizophrenia is not as common as other mental disorders, it is considered to be the most unpredictable, with the most visible symptoms like hostility, disorientation, hallucinations, and paranoia (Mayo Clinic Staff 2018). Despite having a lack of specific training, a majority of police officers feel more than capable of correctly recognizing whether or not an individual has a mental disorder (Tucker, Van Hasselt, and Russell 2008). This is most likely because they assume all mental illnesses have symptoms similar to schizophrenia, which is often associated with violence due to a schizophrenic's instability. Thus, when police officers arrive at a scene where a person does not show the symptoms of schizophrenia, they are unable to recognize that the person has a mental illness and are unable to properly handle the situation.

Police and Excessive Use of Force

Without proper training, police officers tend to use unnecessary force against those with mental illness. Media portrayals of people with mental illness and a lack of information about mental disorders create a negative stigma of individuals with mental illness, which leads a majority of police officers to naturally assume all incidents involving them include an individual with dangerous intentions. Presumably, the typical circumstance in which police officers engage with those with mental illness is during distress calls, when they are having an episode. This may create "an environment of fear and perceived danger [even though the individual having the] episode may be harmless" (Cappellazzo 2016:2). This perception of the individual as dangerously unstable results in negative stigmatization of those with mental illness, which, in turn, prevents them from receiving the help they need.

Police will often use force in an attempt to restrain an individual in mental distress, using tactics they would normally use on an individual who is not cooperating (i.e. resisting arrest or refusing to drop a potential weapon). These tactics can be especially dangerous with an individual who may be experiencing an episode, because they may become more afraid or panicked and react negatively and violently to the assistance/interaction from the police. This further fuels the stereotype that all individuals with mental illness are violent and dangerous. In 2014, Keith Vidal, a teenager diagnosed with schizoaffective disorder, was being difficult with his family. He was "having a particularly bad day," according to his mother, refusing to go to the hospital (Lucas 2016). His family called 911 for help, his mother stressing in the interview with CNN that they asked for *help*. Two officers first arrived at the house and began talking with Vidal. Vidal's mother and stepfather said the situation was relatively calm until a third officer arrived and ordered the first two to tase Vidal (Lucas 2016). Vidal tried to run but was hit twice,

and fell backwards as two of the officers tackled him. The situation quickly escalated and according to the stepfather, the three officers were radioed to shoot the teenager in self-defense (Lucas 2016). Vidal was shot and killed. A year later, Vidal's mother stated she strongly believes if law enforcement had undergone specialized training about mental health issues, and those who suffer from them, there would have been a different outcome for her son (Lucas 2016).

People with mental illness are killed by police at a rate nearly four times greater than the general public. In Phoenix, Arizona, incidents in which police used force against those with mental illness tripled between 1998 and 2003, despite the 2001 introduction of a training program to teach officers about mental illness and how to appropriately respond to an individual in mental distress (Torrey 2011). The most desirable interaction would involve the least amount of force used toward the individual. Although in reality, the use of force could make the situation much worse, it is used as a "simple" solution, due to a lack of knowledge on how to properly respond. Paul Hetznecker, a Center City lawyer who has sued the city of Philadelphia over police brutality and misconduct, said the "paramilitary culture of policing, where officers are trained to kill but not adequately trained to de-escalate, all too often results in an overreaction by police with tragic consequences" (Dean 2020).

According to Watson et al. (2014), police officers generally have a heightened expectation of danger when responding to calls involving individuals with mental illness. This expectation of danger may contribute to the escalation of physical force in their interaction with them because they are expecting the individual to initially react violently. Generally, police officers rarely resort to the use of physical force, but they are known to be 20 times more likely to use force against an individual with a mental illness, especially if the individual attempted to resist arrest (Watson et al. 2014). Even if resistance was verbal, police were still four times more

likely to use force than if the individual did not resist at all. Johnson (2011) found individuals with mental illness are more likely to possess a weapon than individuals without apparent mental illness. This is most likely because there is a possibility that when an individual has a mental illness, police officers may be more likely to view common objects, such as a chair, as a potential weapon. Because of this, there may be an increased use of force.

