

A Qualitative Study of Police Interactions as Perceived by People Living with Mental Disorder

by

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Abstract

Police officers are often the first responders to individuals in crises. Understanding the dynamic interaction between police and persons living with mental illness is critical to developing interventions and appropriate services for this population. Using procedural justice theory, this study involves a qualitative thematic analysis of interviews conducted with 60 people living with mental illness regarding their interactions with police officers. The results indicate that common factors influence how the experience is evaluated and contributes to individual perceptions of police. These include experiences of stigma, having a voice, respect, compassion, and the use of violence. Participants identify mental health education as an important element of police training while also emphasizing the need for increased collaboration between police and health authorities. This study finds support for procedural justice theory insofar as the way that the participants were treated aside from the outcome, mattered in their overall perception of police legitimacy.

Keywords: procedural justice; mental illness; policing; stigma; therapeutic outcomes; mental health training

*To all people living with and personally
affected by mental illness,*

*To the interview participants who
courageously shared their stories of
adversity and perseverance,*

I humbly dedicate this thesis.

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1. Introduction

Historically, police departments have been paramilitary bureaucratic structures and have been unresponsive to the external environment (Kelling & Moore, 1997, as cited in Coleman, 2008). In contrast to the traditional framework, contemporary policing is an “open” system which involves consultation, collaboration and cooperation with communities to establish mutually beneficial relationships and shared values (Coleman, 2008). This is very much relevant to the idea of a *system approach*. According to systems theory, “all parts of a system are interrelated and dependent on one another, so that change in one area will affect others” (T. G. Coleman & D. H. Cotton, 2010, p. 41). For example, a change in the civil mental health system such as deinstitutionalization, may subsequently lead to a change in the criminal justice system through increased contact with mental illness in the community.

Jurisdictions around the world are seeking and implementing programs to improve police interactions with persons with mental illness. Examples of popular pre-arrest diversion programs in North America include Crisis Intervention Teams (CIT) and mobile health cars which, although varied, typically include a plain-clothes officer and a psychiatric nurse (Steadman, Deane, Borum, & Morrissey, 2000). However, limited aspects of program development have been informed by evidence-based research. This is partly due to the paucity of empirical police program evaluations which could elucidate the crucial and transferable elements of each program.

There is a distinct need to gain a better understanding the nature of police interactions with persons with mental illness. One concern is that research in this area rarely involves consultation with persons living with mental illness whom have come into contact with police. The study described in this thesis intends to help address this gap by exploring police encounters from the perspective of persons living with mental illness. The study involves a qualitative thematic analysis of 60 interviews conducted with persons living with serious mental illness. The analysis involves both a deductive and

inductive approach, using the procedural justice framework as a theoretical lens. The underlying premise of procedural justice is that perceptions of authority figures are shaped by whether an individual believes they were treated fairly *during* the personal encounter with the agent of authority.

In the first section of the thesis, I explore the literature regarding police interactions with persons living with mental illness including what we know about the prevalence and nature of such encounters. I also briefly explore the debate about the link (or lack thereof) between violence and mental disorder as well as complicating factors such as homelessness and substance abuse. While the primary subject of exploration is policing, these variables naturally contribute to the environmental factors that have an influence on how and why persons with mental illness are coming into frequent contact with the criminal justice system. As will be revealed in the interview data, psychiatric status is one in a complex web of risk factors contributing to experiences, treatment and outcomes. Following, I provide some context for the procedural justice theory, which was used as a sensitizing framework for this study.

1.1. Police Interactions with Persons with Mental Illness

Involvement with police and the criminal justice system among individuals living with mental illness has become a crucial concern for criminal justice and mental health officials. Deinstitutionalization; the term used to describe the large-scale closure of inpatient beds starting in the 1960s, is partially responsible for the increased contact (Durbin, Lin, & Zaslavskaya, 2010). People who are suffering from chronic mental health problems in the community face the challenge of inadequate and inappropriate community-based services (Matheson et al., 2005). The trend of “re-institutionalization” has been used to describe the phenomenon of a shift in responsibility for persons with mental illness from the psychiatric facilities to the jails (Priebe et al., 2005, as cited in Durbin et al., 2010). The police have become the frontline professionals in managing mental health crises and are often the first to be called for mental health emergencies (Lamb, Weinberger, & DeCuir, 2002; Matheson et al., 2005). Law enforcement officials have assumed the role of “street corner psychiatrists” or “psychiatrists in blue” (Menziez, 1987).

The rationale for police to intervene in the lives of persons with mental illness stems from two common law principles: the power and authority of police to protect the safety of the community, and the *parens patriae* doctrine which grants to the state the power to protect citizens with disabilities, such as the acutely mentally ill (Lamb et al., 2002). Police officers are often the first responders to individuals in crisis; they make the critical decision as to who gets arrested, who gets medical service and who gets released (Canada, Angell, & Watson, 2010). As such, police officers play a crucial role in pathways to care.

Unsurprisingly, scholars and policy-makers have turned attention toward police interactions with persons with mental disorder and the related literature will serve as the focus for this review. Understanding criminal justice involvement among persons with mental illness is critical to developing interventions and services for the spectrum of individuals in this population (William H. Fisher et al., 2006). An important step in gaining a broadened perspective is considering the prevalence and patterns of contact and arrest amongst persons with mental illness.

I explore the prevalence and nature of police interactions with persons living with mental illness, taking into consideration the long-debated link between mental illness and violence. Following, I review the role of violence, homelessness and substance abuse. Lastly, I investigate the value of Procedural Justice Theory (PJ) as a theoretical framework that can be used to evaluate subjective experiences with agents of authority and achieve a superior understanding of process-based regulation.

1.2. Prevalence and Patterns of Police Contact

Studies suggest that 5 percent of police dispatches involve people with mental health problems and 3 in 10 people with mental illness have had the police involved in their care pathway (Brink et al., 2011). The assertion of ever-increasing contact between police and persons with mental illness is widespread, but the empirical bases are not well-established. Crocker, Hartford, and Heslop (2009) conducted a large-scale study using the administrative database of the London Police Service (LPS) in Ontario and estimated that interactions with persons living with serious mental illness constituted

about 3 percent of all police-citizen contacts from 2000 to 2005. Literature referenced by Watson, Angell, Vidalon, and Davis (2010) indicated that 2.7-5.9 percent of all those considered suspects by police have a serious mental illness. In a study conducted in the United States, it was estimated that up to 7 percent of monthly police contact involves a person with serious mental illness (Borum, Williams Deane, Steadman, & Morrissey, 1998). Cotton (2004) surveyed three police forces in Ontario and British Columbia and found that 25.7% of officers had contact with a person with mental illness at least once per week and 75.7% had contact at least once per month.

A survey in Vancouver, British Columbia suggested that more than one third of police calls involve a person with mental illness (Wilson-Bates, 2008). That said, the Wilson-Bates (2008) report relies on a questionable methodological approach; namely, data collection over a mere two week period. In a study conducted by Brink et al. (2011, p. 8) to assess how people with mental illness perceive police officers, numerous and recent contact were common amongst participants, with 21% of survey participants and 37% of interview participants reporting more than 25 interactions during their lifetime. While the empirical data for police contact is lacking, the scope of mental illness in BC is unambiguous. Data from a 2007 *Severe Addiction and Mental Illness (SAMI)* chart exposes the scope of the mental illness and substance abuse in BC with some 260,069 severe cases including substance use disorder, major depression, bipolar disorder, and schizophrenia (Thompson, 2010).

These studies suggest that persons living with mental illness are encountering police at a disproportionately higher rate than the general public. However, these studies do not inform us about the nature of these interactions. Important questions include: under what circumstances are persons with mental illness interacting with police? and; what factors influence the outcomes of those interactions? One contentious justification for increased police contact with persons living with mental illness is the *criminalization hypothesis*.

1.2.1. The Criminalization Hypothesis

In addition to frequency of contact, studies also indicate that people living with mental illness are generally more likely to be formally charged than individuals who do

not live with a mental illness. In the London Police Study, men and women with mental illness suspected of violent crime were more likely than their counterparts without mental illness to be formally charged (Crocker et al., 2009). In a chronological review of studies over a ten year period beginning in 1980, Schellenberg, Wasylenki, Webster, and Goering (1992) show that the subgroup of homeless mentally ill are especially prone to arrest. While the authors propose that the arrest rate is higher for psychiatric patients than their counterparts, they speculate that this may be a result of a subgroup with multiple arrest rates. This hypothesis has been supported in more recent literature. William H. Fisher et al. (2006) found that the likelihood of arrest appeared substantial among persons living with severe mental illness, but the bulk of offending appeared concentrated in a small group of people. More precisely, 5 percent of arrestees (1.5 percent of the cohort in the study) accounted for roughly 17 percent of arrests (William H. Fisher et al., 2006). Notwithstanding this finding, the authors found that 28 percent of the cohort experienced at least one arrest, which is considerably higher than the average arrest rate for the general population. According to Brink et al. (2011) 40 percent of persons living with mental illness have been arrested in their lifetime. These findings beg an important question: if people living with mental illness are being charged at a disproportionate higher rate than their non-mentally ill counterparts, are they being targeted by police or plainly more likely to commit crime?

