Barriers and enablers experienced by police officers when responding to individuals in suicidal crisis: A pragmatic review of the evidence

Kelly Chidgey
Honours Candidate
Mental Health and Suicide Prevention Research Group

Professor Nicholas Procter
Chair: Mental Health Nursing and
Convenor: Mental Health and Suicide Prevention Research Group

Professor Carol Grech
Head of School
School of Nursing and Midwifery

Dr Amy Baker
Lecturer: Occupational Therapy
School of Health Sciences

Suicide is a complex and multi-faceted phenomenon affecting society at both a broad and individual level. Each year, close to 800,000 lives are lost to suicide and globally suicide is the second leading cause of death among people aged 15-29 years (World Health Organization, 2017).

Police, by the nature of their work, inevitably interact with people in mental distress and this also includes suicide and self-harm crisis intervention. Police are known to spend anything from 10 to 30% of their time responding to mental health incidents (Coleman & Cotton, 2010; Kesic, Thomas, & Ogloff, 2010). In some instances, police may detain a person with a mental health related concern as often as every two hours (Office of Police Integrity and Victoria, 2012).

While the World Health Organization (2012) stressed the importance of comprehensive training for police officers when responding to people in suicide and self-harm crisis, the type and duration of training received can vary. In Australia, there is considerable variation in how police are trained to manage people in suicidal crisis across states and territories. In New South Wales selected police take part in a four-day training course, however this is not a consistent approach across the country and it has been reported that police consider themselves unprepared when responding to mental health incidents (Spence & Millott, 2016).

Strong collaboration between agencies has been identified as a strategy to improve the outcomes for those in mental health crisis (Lee et al., 2015; World Health Organization, 2013). However, even with collaboration and training, mental health call-outs are considered a highly challenging aspect of police work. Managing the risk of the responding police officers or bystanders being harmed is always a consideration. A phenomenon known as ‘Suicide by Cop’ has been reported in the literature (Mohandie, Meloy, & Collins, 2009). Suicide by Cop (SbC) occurs when an ‘individual purposely provokes the police to shoot and kill him or her’ (Dewey et al., 2013). Despite what has been reported in the literature, there are still gaps in what is known about how police respond to people experiencing a mental health crisis in the community.
Aim

The aim of this brief review is to examine published evidence on the police responses to individuals displaying suicidal or self-harming behaviours. Specifically, the nature, scope and consequences of this aspect of police work, discussing how police may improve systems and practice at the time of their interactions.

Methods

A comprehensive search for peer reviewed articles published between 2007 and 2017 was conducted. This period coincided with Australian Police Forces' implementation of national measures to improve the management of mental health incidents in the community. The databases searched were MEDLINE, Academic Search Premier, Psychology and Behavioural Sciences Collection (PBSC), ERIC, PsychINFO and ProQuest using variations of the following terms: police, suicide, self-harm and mental health. To be eligible for inclusion in the review, studies needed to be peer-reviewed primary research articles that focused primarily on police response to an individual in crisis and that focused primarily on individuals who are in suicide or self-harm crisis. Articles were excluded if they were not written in English.

Results

Database searches identified 436 articles with 12 studies meeting the criteria for inclusion in the integrative review. There were 11 quantitative studies and one mixed method which all utilised retrospective data from various sources such as police databases and coronial inquest reports. There was one qualitative study that featured semi-structured interviews with police negotiators.

Themes

Analysis of the literature reveals the following themes: characteristics of individuals, the use of violence and weapons, contact with police prior to suicide and police officer training.

Characteristics of individuals

Age

In four studies where individuals came into contact with police, the average age of the individual was 35 years (Dewey et al., 2013; Forrester et al., 2016; McLeod et al., 2014; Mohandie & Meloy, 2011). A further four studies reported on participants with mean ages between 30 and 42 years old (Ho et al., 2007; Kesic et al., 2010; Linsley et al., 2007; Ritter et al., 2011) and one reported a mean age of 40 years for females (Mohandie & Meloy, 2011). Two studies did not report the mean age of people who had contact with police, however one study reported that 51% were aged over 30 years and 49% were under 30 years old (Maharaj et al., 2011) and the other reported that 41% were aged 25 to 39 years old and 36% were 40 to 59 years old (Lord, 2010).