More recently, in October 2020, two Philadelphia police officers fatally shot Walter Wallace Jr. in front of his mother. Wallace's father said that he had struggled with mental health issues and was on medication. His family had called the police hoping that they would de-escalate the situation, but when Wallace came out of the house wielding a knife and ignored the officers' orders to drop it, they fatally shot him in less than a minute. Individuals argued that police should have shot Wallace in the leg, simply incapacitating him, instead of shooting to kill. However, law enforcement officials and legal experts say that suggestion reflects a common misunderstanding of how police are trained to use firearms. Officers in Philadelphia and across the nation are taught to shoot at the center mass—the chest (Dean 2020). It has been argued that shooting to wound is incredibly naive and would ultimately be dangerous for both the officers and any bystanders. Despite being trained to kill instead of de-escalate, officers have shown to six times out of ten miss their target. Numerous studies have found that officers' shooting accuracy rates are relatively low, ranging from 18-35%, and 22-52% in larger police departments (Remsberg 2019). Some critics, including farmer Philadelphia Police Commissioner Charles H. Ramsey, have faulted the city for failing to fully equip police officers with tasers, nonlethal devices specifically designed to incapacitate people with an electric shock. Officers Thomas Munz Jr. and Sean Matarazzo had no tasers when they encountered Wallace. According to Ramsey, only about one-third of the city's 6,500 officers have tasers while the goal is to equip all

of them (Dean 2020).

The Impact of Specialized Police Training

Police have expressed the need for new and specialized training to better prepare them for the tasks they are expected to perform. Unfortunately, specialized training can be costly depending on the type of program, especially since there are multiple training programs that would be needed (i.e. use of force, de-escalation, mental health crisis intervention, trauma-informed and victim-centered interviewing, physical grappling, and use of less-lethal and lethal weapons, etc.) (Vermeer et al. 2020). Even when officers receive appropriate training, different emphases in training may inevitably lead to unfavorable outcomes in fast-paced situations. For example, a 2015 survey by the Police Executive Research Forum found that agencies train officers for approximately 58 hours on firearms, 49 hours on defensive tactics, but only eight hours each on de-escalation and crisis intervention (Wexler 2015). Law enforcement agencies should be responsible for providing officers with extensive mental health training.

The Crisis Intervention Team (CIT) model is currently the most widely recognized model of a specialized training program for law enforcement officers, with over 1000 departments within the United States implementing CIT. It was first developed in 1987 by Memphis, Tennessee's police department after an officer-involved shooting of an African-American male with a mental health condition (Walker et al. 2015). The individual was reported to have been observed cutting himself with a knife and verbally threatening suicide. 911 was called and once police arrived at the scene, the individual refused to drop his knife, resulting in the officers to shoot and kill the individual out of fear for their own safety (Walker et al. 2015). Following this incident, the Memphis Police Department, with the support of the mayor's office, formed a partnership with the Memphis Chapter of the Alliance for the Mentally Ill, the University of

Memphis, and the University of Tennessee to develop a specialized response unit within the department to decrease the likelihood of unnecessary killings during mental distress calls (Walker et al. 2015).

CIT involves over 40 hours of specialized mental health training, combining police training with "improved system coordination" between police and mental health services in order to "improve safety, increase police referrals to psychiatric treatment and decrease arrests of people with mental illness" (Watson et al. 2014:352). Throughout the program, police officers are taught the history of mental illness in America and its varieties, symptoms, and likelihood of receiving effective treatment. Officers also participate in scenarios with actors playing people in states of acute psychiatric crisis. The overall aim is de-escalation. After receiving CIT training, an officer should be better prepared to resolve tense encounters with those with mental illness than an officer lacking the training. CIT training has also been found to increase officer knowledge about mental illness and treatment, decrease negative stigma around mental illness, and increase comfort and capability for responding to mental health related calls (Watson et al. 2014).