Research in this area is somewhat contradictory and the issue is yet to be concretely resolved. The term criminalization was first used by Abramson (1972, as cited in Engel & Silver, 2001) to characterize what he identified as a disproportionate number of persons with mental disorder entering the criminal justice system via arrest for misdemeanours. Since the term was coined, definitions are varied throughout the literature, with some scholars referring to arrest, and other requiring prosecution or jail (Steury, 1991). Differences in definition may also be reflected in the seriousness of offense. Some scholars limit the definition to minor offences and others include any type of offense (Engel & Silver, 2001). Lamb and Weinberger (1998) summarize the early understanding of the term: “many uncared for mentally ill persons may be arrested for minor acts that are, in fact, manifestations of their illness, their lack of treatment, and the lack of structure in their lives” (p. 227). It follows that the term has been used to suggest

some form of targeting or unfair punishment towards persons with mental illness on behalf of law enforcement agents.

Engel and Silver (2001) challenge this version of the criminalization hypothesis and suggest that mentally disordered suspects involved in less serious offenses (misdemeanours) were *less* likely than non-mentally disordered suspects to be arrested. Others who have discounted the criminalization hypothesis have suggested that the sociodemographic factors that predict arrest among persons with mental illness are the same as those in the general population (Godfredson, Ogloff, Thomas, & Luebbers, 2010). Engel and Silver (2001) also make the imperative point that punishment need not be the only or primary reason for arresting a person living with mental illness. For example, in some instances police may be more inclined to bring someone to jail if they believe no other appropriate options are available. Arrest may be the most pragmatic disposition option and the only way to keep the person off the street and safe from harm in the absence of suitable civil services (Wells & Schafer, 2006). Some officers have referred to this practice as “mercy booking” (Lamb et al., 2002).

Brink et al. (2011) stresses that while some research suggests the police are less likely to arrest mentally ill suspects, the bulk of research indicates that police are more likely to arrest mentally disordered suspects than those not suffering from mental disorder. Officers should be trained to identify signs of mental disorder so as not to be inappropriately swayed toward arrest by aggressive or otherwise confrontational cues (Steadman et al., 2000). Police also face the obstacle of deciphering what is considered mental illness. There is a large gray area between behaviour that is mentally disordered or simply disorderly, which allows for discretion in choosing the final disposition (Teplin & Pruett, 1992).

William H. Fisher, Packer, Simon, and Smith (2000) sought to test the criminalization hypothesis by comparing the prevalence of mental illness among jail detainees from systems with different levels of community-based services. Based on the criminalization hypothesis, one would expect that the jail that operated in one of the best-funded community mental health systems would house fewer individuals with mental illness. However, no difference was observed in rates of severe mental illness among individuals received by the two jails over the same six-month period. While

diverting persons with mental illness from the criminal justice system into mental health services is a worthy endeavour, empirical support for the idea that mental health service *alone* will itself reduce recidivism, appears weak at best (William H. Fisher et al., 2000). Skeem, Manchak, and Peterson (2011, p. 116) suggest that programs that will be the most effective in reducing recidivism are those that target needs closely related to criminality:

Persons with mental illness are at greater risk of being poor and living in settings that are rife with illicit substances, unemployment, crime, victimization, family breakdown, homelessness, health burdens, and a heavy concentration of other marginalized citizens (p. 116).

With respect to arrest, most studies seem to show that people living with mental illness are not arrested more frequently than others committing the same offences (MacPhail & Verdun-Jones, 2013). Generally, people with mental illness come into contact with the justice system for the same reasons as those without mental illness—because they are committing crimes (Becker et al., 2011, as cited in MacPhail & Verdun-Jones, 2013). Overall, support seems to have dwindled for the original understanding of the criminalization of mental illness.

Persons with mental illness are also more likely than their non-mentally ill counterparts to have contact with police as victims, given their vulnerability. Individuals with a serious psychiatric diagnosis (such as schizophrenia) are at especially high risk of criminal victimization (Marley & Buila, 2001). The sample for the current project revealed that a diverse range of circumstances brought the interview participants into contact with the police (Brink et al., 2011). Some of those reasons included mental health crisis, traffic violation, requested assistance as a victim of crime, requested assistance as a witness to crime, served with a warrant, intoxication, or police transport to hospital¹. Accordingly, a minority of police encounters with persons living with mental illness involve violent criminal conduct. This finding is consistent with studies from both Canada and the United States which reveal that people living with mental illness often commit less serious offenses such as public disturbances or minor property offences (Hiday, 1992; Hoch, Hartford, Heslop, & Stitt, 2009). From their review of 17 articles,

¹ See Appendix A. for a complete list of the various types of contact with the police, as reported by interview participants in the Police Project.

Brink et al. (2011) determined that approximately 2 in 5 (40%) encounters between police and persons living with mental illness involve non-violent, less serious criminal acts (p. 31).

Whether the contact between and persons living with mental illness is attributable to increased violence, increased victimization or a propensity to criminalize, the fact remains that these interactions are worthy of scholarly attention (Cotton, 2004). Hostile confrontations between police and persons with mental illness are often explained by the commonly held notion of mental illness being itself, an indicator of dangerousness. Following, I consider the question of association (or lack thereof) between violence and mental illness.

1.3. Mental Illness and Violence

In general, it is falsely assumed that mentally ill persons are more likely than non-mentally ill persons to be dangerous (Lipson, Turner, & Kasper, 2010). People with mental illness are often depicted in the media as being violent, dangerous and unpredictable. The assumption that people with mental illness are dangerous has played a role in the development of civil commitment laws and has contributed to social rejection and stigma. While the topic has been long-debated, the link remains unclear (Phelan & Link, 1998).

Mulvey (1994) asserts that there is a link between mental illness and violence despite earlier contradictory findings. However, the link appears to be small and there is no consistent body of evidence indicating the relative strength of this association in comparison to other risk factors such as socioeconomic status and history of violence. The most striking and consistent finding is that substance abuse and dependence increases the risk of involvement in violence (Salloum, Daley, Cornelius, Kirisci, & Thase, 1996; Smith & Hucker, 1994; M. S. Swartz et al., 1998). In a study involving involuntarily-admitted patients with severe mental illness, respondents with both noncompliance and substance abuse problems were more than twice as likely to commit violent acts, while those individuals with either of these problems alone had no greater risk of violence (M. S. Swartz et al., 1998). The authors conclude that the co-occurrence

of substance abuse with noncompliance may explain much of the observed relationship between violence and mental disorder. This finding has been replicated throughout the literature. Hiday (2006) conducted a review of studies from eight countries and found that in all cases the risk of violence is higher, double or more, for those with substance use disorders than those with severe mental disorder.

While many scholars have considered the role of drugs and alcohol in increasing the risk of violent involvement, others have focused on the role of certain disorders or psychotic symptoms. The foremost question with this route is what kinds of mental illnesses predict violence among mentally ill populations. Swanson, Borum, Swartz, and Monahan (1996) replicated a study that found an increased risk for violence to be associated with a particular cluster of psychotic symptoms known as threat internal-control override (TCO), which refer to an experience of feeling threatened by others and a perceived inability to control ones thoughts. Those with TCO symptoms were twice as likely as those with other psychotic symptoms to have been violent. Ten years later, Teasdale, Silver, and Monahan (2006) adjusted this view because they found that responses to TCO symptoms were gendered. That is, men are significantly more likely than women to engage in violence during periods when they experience threat delusions. On the contrary, Appelbaum, Robbins, and Monahan (2000) found that while both general and TCO delusions can precipitate violence in individual cases, neither type increase the overall risk of violence for either gender in persons living with mental illness in the year following discharge from hospital.