Relationship status

Five studies commented on the relationship status of the individual in crisis as part of their research. Mohandie and Meloy (2011) found that 75% of the women were experiencing intimate partner relationship problems immediately prior to police involvement, with 58% recently ending a personal relationship. In the original study conducted by Mohandie et al. (2009), 72% of individuals experienced relationship problems prior to their crisis, whereas Dewey et al. (2013) identified that approximately 35% of SbC individuals were having relationship problems. Maharaj et al. (2011) found that 80% of individuals that police referred for further mental health treatment were not in a relationship at the time of referral, and Lord (2010) found that
65% of people who attempted or completed suicide were not married. These results indicate that having a stable relationship is a mental health protective factor and could help mitigate a mental health crisis.

**Intoxication and substance use**

Five of the studies revealed that over 50% of individuals were under the influence of an illicit substance at the time of their interaction with police (Dewey et al., 2013; Ho et al., 2007; Kesic et al., 2012; Mohandie & Meloy, 2011; Mohandie et al., 2009). In SbC cases involving women, 58% were under the influence of an illicit substance at the time and 42% were under the influence of alcohol (Mohandie & Meloy, 2011). Mohandie et al. (2009) reported on alcohol and methamphetamine use only and found that the proportion of individuals affected was 36% and 16% respectively: it is unknown how many others were affected by other substances. Other SbC research found that 66% of individuals were under the influence of an illicit substance or alcohol at the time of incident (Dewey et al., 2013). Lord (2010) found that 59% of individuals had a drug or alcohol habit and 47% of people were under the influence of one or other of these substances at the time of attempted suicide or suicide death. Forrester et al. (2016) reported that 58% of individuals with suicidal ideation in police custody had consumed alcohol or drugs in the 24 hours prior to their arrest and 58% were still under the influence of alcohol. The research conducted by Ho et al. (2007) showed that 30% of mentally ill individuals were under the influence of a substance and a further 59% of individuals who were not described as mentally ill were also under the influence of a substance when a conducted electrical weapon was used against them.

Police also provided practical support and assistance to individuals regarding their substance use, with one study showing that police referred 72% of patients for mental health treatment who presented with alcohol or drug problems, compared with 49% of individuals who were referred by other sources (Maharaj et al., 2011).

**History of mental illness**

In the study conducted by Mohandie and Meloy (2011), which was focused on women only, all participants had a confirmed or suspected history of mental illness prior to the suicidal event. Of those, 67% were clinically assessed to be experiencing depression or some form of mood disorder, 50% had a prior psychiatric hospitalisation and 42% of the individuals were described as having psychotic symptoms at the time of the event. Six of the studies found that over 50% of individuals had a mental illness diagnosis or had expressed prior suicidal ideation (Dewey et al., 2013; Forrester et al., 2016; Kesic et al., 2012; Lord, 2010; McLeod et al., 2014; Mohandie et al., 2009). The incidence of a person having experienced an earlier psychiatric hospitalisation prior to the police interaction was reported in four studies, occurring between 16% and 59% of the time (Dewey et al., 2013; Forrester et al., 2016; Lord, 2010; Mohandie et al., 2009). Many participants experienced symptoms of psychosis at the time of police contact, including 51% of participants in one study (Maharaj et al., 2011) and 21% in another study (Mohandie et al., 2009). Linsley and colleagues (2007) reported that 41% of participants who had been in contact with police in the three months preceding their suicide had also visited a general practitioner within that same period and 32% of individuals had a history of contact with local mental health services.