Unfortunately, a flaw with CIT is it only solves the problem if the police officer can accurately recognize that an individual has a mental illness and if the situation unfolds in a predictable way, which is not always the case. Another reason why people may be skeptical about the program is that a certain number of hours spent training certainly does not produce a flawless police officer specialized in mental health. To have a successful program, law enforcement should have partnerships with and easy access to local mental health agencies. Similarly, training all officers assumes that all officers will be equally skilled in responding to calls regarding individuals with mental illness, which is unlikely. The CIT program specifically

identifies with the officers with "the greatest interest, most amenable attitudes, and best interpersonal skills," then provides them with intensive training (Hails and Borum 2003:59). This means that generally, officers who have the highest amount of interest in the CIT program are the ones who will benefit the most, and those who do not have much interest in the program will most likely not make as much progress as they should be.

A more modern form of specialized police training is community-oriented policing (COP). COP is a community-building program that emphasizes partnerships, problem solving, and prevention (Walker et al. 2015). It focuses on victim assistance and provides instrumental services like neighborhood patrols and participation in prevention programs for the community. COP's main goal is for law enforcement to work closely with its local communities in order to address problems and prevent/reduce crime. Law enforcement agencies using COP approaches to improve their responses to mental distress calls in their communities generally follow one of three models. The police-based specialized police response model involves law enforcement officers with special mental health training, like CIT training, who serve as the "first-line" police response to mental distress calls within the community (Walker et al. 2015:13). The police-based specialized mental health response model utilizes mental health professionals who are employed by a law enforcement agency to provide on-site and telephone consultations to police officers in the field (Walker et al. 2015). The mental-health-based specialized mental health response model consists of more traditional partnerships and cooperative agreements between law enforcement and mobile mental health crisis teams (Walker et al. 2015). Using one or more of these models allows police officers to gain a clearer understanding of events in specific areas and identify issues of concern for a particular neighborhood or community. As police officers continue to increase their involvement within the community, they often come into contact with individuals

suffering from mental illness. Because of the COP approach, police officers are more likely to fraternize with individuals with mental illness along with their family members, medical/psychiatric facilities, community outreach programs, and situations requiring crisis intervention (Walker et al. 2015). Unfortunately, with any program, there are bound to be drawbacks. COP can become counterproductive if there is hostility between the police and neighborhood residents since it would hinder productive partnerships. Increases in officers' decision-making autonomy can lead to greater opportunities for police corruption. Also similar to CIT training, officers' resistance to the program can prevent successful implementation.

According to research conducted by Borum et al. (1998), police officers who worked alongside a specialized mental health team rated their program as being highly effective in meeting the needs of the individuals in crisis, keeping them out of jail, minimizing time invested in mental health calls, and maintaining community safety. An advantage of an effective relationship between police officers and mental health professionals is the number of people with mental illness who receive psychiatric referrals, as opposed to going to jail, increases as well as admissions into psychiatric hospitals. The downside to a partnership with mental health professionals in crisis situations is their response time to these incidents. If police response time is slow, law enforcement may not bother to ask mental health professionals for help due to a lack of time and sense of urgency.

Police Abolitionist Movement

Activists have long argued that locking people in cages and relentlessly funding the police are not the answers to society's problems. The phrase, "abolish the police," was first coined in 1988, long before the idea of defunding the police was considered, stemming from the desire to abolish the prison industrial complex (Cineas 2020). Since the Black Lives Matter

protests in 2020, following the murders of Breona Taylor and George Floyd, skeptics have labelled the police abolitionist movement as a "political fad" (Cineas 2020). After the murders of Taylor and Floyd, protestors took to the streets to demand the arrest of the cops who killed them. This is where experts point out the demands that are at odds. Rachel Herzing, a longtime prison industrial complex abolitionist and executive director of the Center for Political Education claims that the fight for abolition is completely incompatible with police reform efforts. "If the prison industrial complex must be abolished, why call for anyone's incarceration—even the incarceration of the officers who [have killed innocent civilians]?" (Cineas 2020). There is a false notion that criminal prosecution can bring some remedy to harmful policing.