In studies focusing on the role of specific mental illnesses (schizophrenia, affective disorder or anxiety disorders) a link to violence has been small or nonexistent. However, risk factors that exist in those without mental illness also exist in those with schizophrenia, with strong predictors being substance abuse and history of violence (Walsh, Buchanan, & Fahy, 2002). While the link between persons with mental illness has gained significant scholarly attention, different types of measurement have been used with a variety of patients. More importantly, a formal test of whether mental illness *causes* violence would require one to specify a causal model that should include variables on substance misuse, psychopathy/antisocial personality disorder, victimization, and community disorganization (Hiday, 1992, 2006). The picture of the precise relationship between mental illness and violence remains blurred.

It is worth noting that the risk of violence is not the only issue when an individual suffering from psychosis is deemed to be violent. When violence is committed by individuals suffering from psychosis, the acts tend to be more bizarre in nature. Vince Li's murder and cannibalism of Tim Mclean in 2008, is a much publicized example a bizarre crime committed under paranoid delusion ("Greyhound killer believed man he beheaded was an alien," 2012). Junginger (1996) refers to "psychotic action" to explain that violence is sometimes consistent with the themes and content of concurrent delusions. For example, persecutory delusions may lead an individual to commit violence or even homicide to "protect" him or herself.

In general, violence studies serve to shed light on the particular sets of problems experienced by persons who suffer from severe mental disorder. A casual interpretation of statistical associations between violence and mental illness remains unclear (Arboleda-Flórez, Holley, & Crisanti, 1998). With limited hospitalization, strategies for managing violence in the community has become a focus for policy-makers and can be better informed by research on the factors associated with increased risk of violence. The data suggest that the availability of integrated substance abuse and mental health treatment is essential for effective community treatment.

The literature on the relationship between violence and mental illness is extensive, controversial and conflicting; an exhaustive appraisal will not be presented here. Important for the purposes of this review is the *perception* that mentally disordered individuals pose a violent threat, which may affect the way that police handle mental health calls. There are catalysts that exist in the context of police interaction with mentally disordered suspects, which can serve to increase the likelihood of aggression and use of force. While mental illness does not appear to be a direct predictor of violence, there are factors that make the interaction between police and persons with mental illness more sensitive than interactions with persons not suffering from mental disorder. The complexities of homelessness and substance abuse are considered next.

1.4. Homelessness and Substance Abuse

Studies estimate that approximately one-third of homeless persons meet the diagnostic criteria for major mental disorder (Shlay & Rossi, 1992). Homelessness is considered to be an important pathway to crime and incarceration among the mentally ill population (Lamb & Weinberger, 2001; McCarthy & Hagan, 1991). Surveys of jail inmates indicates that those with mental disorder were more likely than their counterparts to be homeless at the time of arrest and in the year before their arrest (McCarthy & Hagan, 1991). A study of psychiatric emergency service in San Francisco found that homeless patients were more likely than other patients to have multiple episodes of service and to be hospitalized after an emergency department visit (McNiel & Binder, 2005).

Draine, Salzer, Culhane, and Hadley (2002) explain that poverty moderates the relationship between mental illness and other social problems through factors such as lack of education, problems with employment, substance abuse and low likelihood of prosocial attachments. Thus, it is important to consider supportive housing as an important element of servicing persons with mental illness. It may be worthwhile to address risk factors such as homelessness before focusing on psychiatric treatment programs. Accordingly, mental illness is not a criminogenic need for this population; programs need to target stronger risk factors for crime, such as homelessness and poverty (Skeem et al., 2011).

Some of the consequences of substance abuse for mental health patients include symptom exacerbation, medication noncompliance, disruptive behaviours, increased hospitalization and decreased social functioning (RachBeisel, Scott, & Dixon, 1999). According to J. A. Swartz and Lurigio (2007, p. 582) substance use provides multiple pathways into the criminal justice system, including the commission of income-generating crimes, exacerbation of psychiatric symptoms leading to arrest and nuisance offenses, and the fact that the possession of certain drugs such as cocaine is an offense in its own right. In a study involving involuntarily-admitted patients with severe mental illness, respondents with both noncompliance and substance abuse problems were more than twice as likely to commit violent acts, while those individuals with either of these problems alone had no greater risk of violence (M. S. Swartz et al., 1998).

The co-occurrence of homelessness, mental illness, substance use and violence represents a complicated issue and which invariably impacts the context under which persons with mental illness come into contact with police (Hiday, 2006; Kraanen, Scholing, & Emmelkamp, 2012; MacPhail & Verdun-Jones, 2013; McNiel & Binder, 2005).

1.5. Police Attitudes and Discretion

Police officers have a high level of discretion in encounters with people who have mental illness, but also face a wide range of obstacles in selecting the best disposition option. Wells and Schafer (2006, p. 581) cite some common officer concerns including “the inaccessibility of services, the effort required to secure hospital admissions, poor relations with medical and mental health service providers, inadequate and ill-focused training, inadequate community-based referral options, and the time required to employ non-arrest resources.” Many police departments do not provide clear guidelines for interacting with persons who have mental illness (Lamb et al., 2002). If guidelines are nonexistent or vague, resolutions will be informed by the officers’ biases, beliefs, perceptions and attitudes. As such, Lamb et al. (2002) speculate that the chances of a person with mental illness in a police encounter finding much needed mental health treatment is going to depend primarily on the patrol officer handling the situation.

Recent literature has exposed a keen interest in the influence of police officers’ attitudes regarding mental illness (Godfredson et al., 2010). Scholars present contradictory findings concerning the influence of police attitudes on decision-making. In an Australian study, Mendias and Kehoe (2006) find considerable variability in choice and actions by officers’ and their justification for those actions; citing a strong attitudinal influence. Other scholars report that police attitudes are not visibly different than those of the general population. Cotton (2004) used the *Community Attitudes Toward Mental Illness (CAMI) Scale* to assess police attitudes on four dimensions. Cotton (2004) reports that police are generally tolerant, benevolent and do not ascribe to punitive and isolationist attitudes. However, the relationship between the reported attitudes and police behaviour remains unclear.

Increased understanding of police officers attitudes is important because research suggests that attitudes do indeed affect behaviour, in particular, those that are low in social desirability (Godfredson et al., 2010). According to Cotton (2004) attitude must to be a concern because stigma remains one of the biggest barriers to successful community integration of people with mental illness. For example, Hitch and Clegg (1980) determined that the referral paths to a psychiatric hospital differ according to ethnic membership because of the cultural stigma attached to mental illness among the population. The authors also stress that the reasons for police involvement is far more complex than the explanations cited by the majority of scholars. The role of stigma and attitude will be considered further in the discussion of procedural justice theory and the study findings.

2. Procedural Justice Theory

Effective societal functioning requires public compliance with the law. This includes both the contexts of particular decisions made by legal authorities such as police officers, and compliance with the law in everyday life. Police are among the most visible agents functioning to restrict citizen behaviour. Often, this restriction is presented through the use of negative sanction, or threat of punishment. Tyler (2009) refers to this historic deterrence model as a "high-cost, minimum-impact approach" (p.310). The primary cost of deterrence is the need for a considerable deployment of law enforcement efforts to produce a credible threat of punishment. As such, the system is always limited by state resources. The United States, as a prime example, is struggling to fund the world's largest prison system (Tyler, 2009). The crucial negative consequence of deterrence is that it defines people's relationship with the state as one of risk and punishment as opposed to shared values and concerns.

Tyler (2009) advocates, instead, for a self-regulating approach wherein people voluntarily defer to regulation and follow them, even when they do not anticipate being caught and punished if they do not. Changing the focus from compliance to voluntary cooperation requires that people perceive regulations and law enforcement to be *legitimate*. Tyler (2009) defines legitimacy in this context as "the feeling of responsibility and obligation to follow the law, to accept the decisions of legal authorities, and to cooperate with and help legal authorities to do their jobs" (p. 313). Voluntary cooperation produces long-term acceptance of regulations and allows for authorities to focus their resources on long-term societal goals as opposed to incentives and sanctions. The issue of importance is how to engage and create legitimacy of law and legal authorities.

There is a long tradition of jurisprudential literature that asserts that legitimacy of the legal system depends on certain basic principles of fairness. According to Rawls (1971), a well-ordered society is one which is effectively regulated by a public

conception of justice. Theoretically, this society is one in which “(1) everyone accepts and knows that the others accept the same principles of justice, and (2) the basic social institutions generally satisfy and are generally known to satisfy these principles” (p. 4). However, contemporary societies are seldom ordered in this sense because what is just and unjust is typically in dispute. Despite disagreements, most people recognize the need for a conception of justice and are therefore prepared to affirm a set of principles for assigning basic rights and duties. In his theory known as “justice as fairness” Rawls (1971) posits two principles which he believes would be agreed to by all in the original position²:

First: each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others

Second: Social and economic inequalities are to be arranged so that:

(a) they are to be of the greatest benefit to the least-advantaged members of society, consistent with the just savings principle (the difference principle).