**Incidents involving violence and weapons**

**Violence**

Mohandie and Meloy (2011) found that 58% of the women studied attempted or engaged in violence against civilians and 60% against police. Whilst a small sample (n=21), the study found that there was a 25% chance of either a bystander or a police officer becoming injured. Two studies found that 29% to 33% of the individuals had prior history of violence towards others (Forrester et al., 2016; Mohandie & Meloy, 2011).
Three of the studies found that participants were aggressive towards others: Mohandie et al. (2009) found that 90% of participants were aggressive towards police and 49% harmed or attempted to harm civilians prior to or during the incident; Lord (2010) found that 28% of individuals used violence against others; and Kesic et al. (2012) reported that 91% of individuals displayed aggressive or violent behaviour, with 80% threatening police officers and 16% threatening citizens, with officers being physically assaulted in 22% of incidents. It was also shown that those who were violent or who threatened lethal violence towards others were more likely to be referred for treatment, with 49% of referred patients behaving violently or threatening violence prior to detention by police (Maharaj et al., 2011).

Presence of weapons
The presence of weapons was found to be a substantial issue in Australia and North America, with all articles reporting on SbC showing that a large proportion of individuals were armed during their encounter with police. One study found that all participants (all of whom were female) were armed with a weapon at the time of the event (Mohandie & Meloy, 2011). In the other three other studies, 40% (McLeod et al., 2014), 80% (Mohandie et al., 2009) and 91% of individuals (Kesic et al., 2012) were armed with a weapon. One study reported that 48% of individuals armed with a firearm discharged it towards attending police officers (Mohandie et al., 2009) and another reported that weapons were used by 66% of individuals during the encounter with police (Lord, 2010). None of the studies conducted in the United Kingdom reported on the use of weapons by individuals.

Communication
Communication prior to involvement with police
One study found that 58% of women communicated a suicidal intent prior to the incident, with 57% of those communicating their intention in the minutes leading to the event (Mohandie & Meloy, 2011). This study also found that 25% of participants left a suicide note (Mohandie & Meloy, 2011). Mohandie et al. (2009) found that 55% of individuals communicated their suicidal intent in the two months leading up to the event, 27% of those communicated their intention in the minutes leading up to the event. The same study reported that 14% of individuals left a suicide note. Two further studies also reported that individuals either communicated their suicidal intent or actually made attempts to end their life (Dewey et al., 2013; McLeod et al., 2014).

Communication during an incident
A number of individuals expressed their suicidal intent during an incident with police. It was found that 75% of women talked about their suicidal ideation during the incident (Mohandie & Meloy, 2011); 97% of individuals verbalised suicidal intent during the incident (McLeod et al., 2014) and 61% of individuals talked about their suicidal ideation during the incident (Mohandie et al., 2009). Kesic et al. (2012) found that in 33% of incidents, the person communicated their suicidal intent and in 73% of incidents the person’s actions indicated that they wanted police to shoot them.

Prior contact with police
Seven of the studies reported on the amount of contact an individual had with police prior to their crisis, whether this be as a victim or a perpetrator. This amount of prior contact varied across studies. Four studies found that over 60% of individuals arrested had a prior criminal history (Dewey et al., 2013; Forrester et al., 2016; Kesic et al., 2012; McLeod et al., 2014) and three studies found that between 22 and 40% of individuals were either facing jail time, were currently on bail, parole or probation or had prior parole violations (Dewey et al., 2013; Forrester et al., 2016; Mohandie et al., 2009). Mohandie and Meloy (2011) found that 33% of participants had prior criminal histories. One study found that 56.5% of individuals had been a victim of crime (McLeod et al., 2014). The study conducted by Linsley et al. (2007) focused on the three months prior to a
person’s suicide and found that 12% of people had contact with the police as victims in the 3 months leading up to their suicide, 12% of people had been arrested in the 3 months prior to their suicide and 7% had been in contact with the police as both victims and perpetrators in the 3 months prior.