Illing (2020) interviewed multiple scholars and activists in the field of social justice and political science in order to narrow down what "abolish the police" truly means. Christy Lopez, a law professor at Georgetown University explained that abolishing the police calls for the reevaluation of public safety in order to eliminate society's over-reliance on law enforcement (Illing 2020). Police officers are all too often expected to handle situations they are not properly trained for. Over-reliance on police has caused the public to only ever receive police as a solution to a problem. For example, if there is a cat stuck in a tree, the police are called; if there is a murder, the police are called. The police are expected to handle both of these issues, despite being widely different from one another. Society has been conditioned to believe that it can always rely on police, regardless of the issue.

The desire to abolish the police brings up the question of when and why is law enforcement an appropriate response to a problem. When thinking about this question, it is important to point out the things police are doing that nobody should be doing, such as enforcing laws that criminalize poverty and addiction, arresting people instead of issuing citations, writing

tickets to raise revenue and meet personal quota instead of protecting the public, etc. (Illing 2020). The next step is to determine what could be done better or more cost-effectively if done by someone other than police. This is everything from taking accident reports to responding to individuals who are homeless or experiencing a mental health crisis. It is necessary to realize that if social programs were better supported and funded, many problems that police officers are expected to handle may be prevented from developing in the first place.

Defunding the Police

The basic premise of defunding the police is straightforward: cutting the multi-million dollar budget that police departments receive from government funding, and giving that money to more helpful services like job training, counseling, and violence-prevention programs. For example, government funding would be redirected toward the American education system in order for schools to have counselors and nurses rather than a police presence on campus. On December 11, 2020, a former student at Temple University took to Twitter to spread awareness on her personal experience with campus police that occurred the night before.[1] Having suffered post-traumatic stress disorder (PTSD) and borderline personality disorder (BPD) from a young age, the victim explained that she knew herself enough to know that all she needed was to talk to a crisis hotline about the emotions she was feeling. Unfortunately, the person from the crisis hotline decided to call campus police, not any medical experts, out of fear for her safety. Soon after, approximately seven to ten campus police officers appeared at the victim's apartment. They handcuffed her, and forced her into a police car, claiming that she needed to be taken to a psychiatric ward. When they arrived at the psychiatric ward, the doctor said that it was not necessary for her to be there. The victim expressed her anger and frustration towards campus

[1] Anon.'s Twitter page, accessed December 15, 2020, https://twitter.com/PEACHYBLACKG0RL/status/1337433119947780096

police, as they ended up further traumatizing her; she now has a note on her apartment door asking that no one knock on it due to the trauma of having several officers dehumanize her in her own space. If schools like Temple University had more funding towards social programs like on-campus Emergency Medical Services (EMS), the former student in this story would have most likely gotten proper treatment instead of further traumatization by campus police. By defunding the police, schools would also have the opportunity to better fund counseling programs, providing students with mental illness around-the-clock counselors and therapists.

In contrast to abolishing the police, the act of defunding does not require society to completely eliminate police. Defunding the police calls for more funds to be redirected towards social programs rather than the police. In the case of handling mental distress calls, it would arguably be more beneficial for funding to go towards social welfare programs and the American healthcare system so that individuals with mental illness receive proper medical attention instead of being arrested by police, or even worse, killed. “Funneling so many resources into law enforcement instead of education, affordable housing, and accessible health care has caused significant harm to communities” (Fernandez 2020). According to a study conducted by the Treatment Advocacy Center in 2018, people with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement (Elinson 2018). By limiting funding towards the healthcare system, the mental health crisis has invertedly turned into a police matter rather than a medical issue.