(b) offices and positions must be open to everyone under conditions of fair equality of opportunity (p. 53)

Rawls is particularly concerned with distributive justice; that is, the socially just distribution of goods in a society. In the ‘original position’, people advance principles of justice through cooperation with others on mutually acceptable terms, which are perceived to be legitimate.

The interrelatedness of justice, fairness and legitimacy has laid the groundwork for procedural justice theory. According to procedural justice theory, a central factor shaping perceptions about authority figures is whether an individual believes he or she was treated fairly during encounters with agents of authority. Tyler (2009) argues that values can be engaged by legal authorities because they are linked to judgments related to how authority figures exercise their authority. Procedural justice theory informs the proposition that procedures influence rule-related behaviour by shaping the legitimacy of

² The original position is a completely hypothetical scenario in which the parties are equally represented as moral persons. In this position, the parties select principles that will determine the basic structure of the society in which they live. The decision is made behind a “veil of ignorance”, depriving persons of information about his/her ethnicity, race, gender, social status and conception of good. In this state, the principles will accurately reflect free and fair cooperation between citizens since no one will opt to privilege one class over another.

legal authorities. Simply put, if authority is perceived to be fairly exercised, legal authorities will be viewed as legitimate and seen as *entitled* to be obeyed; hence the outcome of voluntary deference. Legitimacy reflects an important social value distinct from self-interest to which social authorities can appeal to gain public deference and cooperation (Tyler & Fagan, 2008).

A crucial element of procedural justice theory is a focus on processes as opposed to outcomes. Historically, people were viewed as evaluating social experiences, institutions and relationships on the basis of outcomes they received. The idea that outcomes drive evaluations of social experience is well-received and conforms to widely-held views of human nature, resources allocation and dispute resolution. I will use a simple hypothetical scenario to illustrate the basic tenets of procedural justice theory. According to early social psychological explanations, if person X sues person Y, person X will be satisfied if the judge decides in his/her favour. In their seminal work, Lind and Tyler (1988) offer a different image: person X might not only be concerned with the outcome, but might also use information about the process to evaluate the experience. Furthermore, person X might very well *lose* the lawsuit (unfavourable outcome) but feel satisfied overall due to feeling respected by legal authorities and having a voice in the process (favourable processes). Thus, evaluations of outcomes and processes together determine one's experience and interpretation of an event. Moreover, process-based models may better explain overall levels of satisfaction than outcome-based models, since the latter cannot account for cases where positive appraisals occur *regardless* of whether the actual outcome was perceived as being favourable (Livingston et al., 2013).

2.1. Applications of Procedural Justice to Persons with Mental Illness

Procedural justice is particularly relevant to authority encounters with marginalized groups such as persons with mental illness. According to Watson and Angell (2007), PJ may in part underlie the emerging success of crisis response teams. Tyler (1992) was the first to suggest that clinical treatment outcomes may be affected by the way that commitment hearings are conducted. Specifically, if the PJ elements of

participation, dignity and trust were enhanced, we might enhance therapeutic outcomes. Susman (1994, as cited in Cascardi, Poythress, & Hall, 2000) supports this hypothesis, stating that "patients are sensitive to and able to distinguish procedural as well as distributive justice issues concerning the resolution of their disputes with staff over drug treatment" (p. 732). In a direct critique of Tyler (1992), Sydeman, Cascardi, Poythress, and Ritterband (1997) present several reasons why civil commitment hearings may not be amenable to procedural justice effects. The authors refer to the group engagement model (Tyler & Blader, 2003) which hypothesizes that procedures are important because they shape people's identity. Cooperation is maintained by the motivation to create and preserve a favourable identity. Sydeman et al. (1997) propose that group-value may not apply because of *anomie*; that is, persons with mental illness may experience persistent and long-standing separation from society and may not yearn for affirmation of status. The authors also reflect on the role of limited mental capacity, suggesting that psychiatric symptoms may interfere with ability to interpret the motivations of others accurately, and attend to and process information. As expected, the critics call for an empirical test of PJ in the context of civil commitment hearings and an examination of outcome on treatment behaviour.

Cascardi et al. (2000) take on the empirical challenge using patients who had recently been admitted to involuntary treatment in Florida. To evaluate whether participants were sensitive to procedural justice manipulations, they showed patients videotaped mock civil commitment hearings; one negative (NPJ) and one positive (PPJ). Next, patients were asked to fill in the *Perceptions of Procedural Justice Questionnaire* (PPJQ) and assess the impact if it had been their own proceeding, on attitudes toward the hospital, treatment and medication. The results of the study indicate that patients were indeed able to discern behaviour indicative of procedural justice; that is, whether the respondent had ample opportunity to present her/his case and whether she or he had been treated respectfully by authorities (Cascardi et al., 2000). Additionally, there was a carry-over effect related to the order that the videos were displayed. Participants who viewed the NPJ video first, were less sensitive to the positive aspects of the PPJ video. The results support the idea that prior experience affects subsequent experience with authority. The critics found support unanticipated support for Tyler's (1992) original hypothesis.

PJ in the context of civil commitment literature is directly relevant to police interactions with persons with mental illness since it is police who are the liaisons to psychiatric treatment for many persons with mental illness living in the community. Watson and Angell (2007) suggest that increasing procedural justice in law enforcement can help to garner trust in the mental health and legal personnel, which in turn may facilitate voluntary treatment and long-term adherence. In other words, the process involved in the initial police interaction with the person with mental illness can impact and set the path for a long-term therapeutic outcome. Watson and Angell (2007, p. 790) succinctly articulate the magnitude of the police role in this context:

As de facto gatekeepers to both the mental health and criminal justice systems, the police, in response to a person with mental illness, play a pivotal role in determining the dynamics of the interaction, the extent to which the person cooperates, the resulting outcome, and perhaps the person's willingness to cooperate with both systems in the future.

According to the authors, procedural justice involves three key antecedents that include participation (voice), dignity and trust. Participation involves the opportunity to present one's side of the dispute and be heard by decision-makers; dignity includes being treated with respect and politeness; and trust refers to belief that the authority is concerned with one's welfare. The focus is on the subjective experience of the process of the interaction as opposed to satisfaction with the outcome. The literature has provided evidence for the compelling idea that process matters, and PJ behaviours are recognizable and relevant to persons with mental illness. A crucial question yet to be considered in any depth is what people with mental illness personally identify as important factors in procedurally (un)fair encounters with agents of authority. One of the aims of the current research is to address this gap in the literature.

3. Methods and Methodology

*"[Changing a culture] is not something you do by writing memos. You've got to appeal to people's emotions. They've got to buy in with their hearts and their beliefs, not just their minds. Stories...teach and energize others to move from the present into a winning future...Never underestimate the power of a good story."
(Kotter & Cohen, 2002, p. 80)*

Although Kotter and Cohen (2002) are professional leadership gurus providing advice for organizational management in the above excerpt, the sentiment is nevertheless relevant to my motivations for pursuing qualitative research. I believe that people generally learn best from hearing stories that strike a chord within us and influence emotion as well as thought. Stories are an ideal way to give practical meaning to an abstract concept and, accordingly, stories have the ability to create social change. There was no doubt in my mind that I wanted my thesis project to involve real people, experiences and narratives. That said, my apprehensions about such a project were just as real as the participants stories of past experiences. My fears, resolves, processes, justifications and the inherent methodological limitations, will be discussed throughout this section.

Conducting qualitative research involves a range of important decisions not the least of which is choosing from an array of inquiry strategies, qualitative approaches and design types. Before this decision can be made, researchers must determine what criteria ought to govern whether they should choose one approach over the other (Creswell, Hanson, Clark Plano, & Morales, 2007). Furthermore, once researchers have decided on an approach, they must also consider the procedures they might follow to develop a process that is grounded in quality, rigour and trustworthiness (Golafshani, 2003). It is important to note that these (and many more) research decisions are not isolated events made in sequential steps. Instead, I endorse what Hesse-Biber and Leavy (2011, p. 7) refer to as the holistic approach, which views research as a process

rather than an event, and views all research choices as interrelated. So, while I will discuss my process of decisions in the relative order in which they were made, the process was iterative as opposed to linear. The route begins with my initial understanding of the lived experiences of persons with mental illness and their interactions with the criminal justice system. This is modified through back-and-forth cycles of data collection, analysis, interpretation, and research design (Kaplan & Maxwell, 2005). To ensure transparency in my final representations of the data, I remained dedicated to the consistent use of detailed and well-organized analytic memos. While cumbersome at times, the commitment to track and critically question every important research decision has proved particularly useful in the writing of this section. I begin this chapter with a discussion of the Police Project which served as my primary data source.