**Police training**

Two studies in the review referred to specific mental health training for police officers. One study looked at the outcomes and decisions made by officers who had received CIT training (Ritter et al., 2011). Ritter and colleagues (2011) suggested that training in the existence of local treatment options could impact on whether an officer chooses to intervene before a crisis necessitates arrest. The authors concluded that officers who were better trained were more likely to choose treatment options over other options available to them such as arrest or leaving a person at the location. The second study, conducted by Spence and Millott (2016), consisted of interviews with police officers who had received negotiator training. The researchers found that 94% of trained negotiators felt equipped to deal with suicidal encounters and that their untrained counterparts were not prepared and that this could affect their attitude towards suicidal individuals. Some negotiators felt that maintaining the required level of training to respond to these types of incidents was difficult and this may be a deterrent for ‘mainstream’ police officers.

**Discussion**

The research suggests that individuals involved in incidents of suicidal and self-harm crisis with police are often male, between 35 and 40 years old, single or having relationship issues, with a history of mental health concerns and who were in contact with police prior to the suicidal incident either as a victim or a perpetrator. Individuals in suicidal or self-harm crisis are also likely to express their suicidal ideation during the event and often will have expressed their feelings prior to the contact with police.

This review also highlighted that a large proportion of individuals in crisis are likely to be violent or aggressive towards others and in many cases are also armed with a weapon, which can be used to either threaten or injure themselves, police and/or bystanders. The studies that discussed the use of weapons in detail were from America or Australia, where citizens are able to gain access to weapons, specifically firearms, relatively easily (Dewey et al., 2013; Kesic et al., 2012; Lord, 2010; McLeod et al., 2014; Mohandie & Meloy, 2011; Mohandie et al., 2009). As such, the results may not reflect the nature of these incidents in other countries, where access to weapons is restricted.

Another common feature amongst individuals in suicidal crisis who encountered police, is that they are highly likely to have a history of mental illness such as depression. Whether police officers have access to this information during an incident was not explored. The review also shows that some individuals may not decide to follow through with their suicidal intent until they have encountered police (Mohandie et al., 2009).

Substance misuse was also found to be a factor, presenting an additional complicating dimension, which is likely to shape and inform the options chosen by police responding to an incident. Substance misuse can increase non-compliance and violent behaviour and can also increase the severity of symptoms experienced by a person (Borum, Swanson, Swartz, & Hiday, 1997). It has been shown that police officers refer more patients to hospital showing signs of substance misuse, than other sources (Maharaj et al., 2011), although the studies reviewed did not expand on why this is the case.

The included studies showed that police felt better prepared to respond to mental health incidents if they had training (Spence & Millott, 2016) and those who are better trained were more likely to transport individuals for treatment rather than arresting or leaving them (Ritter et al., 2011).
Limitations

Ten of the studies were quantitative and as such the attitudes of police officers, consumers and mental health professionals were not explored in detail. This limits the conclusions that can be drawn, such as whether better collaboration between police and other agencies can improve outcomes for individuals in suicidal crisis interacting with police. Further research could be undertaken into the conceptualisation by police of people in self-harm and suicidal crisis and what this means in relation to future training and workforce development needs. Additional areas of inquiry not covered as part of this review were methods used to transport a person in mental distress and the impact that this can have on the person concerned. It would be beneficial to explore the differences involved in transporting an individual in a police vehicle compared with other methods. Does the use of a police vehicle unnecessarily trigger an individual placing them at increased risk of further distress?

References


### The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice (SLICP) is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and suicide prevention. The strategic purpose of the initiative is to demonstrate through research and practical example, how much consumers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. With a nursing focus and multidisciplinary in composition, the aim of each publication, podcast, film, social media communication and symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking. Shared Learning in Clinical Practice updates are regularly posted on Twitter at @MHResearchUniSA.

Further information is available from:

Professor Nicholas Procter
Chair: Mental Health Nursing, University of South Australia
t 08 8302 2148
e nicholas.procter@unisa.edu.au