Without exception, police officers have been made frontline responders to many complex social problems they are not trained to handle, like mental health, substance abuse, and other social service issues. Vermeer, Woods, and Jackson (2020) conducted a study using focus groups that revealed that law enforcement officers and chiefs also believe that they are being tasked with

more than they can handle. One officer in particular admitted that "police aren't educated or trained as social workers, but they are being tasked with those objectives" (Vermeer et al. 2020:2). Recent analysis of 911 calls to the Los Angeles Police Department showed that, in the past decade, "only eight percent of the nearly 18 million calls for service" were related to violent crime (Vermeer et al. 2020:3). Police are frequently called to respond to less urgent matters like minor disturbances, dispute mediation, traffic collisions, all issues that need to be addressed but arguably do not require the attention of a sworn officer. Police officers are also called to respond to other more serious problems like mental distress calls, complex situations for which police have limited training. The reason why police are tasked with these responsibilities is due to the normalization of reduced funding for mental health treatment infrastructure, treatment for substance use disorders, violence prevention, and other community-led resources. This is extremely dangerous and wildly ineffective, for both the individuals who are unable to receive proper assistance and the officers who are facing unrealistic expectations.

Moreover, there is evidence that the public is generally supportive of police reform, depending on how the issue is described. In a Reuters/Ipsos poll conducted in June of 2020, only 39 percent of respondents supported defunding the police, but 76 percent supported "proposals to move some money currently going to police budgets into better officer training, local programs for homelessness, mental health assistance, and domestic violence" (Kahn 2020). Similarly, a YouGov poll conducted in June of 2020 showed that only 27 percent support defunding the police while 57 percent oppose it. However, when the same respondents were asked whether they would support "budgeting less money for your local police department and more for social services," 44 percent showed support while 41 percent opposed (Frankovic 2020). About fifteen percent responded that they were not sure, which could suggest that it would depend on the

implementation of reform. Nearly half of the country thinks policing in America needs significant improvement, and nearly everyone thinks it needs some improvement (Frankovic 2020). Defunding the police would allow the country to effectively *treat* the problems facing society rather than expecting police to manage the societal *symptoms* that those problems produce.

Instead of spending resources on police to respond to situations they are not properly trained for, the community should redirect funding to programs that effectively address both the symptoms and the root causes. In order to effectively decrease the occurrence of mental distress calls, funding towards social work programs and medical programs is necessary. It would be most effective if an individual in distress was approached by a medical professional equipped with medical supplies and a social worker who has enough knowledge to provide the individual with the resources they may need. Being approached by a police officer who may or may not be capable of recognizing a mental illness due to a lack of proper training may lead to a dangerous and/or fatal outcome for the individuals in distress.

Unfortunately, the Great Recession in 2008 has shown poor outcomes from cuts to police funding. Many communities were forced to cut back funding due to financial pressures. The most cited example of defunding the police going wrong is Camden, New Jersey. After necessary budget cuts, Camden saw spikes in crime in 2011 and 2012. Vallejo, California is one of many cities that filed for bankruptcy in 2008 and was forced to drastically cut funding for the police force without reinvesting in other social programs, leading to increases in officer use of deadly force and decreased responsiveness to crimes (Vermeer et al. 2020). The reason why defunding the police went so poorly in these cases was because funding was not being redirected towards fundamental services. In order to be effective, defunding the police requires that the funding

being cut is redirected toward social programs that would theoretically decrease the amount of crime without the use of police.