3.1. The Police Project

The data for the current study was originally collected for a project supported by the Mental Health Commission of Canada. In a report, entitled *The Study of How People with Mental Illness Perceive and Interact with the Police* (hereafter referred to as the Police Project), Brink et al. (2011) summarize the results of this comprehensive study. The purpose of the Police Project was to improve the understanding of how people with mental illness perceive and interact with the police (Brink et al., 2011).

The final report sets out the five key research questions guiding the Police Project:

1. What is the extant knowledge regarding interactions between police and people with mental illness?
2. Under what circumstances do people living with mental illness describe interacting with the police?
3. What are the factors that result in positive or negative perceptions regarding police interactions?
4. Do people with mental illness and the general public have different attitudes about the police?

5. How do people with mental illness think that perceptions of, and interactions with, the police can be improved? (Brink et al., 2011, pp. 12-13)

The study was carried out in British Columbia between August 2009 and March 2011. The Police Project was composed of a literature review, focus groups, interviews, and surveys (Brink et al., 2011). The project included 60 people who participated in interviews, 244 who completed surveys, and 28 people who were involved in an initial and final focus group. The project team on the Police Project found only two previous studies that focused on the perceptions and experiences of people with mental illness regarding their interactions with police, both of which were conducted outside of Canada. Accordingly, the Police Project served to fill a gap in the literature by conducting the first in-depth study of its kind in the Canadian context. The Police Project may contribute to research-informed policy and practice particularly with respect to police training programs and guidelines for responding to mental health calls to service.

The current study focuses on the interview data from the Police Project. As such, I will only provide details for the 60 people who participated in the interview portion of the Police Project. For ease of differentiation, when discussing the primary data and the current project simultaneously, I will refer to the current research as the Qualitative Policing Study.

3.1.1. *Police Project Participants*

Participants were recruited from psychiatric hospitals, community mental health centers and non-profit agencies. Potential participants were screened for inclusion either in person or over the telephone prior to enrolment. Inclusion criteria included: "(a) current diagnosis of schizophrenia, schizoaffective disorder, other psychosis, or bipolar disorder (self-reported); (b) age 19 years or older (self-reported); and (c) able to speak and understand English. The interview participants had to: (a) be currently residing in the Metro Vancouver area, (b) have previous contact with the police (self-reported), and (c) be cognitively capable of providing research consent" (Brink et al., 2011, p. 18). All participants provided written, informed research consent and semi-structured interviews were administered in person by a trained peer-researcher. The interviews lasted

approximately 90 minutes and participants were paid \$10 for their participation. The participants' demographic characteristics are displayed in *Table 3.1*.

Table 3.1. Interview Participants' Demographic Characteristics

<i>Characteristic</i>	<i>Frequency</i>	<i>Percent</i>
Gender		
Male	41	68.3
Female	19	31.7
Age in Years		
19-29	4	6.7
30-39	14	23.3
40-49	18	30
50-59	15	25
60+	6	10
Ethnicity		
White/Caucasian	47	78.3
Aboriginal	5	8.3
Asian	3	5
Other/Mixed	5	8

n=60

The majority of the interview participants were men, 30-59 years of age. The participants' social characteristics and criminal justice histories are also important considerations when interpreting the findings. Firstly, all of the interview participants were living in the Metro Vancouver area. More than half of the sample (n=33, 55%) had a history of problematic substance use. Nearly 82% (n=49) had been violently victimized during their lifetime. Nearly 90% (n=54) were low income and 63% (n=38) had a history of homelessness during their lifetime. Nearly 77% (n=46) had been handcuffed or physically restrained by police in their lifetime (Brink et al., 2011).

3.1.2. Participatory Action Research (PAR)

The Police Project used elements of an approach called Participatory Action Research (PAR), which is a collaborative and inclusive strategy allowing participants to be involved in all stages of the research process. The emphasis of PAR is on people's lived experiences, individual and social change and the co-construction of knowledge (McIntyre, 2008). Unlike conventional research methods, PAR provides the opportunity for participants to be primary actors in the research process. In accordance with PAR principles, the research team for the police project included people who have lived experience with mental illness.

Focus groups were conducted with persons with mental illness at the beginning and end of the research process. The focus groups helped to shape the design and inform the questions for the survey and interview components of the study. The focus groups allowed the project team to consult with people from the community who live with mental illness and have had direct experience interacting with police. As well, the interviews and focus groups were led and performed by persons living with mental illness.

PAR is described as "user-centered", interactive and cooperative; it involves a research arrangement wherein the researcher and participant are considered co-researchers (Cronholm & Goldkuhl, 2004). Some ethical concerns in research relate to the level of involvement for participants with the researchers. In PAR, an additional concern might be emotional attachment or commitment to the study, which may directly affect the data (Gatenby & Humphries, 2000). Another concern deals with the dual role of the researcher in PAR. That is, the researcher is the subject and the practitioner; an insider and an outsider. According to Löfman, Pelkonen, and Pietilä (2004), this may seem patronizing. Patronizing practices may arise from what Healy (2001) calls a "radical egalitarian stance" whereby researchers downplay their role at each stage of the project process (p. 97). As such, the researcher power in PAR does not necessarily disappear, but rather goes underground (Healy, 2001). Finally, it should not be assumed that the interpretations of constraint within a subgroup of people are all interpreted in the same manner by all that belong to a given community. For example, while the researchers in the Police Project are individuals living with mental illness, this is a

diverse spectrum of people. Their interpretations of barriers for this group may be divergent from those of the study participants. While PAR is idyllic for increasing credibility and cooperation, there are some limitations and concerns to this approach as well.

Participatory Action Research is especially appropriate for sensitive research where power differentials may influence the quality and depth of participant responses. PAR is an approach that reflects a critical questioning of the nature of knowledge and the extent to which knowledge can serve to reinforce positions of power in society (Baum, MacDougall, & Smith, 2006). According to Baum et al. (2006), PAR should be empowering and lead to people having increased control over their lives.

3.1.3. Methods and Procedures

The Police Project used a mixed-methods approach, combining both qualitative and quantitative strategies. More specifically, the Police Project used a quantitative driving mixed-methods approach with a simultaneous qualitative supplemental component. In other words, the weight or priority was given to the quantitative data analysis and interpretation. This is sometimes shown as a QUAN+qual design where the capitalization signifies the priority and means that qualitative methods are embedded within the quantitative design (Crewell, 2009). A mixed-method approach is advantageous because it can assist in the *total understanding* of a research problem (Hesse-Biber & Leavy, 2011). Qualitative methods are particularly useful for eliciting the lived experiences of the individual by asking open-ended questions. Quantitative methods, on the other hand, 'answer questions such as: 'How many?' and 'How often?'' (Hesse-Biber & Leavy, 2011). Using both offers the best of both worlds: in-depth, contextualized insights as well as more efficient, but less-rich numerical data with predictive power. Multiple methods also enhance credibility through the use of triangulation. Triangulation in research terms usually means that researchers use different sets of data, different types of analyses, different researchers, and/or different theoretical perspectives to study one particular phenomenon (Denzin & Lincoln, 2011). According to Patton (2002) using a dual approach such as qualitative and quantitative approaches together does not result in a single consistent picture, but rather presents a challenge to understand the various reasons for the inconsistencies between the two

sets of data. In this case, the findings from the two approaches are not compared to reveal inconsistencies, but rather the intent is to capture elements of participants' experiences in the qualitative narratives, which were not included in the quantitative data analysis.

The Police Project report included a presentation of the quantitative components of the questionnaire and interview data as well as select excerpts from the participants' narratives. However, a rigorous qualitative analysis was not performed for the purposes of the report produced for the Mental Health Commission of Canada. The current qualitative thesis project uses the interview data from the Brink et al. (2011) Police Project as a secondary data source. The aim of the current study is to examine the narratives of people who live with mental illness regarding their interactions with police. More specifically, this study was guided by the following research questions:

1. How do persons with mental illness characterize the influence of police on their level of compliance, motivation to comply in the future, and trust in police more generally?
2. According to those with lived experience, how have their police interactions been affected by anticipated and experienced stigma?
3. What conditions are emphasized in positive and negative evaluations of encounters with police?
4. What do the participants consider to be important elements of police training and individual officer characteristics in responding appropriately to persons with mental illness in the community?

These questions developed from my understanding of the intentions of the original Police Project as well as the findings of my study. While the sequential order requires the research question to precede the findings, it is indeed common for research questions to be changed throughout the qualitative research process. In contrast to the quantitative process wherein research questions often remain fixed throughout the study, in qualitative research the questions are typically under continual review and reformulation (Crewell, 2009). More specifically, questions 1 and 2 were added after the preliminary round of coding when it became clear that issues of trust in police and stigma were notable and consistent issues throughout participants' narratives. Questions 3 and 4 were formulated on the basis of the interview schedule and focus of the original Police Project. While I developed these questions prior to analysis, they remained

relevant through to the completion of the findings. Chenail (1997) explains that the researchers must keep track to see if they are drifting from their line of inquiry by creating a mission question and carrying it with them, creating what he refers to a research plumb line. If the project falls out of alignment, the researcher may choose to realign the research question(s) or attempt to bring the data collection process more in line with the original mission question. I opted for the former with the addition of subsequent research questions and thus, “plumbed up” the project by assuring that the research questions, process and findings are in alignment.

3.2. Secondary Interview Data

3.2.1. *Sampling and Theoretical Saturation*

The interview data from the Police Project was used for the Qualitative Policing Study with the formal written permission and support of the principal investigators. The current study included 60 interviews, the total number of interviews conducted for the Police Project. One of the first research decisions was whether to include all of the interviews in the Qualitative Policing Study or to take a subsample. Contrary to quantitative probability samples, there are no computations of power analyses that can be undertaken in qualitative research to determine the minimum number and kinds of sampling units required (Sandelowski, 1995). While the aim of quantitative research is to draw a representative sample so that the results can be generalized; this is not the objective of qualitative research. Statistical representativeness does not apply to the goals of qualitative inquiry, but also, there is no evidence that attitudes, values and beliefs are normally distributed, making the probability approach inappropriate (Marshall, 1996). I too, considered selecting a subset of the 60 interviews, but decided against it for the following reasons.

One of the common concepts used in qualitative research is theoretical saturation, which is reached when the researcher gathers data to the point of diminishing returns, when nothing new is being added (Bowen, 2008; Hesse-Biber & Leavy, 2011). Researchers may use the theoretical saturation point and the marker for where to cease collecting data. There are a few reasons that I did not use theoretical saturation criteria

to determine my sample size. Firstly, Charmaz (2003) explains that saturation involves fitting new data into categories already revised. The analytic approach selected for this study involved both pre-existing categories as well as a commitment to remain open to naturally-emerging themes. Thus, theoretical saturation could not necessarily be justified for those categories which were not determined a priori.

Secondly, the ability to recognize and provide credible evidence for the decided point of saturation is the skill of an experienced researcher. According to Sandelowski (1995, p. 180), “seeing nothing new in newly sampled units or feeling comfortable that a theoretical category has been saturated are functions involving the recognition of what is there and what can be made out of the data already collected”. As a novice researcher, I thought it best to analyze all of the data available, rather than focus on a determination that is beyond the realm of my current research experience. While some sample sizes are too small to support claims of theoretical saturation, others are too large to support claims to having completed detailed analyses of the data (Sandelowski, 1995). Qualitative research tends to involve smaller sample sizes because the focus is on extracting meaning through a case-oriented approach (Hesse-Biber & Leavy, 2011; Morrow, 2005; Sandelowski, 1995). For example, Pollio, Henley and Thompson (1997, as cited in Morrow, 2005, p. 255) suggest “although not a formal methodological rule, the situational diversity necessary for identifying thematic patterns is often provided by three to five interview transcripts”. Arguably, conducting a high-quality, rigorous qualitative analysis of 60 interviews would not have been a feasible option had I not been using a secondary data source. I was given access to audio-recordings as well as nearly-complete interview transcripts. Given that the lengthy interview and transcription processes occurred before my involvement in the project, I was in a position to dedicate sufficient time to data analysis.

Lastly, the interview data yielded considerably varying levels of qualitative data. While some participants provided details of experiences and attitudes through rich narratives, others provided very little outside of the dichotomous or Likert-scale responses. A range of factors could influence the quality of participant response, not the least of which includes the interviewing techniques employed as well as the level of participant focus and engagement. Given that the interviews were conducted with people who live with a range of mental disorders and neurocognitive impairments,

interview length and level of description expectedly fluctuated. If I had excluded interviews, I would have run the risk of missed opportunity in the form of interview(s) rich in qualitative data.

3.2.2. Police Contact Interview

The interview guide contained over 150 quantitative and qualitative questions which addressed areas including police contact, use of force, factors that influence police interaction, police training, in-depth questions about most recent interaction, and general reflections. The interview questions were informed by the focus groups as part of the PAR approach as well as findings from the literature review and expertise from the project team. The interview guide was structured around “(a) sociodemographic information, (b) mental health characteristics, (c) police/criminal justice system contact information, (d) factors that influenced interactions with the police, (e) use of force, (f) police assistance, (g) police training, (h) in-depth information about the most recent interaction with police, and (i) general reflections about police interactions” (Brink et al., 2011, p. 19).

Many of the quantitative questions (dichotomous, Likert-scale, ‘check all that apply’) were followed-up with an open-ended question such as “if yes, describe” or “can you tell me more.” The last section called “General Reflections” provided the participants with an opportunity to speak freely about *all* of their previous contacts with police. The guide included a total of 26 open-ended questions. That said, open-ended questions were asked which were not included in the guide, but rather generated through interviewer-participant dialogue. The interview length on average was 90 minutes.

3.3. Philosophical and Theoretical Perspectives

According to Hesse-Biber and Leavy (2011), an ontology is a philosophical belief system about the nature of social reality- what is there that can be known about it? Epistemology refers to the nature of the relationships between the knower and would-be knower (Guba & Lincoln, 1994). Researchers’ answers to ontological and

epistemological questions depend on their guiding philosophical paradigm(s). Guba and Lincoln (1994) believe that questions of method are secondary to questions of paradigm, which can be understood as a belief system or worldview that guides the investigator in all stages of the research. The Qualitative Policing Study was conducted from an interpretive point of view. The interpretive approach is based on the interpretation of interactions and the social meaning that people apply to their interactions (Hesse-Biber & Leavy, 2011). Accordingly, social meaning is *created* during a police encounter with a person with mental illness, and consequently, different persons will understand the nature and “reality” of the encounter differently. What unites all of the approaches under the umbrella of the interpretive paradigm is the idea that meaning is not inherent and meaning is central to social life; human beings live in socially constructed realities (Harris, 2006; Schwalbe & Mason-Schrock, 1996). As such, the subjective *perceptions* of the individuals’ experiences take primacy over objective fact-finding.

It is important to identify and articulate your research paradigm because “it serves as an important guide to making coherent, ethical, and theoretically informed choices at every stage of the research process” (Hesse-Biber & Leavy, 2011, p. 36). The philosophical lens we bring to bear on the world is directly tied to how we engage methodologically and the methods we select to answer problems. My decision to select secondary data from a semi-structured interview method is very much in-line with the interpretive approach. Hesse-Biber and Leavy (2011) refer to the interview itself as a meaning-making endeavour, which is particularly useful for accessing subjugated knowledge. Furthermore, the PAR approach that was used in the original project is embedded in interpretive assumptions. PAR acknowledges that the observer has an impact on the phenomenon being observed and may exert influence on the study by virtue of perceived power imbalance. Analytic procedures are also informed by one’s philosophical world-view.

3.4. Analytic Processes

The fundamental goal of qualitative research is understanding: the search for coherence and order (Kaplan & Maxwell, 2005). Just as there are different philosophical

frameworks and methodologies, so too are there different analytic tools and procedures one can use to 'make sense' of the data.

The method of analysis chosen for this study is a combined technique of inductive and deductive thematic analysis, informed by Fereday and Muir-Cochrane (2006). Thematic analysis is a widely used method and should be seen as a foundational method for qualitative analysis (Braun & Clarke, 2006). It involves a thorough reading and re-reading of the data, and an identification of themes that emerge as being important to the phenomenon (Fereday & Muir-Cochrane, 2006). These themes are labeled as codes or categories. A deductive or theoretical analysis is often driven by the researcher's theoretical interests in the area and is thus more *analyst-driven* (Braun & Clarke, 2006, p. 84).