Crisis Assistance Helping Out On the Street (CAHOOTS)

Initially launched in 1989 by social activists, Crisis Assistance Helping Out On the Street (CAHOOTS) is a nonprofit program, wired directly into the 911 system, based in Eugene, Oregon. It is a crisis intervention team, specifically designed as an alternative to police response for non-violent crises. It is staffed and managed by White Bird Clinic, a Federally Qualified Health Center whose goal is to provide primary care services in underserved areas. CAHOOTS' integrated medical/mental health model prioritizes de-escalating emotionally-heightened patients, identifying barriers to care, and providing appropriate service referrals and transports. CAHOOTS focuses on diverting patients from local jail and emergency rooms to urgent care clinics, sobering and detox services, mental health resources and facilities, homeless shelters, and other outpatient options.

CAHOOTS employees are not trained in law enforcement and do not have the same authority as police. Unlike police officers whose uniforms showcase their authority, CAHOOTS employees typically dress in black sweatshirts with inviting body language in order to seem less threatening. Teams are composed of a medic and a behavioral health crisis worker, who drive white vans with medical supplies, blankets, and water. However, teams can request to be accompanied by a police officer if there are safety concerns. In 2019, this only happened in approximately 0.6 percent of the calls (Vermeer et al. 2020).

CAHOOTS is a great example of the kind of program that could benefit from defunding the police. In 2017, CAHOOTS handled about 17 percent (≈16,339) of the 96,115 calls made to Eugene police; and in 2019, the program handled about 20 percent of all calls (Elinson 2018;

Vermeer et al. 2020). The program responds to a variety of calls in which an armed police response is neither necessary nor ideal, including welfare checks, transportation to social or medical services, and public assistance. Employees are responsible for assisting individuals in need of non-emergency medical care, behavioral health crises (i.e. "mental health and substance use issues, episodes of psychosis, suicide threats, intoxication calls, and wellness checks related to overdose"), and even death notices (El-Sabawi and Carroll 2020:26). Over 60% of the population served by CAHOOTS are homeless and approximately 30% are individuals with severe and persistent mental illness (El-Sabawi et al. 2020). Manning Walker, a CAHOOTS medic and crisis worker, explains that the program showcases the compassionate and humane thing to do. When explaining the program to conservative groups, who are typically opposed to defunding police for better-funded social services, he argues that it is the fiscally conservative thing to do because it is cheaper than police and firefighters while arguably just as effective (Elinson 2020). CAHOOTS costs Eugene about $800,000 a year, which is a small fraction of the police department's multi-million dollar annual budget. CAHOOTS has saved the Eugene PD an average of $8.5 million each year between 2014-2017, and that number continues to steadily rise along with the police budget. In addition, because CAHOOTS also responds to non-emergency medical issues, it also saves taxpayers an additional $14 million annually in ambulance transport fees and emergency department treatment costs (El-Sabawi et al. 2020).

In terms of implementing this kind of program, CAHOOTS provides consulting and strategic guidance to any community seeking to implement a model similar to CAHOOTS. As of 2020, CAHOOTS has been helping Olympia, WA and Denver, CO implement a mobile response program (El-Sabawi et al. 2020). CAHOOTS will even assist with writing grant proposals to cover the costs of their initial planning and implementation fees. Staff will assist in training

mental health crisis counselors by traveling to other communities to conduct field training and provide training manuals. They will also help with the interviewing and hiring process, if requested. By defunding the police and reallocating funds to social services, programs like CAHOOTS can be more widely implemented across the country.

Proposed Policy

Despite some success with specialized police training, research suggests that the defunding of police and reallocation of funds to social services would provide the best outcome for individuals with mental illness. This would allow mental health experts to be frontline responders to mental distress calls. More specifically, funding should be redirected from the multi-million dollar police budget to the U.S. healthcare system (McCarthy 2017). With the reallocation of funds, police officers will less often be expected to handle situations they are not properly trained for, such as mental distress calls. Social programs like CAHOOTS, which has been proven to produce positive outcomes for individuals with mental illness, can receive more funding in order for communities across the country to afford implementation. As indicated earlier, in 2019, CAHOOTS handled over 24,000 cases, in which only 250 required police assistance (Vermeer et al. 2020). This is approximately a 99.375% success rate depicted in a single year. In addition, social programs tend to cost taxpayers less money in comparison to the multi-million dollar police budget. For example, CAHOOTS program only requires as little as 2% of the Eugene PD budget (≈ $66.95 million) but handles up to 20% of 911 calls (El-Sabawi et al. 2020). Not only are social programs more capable of treating individuals with mental illness, but they are more cost-effective as well.