For the Qualitative Policing Study, the preliminary codes were informed by the core elements of procedural justice theory and included categories such as voice, dignity, respect, politeness, trustworthiness, legitimacy, and outcome satisfaction. I began by conducting a literature review of previous studies that used a procedural justice theoretical framework. I recorded the antecedents used in relevant studies and used those as my preliminary coding scheme. In the description of the code, I included the relevant author so that I could return to the literature throughout the project to be sure that I was accurate in my interpretation of the various antecedents.

An inductive or "bottom-up" approach was also combined with the deductive approach described above. Inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame (Braun & Clarke, 2006, p. 83). An inductive approach means the themes identified are strongly linked to the data themselves (Patton, 1990, as cited in Braun & Clarke, 2006). This form of analysis is *data-driven*; that is, codes are applied but they are generated from the data in the course of the study. To this end, I was not restricted to coding only the data relevant to the procedural justice theoretical framework, but rather, invited unanticipated themes.

3.4.1. Initial Coding and Analysis

Between November 2012 and January 2013, I listened to the audio recordings of all 60 interviews and reviewed the corresponding transcripts. I accessed the recordings that were stored on the secure computer network of the Forensic Psychiatric Hospital, as per the terms of my Ethics Approval. Listening to the audio-recordings served a range of purposes, not the least of which, it allowed me to become familiarized with the topic as it was perceived and described by the study participants. Hearing the spoken words including emotional reactions also helped me to gain a fuller and lasting impression, which the text transcripts cannot offer. In addition, I 'scrubbed' the data for personal identifiers (names, places, text that could link the interview to a participant) removing them or providing a non-identifying word in their place. Secondly, I added any qualitative data to the transcript that may have been missed or intentionally excluded owing to the time constraints of the original Police Project. It was during this time that preliminary coding began.

During the audio recordings review, I maintained analytic memos for making notes about potential patterns. The analytic memos provided a concrete platform from which to produce a list of initial codes. Herein, I wrote freely about emergent patterns and themes, unencumbered by the rigors of logic. I realized after my first transcription review that there were two distinct memo categories: a coding memo, and a reflexive memo, so I opted to separate them. The second document became my 'Reflexive Journal'. I used the reflexive journal to document my feelings about the interviews, questions for the principal investigator, surprises, and general reflections. The reflexive journal served the purpose of a diary, permitting me to be clear and transparent about my own biases and my research decisions.

I listened to the recordings within *Express Scribe*, which is a professional audio-player software designed to assist in the transcription of audio recordings. The software allowed me to efficiently rewind, fast-forward, slow-down and speed-up the recording. At the end of this phase, I had over 30 typed pages of analytic memo notes. Being a novice researcher and new to analytic memo-writing, I referred to Saldaña (2009) for extensive examples of analytic memos as well as a guide to categorizing and coding memos.

I applied the aforementioned inductive/deductive thematic analysis to the preliminary coding scheme. Coding is the analytic process of examining data line by line or paragraph by paragraph for significant events, experiences, and feelings (Strauss & Corbin, 1998). The code is the concept or word that signifies what is going on in a piece of data. I used a colour-coding method in Word to code my analytic memos. After all, analytic memo writing serves as an additional code-and-category generating method (Saldaña, 2009). I began by looking for categories related to procedural justice theory (deductive). I then reviewed the memos for other salient themes, unrestricted by a theoretical agenda (inductive). The legend produced from my colour-coding exercise contained initial ideas about potentially salient categories. This phase is referred to by Saldaña (2009) as first cycle coding. The coding method that I mostly relied on in this phase is In Vivo Coding, or “Literal Coding” (Bowen, 2008; Saldaña, 2009). In Vivo coding defines the code by a word or short phrase from the actual language found in the qualitative data record used by the participants themselves (Saldaña, 2009). For example, one participant said “I still feel like a victim... I wasn’t heard.” The short phrase “*wasn’t heard*” became a code. This related directly to the procedural justice element of participant voice.

The other method of coding used in this cycle was Descriptive Coding (Sandelowski, 2000). With this style, the basic *topic* of the passage is summarized as opposed to the content (Saldaña, 2009). For example, a participant spent a number of minutes discussing recommendations for how police should be trained to better respond to persons with mental illness. The entire passage is coded as “police training.” This served as a data management tool because it helped to create a categorized inventory of the data’s content. First cycle coding is dedicated mainly to organization of the data. It is in phase 2 that I attributed meaning to that organization.

3.4.2. Qualitative Coding and Analysis

After the transcripts were scrubbed of identifiers, I was able to remove the data from the hospital on a secure USB for further analysis. I began by transferring my preliminary coding scheme into NVivo 10. NVivo is software that supports qualitative and mixed methods research and works particularly well as a data-management tool. For my purposes, NVivo acted as a one-stop-drop for my interview data, analytic

memos, pdf documents, reflexive journal and literature review. The software allows the researcher to create nodes (codes), condense or expand categories, as well as visualize the data in a number of ways. The coding scheme I created was informed by the codes produced from the analytic memos, as well as from the procedural justice theory literature. Antecedents of procedural justice recognized throughout the literature became potential codes³. A reference was provided in the description box so that I could refer back to the literature if need be. I provided a colour to all of deductive or theory-driven codes, so that I could be very clear about which codes emerged naturally from the data and which *a priori* codes proved to be insignificant (not statistically). Once the coding scheme was satisfactorily complete, I uploaded all 60 interview transcripts.

The second round of coding involved a line-by-line coding of each individual transcript. For this stage, I referred to three key piece of literature: (1) Saldaña (2009) second cycle coding; (2) Bowen (2008) line-by-line coding; and (3) Braun and Clarke (2006) step-by-step guide to thematic analysis. During my first round of second cycle coding, I produced 50+ nodes⁴. While open coding took place in the first cycle, I performed axial coding in the second review. Axial codes capture the essence of the data in terms that are more abstract than open codes (Bowen, 2008). Axial codes allows you to group similarly coded date from the initial codes by relabeling them into conceptual categories (Saldaña, 2009). For example, *Role of Stigma in Police Conduct* was an axial code created from a number of initial codes generated in the first and second cycle. The participants did not directly use the term stigma; however, many referred to the damaging effects of access to certain information because of differential treatment. One way that I made sure to keep my interpretations consistent was providing details in the description box for each code. This feature assisted in organization and rigor as I referred to the descriptions throughout my coding processes. If a given excerpt did not “fit” with my description of a code my options were to a) create a new code; b) opt for a different pre-existing coding category; or c) adjust the description for the code to accommodate the excerpt.

³ See Appendix B for preliminary coding scheme.

⁴ See Appendix C for details of the codes produce during second-stage coding. See Appendix D for a visual diagram of the coding processes.

The next sub-stage involved reviewing the themes. This phase involves two levels of refining themes. The first level is concerned with reading all collated extracts from each theme and considering whether they appear to form a coherent pattern (Braun & Clarke, 2006, p. 89). Many categories were merged, and many others were eliminated entirely. Some of the codes were collapsed into a theme called 'miscellaneous' because they did not immediately fit into any of the main themes. The define-and-refine stage was one of the most arduous and I continuously sought advice from other colleagues. Braun and Clarke (2006) warn that "as coding data and generating themes could go on *ad infinitum*, it is important not to get over-enthusiastic with endless re-coding" (p.92). I found this advice particularly difficult in light of the massive amount of interview data I was working with. I felt fairly overwhelmed after my initial coding phase, which ended up producing 50+ codes. Nonetheless, I finished this phase with a good sense of my candidate themes.

The final sub-stage was to define the themes. I identify the 'essence' of what each theme is about and identify the 'story' each of them tells (Braun & Clarke, 2006, p. 92). The iterative process of back-and-forth, disassembling, reassembling continued into the final stage of analysis. The final analysis resulted in four global themes.

3.5. Ethical Considerations

Assurances have been given that the original data were gathered in an ethically-sound manner. The original study received ethics approval from Simon Fraser University, University of British Columbia, Forensic Psychiatric Services Commission Research Advisory Committee, and Vancouver Coastal Research Ethics Board. The transcripts were scrubbed of personal identifiers before I removed them from the secure site of the BC Forensic Psychiatric Hospital. The transcripts were stored on a password-coded USB and are kept in a locked filing cabinet. The original investigators of the Police Project have approved that the current study is congruent with the intent of the original project.

Beyond the logistical procedures of data gathering and storage, I believe that ethical considerations extend to the process of analysis and representation of the data in

the final report. Efforts were made to keep a detailed audit-trail so as to demonstrate transparency in all stages of the research process. Here, and in subsequent chapters, I attempt to articulate my research decisions, analytic procedures, results, limitations and reflections in a way that is authentic and transparent. My reflexive process, discussions with project experts, critical questioning, and incessant note-taking have helped me to stay true to the voices of my participants while simultaneously valuing my role as an interpretive researcher. In the subsequent section, I provide more details on how I ensured the integrity of my qualitative analysis.