Defunding the police serves as a first step to reducing excessive dependence on police as a solution to a variety of issues. When individuals with mental illness are approached by a

medical professional and/or social worker instead of a police officer, the individual is provided with an opportunity to receive proper medical treatment as opposed to potential arrest from an officer. In other words, reallocating funds toward social programs prioritizes rehabilitation as opposed to retribution. In theory, defunding the police could help normalize rehabilitative justice, which emphasizes the importance of an offender's need for treatment (Heath-Thornton 2018). Individuals with mental illness are overrepresented in the criminal justice system; this includes jails, prisons, probation, and parole, settings in which medical treatment is rarely given nor accessible (Prins 2014). Although individuals in prisons and jails have a right to receive medical care, most prison facilities are unequipped to handle the severity of some illnesses—as many inmates with mental illness require intensive, hospital-level care (Torrey et al. 2014). Because of this, many individuals do not receive the treatment they need while in prison, and their illness ends up worsening over time. The National Alliance on Mental Illness (n.d.) claims that at least 83% of inmates with a mental illness will not have access to proper medical treatment. In addition, once individuals with mental illness are released from prison, many no longer have access to healthcare and benefits (*Jailing People with Mental Illness* n.d.). A criminal record often makes it difficult for a person to obtain a job or housing, causing many returning citizens to lose access to healthcare, wind up homeless, or get re-arrested. This demonstrates how proper medical treatment and rehabilitation are not being prioritized for individuals with mental illness.

As previously mentioned, the idea of defunding the police originally stemmed from the police abolitionist movement, which aimed to abolish the police as well as the prison industrial complex (Cineas 2020). It could be argued that defunding the police, through its emphasis on rehabilitation and social services like CAHOOTS, will allow the U.S. to more easily transition from a punitive criminal justice system to a system that prioritizes rehabilitative justice and

reintegration into society. By defunding the police, funding would be directed towards psychiatric facilities instead of the industrial prison complex, as well as social services like CAHOOTS that would be able to effectively provide transportation to those psychiatric facilities. Moreover, this transition could theoretically lead to the abolition of police and the U.S. prison system due to social services being relied on more often to prevent crimes before they even occur. This would consequently reduce the need for policing and imprisonment over time until the system is fully abolished.

Conclusion

During a mental health crisis, individuals are more likely to encounter the police than get professional medical help. As a result, approximately two million people with mental illness are arrested and put into jail each year. This is because a majority of police officers do not have sufficient knowledge on how to safely and effectively approach an individual in mental distress. The existing research supports the theory that specialized training for law enforcement officers improves the interaction between police officers and individuals with mental illness. Specialized training programs, like the Crisis Intervention Team (CIT) and community-oriented policing (COP), for police officers results in an increased effectiveness in meeting the needs of those in crisis, keeping them out of jail, minimizing time invested in mental health calls, maintaining community safety, and referring those with mental illness to psychiatric hospitals.

Although specialized training for police officers does improve outcomes of mental distress calls in most cases, programs like CIT and COP are still flawed. The biggest issue with specialized programs like these are that they have yet to be federally mandated, which means police departments are not required to implement these kinds of programs, despite how beneficial they may be. It is arguably most effective to defund the police, which involves the

reallocation of funds to social services and programs like CAHOOTS. Previous research has shown that social services like CAHOOTS have provided better outcomes for individuals with mental illness and are virtually more cost-effective than relying on police.

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