3.6. Ensuring Quality in Qualitative Research

So-called “hard” scientists have referred to qualitative research as journalism, fiction and “soft” science. The experimental sciences are seen as the markers of prestigious achievement of the Western world “and in their practice it is assumed that “truth” can transcend opinion and personal bias” (Denzin & Lincoln, 2011, p. 2). According to Denzin and Lincoln (2011), a hostile environment has been created for qualitative researchers due to a re-emergent scientism. This movement is based on an allegiance to systematic and objective methodology used to obtain reliable and valid knowledge. The authors warn against conceding to critics’ attempts to discredit qualitative research by placing it back inside of the box of positivist inquiry. One mode of resistance is to re-define evaluation criteria for credible qualitative research. Golafshani (2003) reconsiders the value of terms like reliability and validity in the qualitative paradigm and offers a revised vocabulary for the naturalistic approach. I referred to this vocabulary in assessing and demonstrating the credibility of my method.

Reliability and validity are important for logical positivism or quantitative research wherein measurement, causal relationships and generalizability are emphasized (Denzin & Lincoln, 2011; Golafshani, 2003). In the qualitative paradigm, the terms credibility, confirmability, consistency, dependability and transferability become essential criteria for quality (Lincoln & Guba, 1985, as cited in Golafshani, 2003). My primary means of ensuring the trustworthiness of my data include my commitment to transparency and my reflexive process. During the first stage of analysis, I kept detailed analytic memos. According to Saldaña (2009), memos are “comparable to researcher journal entries or

blogs - a place to "dump your brain" about participants, phenomenon or process under investigation" (p.32). I also kept a reflexive journal. While also a form of memo-writing, the reflexive journal was more personal in nature. The journal was a place for me to write about surprises in the data, reflect on limitations of the original Police Project and provide suggestions for similar studies, acknowledge my own personal biases around policing, and to reflect on the original research questions.

Keeping a detailed log not only helped to streamline my thought processes, but was also crucial in making systematic research decisions. If, for example, I established a category that I felt was becoming convoluted in the analysis stage, I could return to my notes and see exactly how I operationally defined that category. From there, I could choose to change the definition, or change my coding strategy- that is, the segments of the transcripts I chose to include. In reference to quality criteria for qualitative work, Lincoln (2002) discusses positionality, or standpoint epistemology. Essentially, positionality recognizes that texts are always partial; they gendered as well as socially, culturally, historically, racially located. For Lincoln (2002) text that displays authenticity comes "clean" about its own stance; furthermore, "detachment and author objectivity are barriers to quality, not insurance of having achieved it" (p. 334). The reflexive journal helped me to be honest about my stance, especially with respect to emotional responses to the data.

Triangulation is a way to increase validity and involves using different methods to get at the same research question, and looking for convergence in findings(Hesse-Biber & Leavy, 2011). Contrary to interrater reliability in the quantitative realm, triangulation in qualitative research does not aim to replicate identical results across multiple methods and investigators. Constructivism, as noted in the philosophical assumptions, takes the view that "all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (Crotty, 1998, p. 42). Patton (2002) cautions against the misconception that triangulation be used to establish consistency across all data sources and furthermore, goes on to suggest that inconsistencies are likely, given the strength of different approaches. Instead, triangulation for my purpose serves to increase confidence in the findings by developing a broader and deeper understanding of how different investigators view the

issue and interpret the findings. While replication is not the goal, convergence or agreement among researchers can increase the trustworthiness of qualitative findings (Golafshani, 2003).

I was fortunate enough to have consistent access to one of the lead investigators of the Police Project throughout my initial data analysis. The initial analysis took place at the Forensic Psychiatric Hospital where I 'scrubbed' the data and reviewed the transcripts for completion. During this time, I frequently sought advice and feedback about my findings from the project expert, who aided in both my understanding of the interview process and my interpretation of the findings. This gave me the opportunity to discuss unexpected results and the salience of themes that were not captured in the original quantitative data analysis. Furthermore, I met with one Police Project interviewer, who was responsible for approximately sixty percent of the interviews conducted in the original Police Project. Again, as a project expert, she was able to provide first-hand insight and provide feedback with respect to my findings and interpretations. This meeting lasted approximately three hours and occurred during my second round of analysis. Access to both Police Project experts allowed me not only to "think out loud" but also established confidence in myself- that I was, in fact, recognizing the salient themes and providing coherent evidence to support those interpretations. My discourse with other researchers served as a form of investigator triangulation.

Four category headings were generated in the final analysis. In the next chapter, the five themes are presented including excerpts from the interview transcripts and reference to the related literature.

3.7. The Presentation of Findings

The presentation of the qualitative findings also involved a few research decisions. Although the original Police Project used numerical participant codes, I made the decision to use aliases in the presentation of my findings. I used traditionally gendered names which corresponded to the actual gender of the participant. It is my opinion that using names helps to maintain the very human element of the stories that were told during the interviews. It is my preference in qualitative interviewing to give the

participant the option to select their own alias. Given that I did not conduct the interviews, I opted to select my own pseudonyms.

In addition, I had to make research decisions about the presentation of participant narratives. Initially, I was inclined towards presenting a verbatim account of the participants' responses. In relation to verbatim transcription, Halcomb and Davidson (2006) describe the element of pure qualitative research, "where closeness between researchers and their data is critical to the philosophical underpinnings of the methodology" (p. 42). As pure qualitative research focuses on the exploration of values, meanings, beliefs, thoughts, and experiences, it follows that honouring the true voice of the participant is closely tied to this philosophical paradigm. Another reason that I was inclined towards verbatim transcription is because I did not participate in verbal and non-verbal exchanges with the interview participants and therefore, could not speak to first-hand knowledge from involvement in the interview process. However, presenting verbatim responses which are fragmented, repetitive or grammatically erroneous may have the negative consequence of framing participants in a particular way (e.g. inarticulate, unintelligent). Thus, I sought to find a balance between presenting clear responses while simultaneously honouring the participants' voices. The narratives presented very closely match the participants' responses. I opted to eliminate some filler such as "ums" and "uhs" as well as repetition. In a few instances, I inserted words such as conjunctions for ease of reading and understanding.

4. Results and Discussion

“There is nothing like looking, if you want to find something. You certainly usually find something, if you look, but it is not always quite the something you were after.”

J.R.R Tolkien, The Hobbit

For my results, I present four themes that were prevalent throughout the interviews. I contextualize each theme within the broader, relevant literature. The main themes include stigma, variation in police performance/treatment, important elements of procedural fairness, and recommendations for police.

4.1. *Just because you’re psychotic, doesn’t mean you’ve gone deaf: The role of experienced and anticipated stigma for persons with mental illness*

The term *stigma* has a long history dating back to its use by the Greeks, coming from roots that mean to make a point or a mark. The original use of the term was to designate tattooing to signify ownership, such as on a slave. The more negative connotation of the term appears in Latin and metaphorically suggests a mark of shame placed on slaves or criminals so they could be identified as they ran away (Bennett, 1992). Christianity specifically has played an important role from the 17th century onwards in the construction of mental illness as deviance, insofar as traditional Christianity stressed sin as the cause of insanity (Dain, 1992). Perhaps the most influential 20th century writer to conceptualize the term stigma is Erving Goffman. In his (1963) seminal work *Stigma: Notes on the Management of Spoiled Identity*, Goffman describes the routines of social interaction whereby persons are categorized, and attributes that are decidedly ordinary and natural for members of each group, are established. According to Goffman (1963), the potential for stigma occurs when a person does not fit well into a fixed social category:

Evidence can arise of [the stranger] possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind...He is thus reduced in our minds from a whole unusual person to a tainted discounted one. Such an attribute is a stigma (p.3).

Goffman's conceptualization has been challenged on the grounds of outdated language, a framework that is incompatible with contemporary pluralistic society, and its inability to address health-related interests of social and health policy (Livingston & Boyd, 2010; Weiss, Ramakrishna, & Somma, 2006). Nevertheless, his pioneering work was effective in shifting the formulation of stigma from symbols to social processes. This paradigm shift has led to a stream of research directly related to health-related stigma to guide health social science research, policy and practice. This is distinct from social science studies of stigma which seeks to explain stigma as a unitary principle independent of target and setting (Weiss et al., 2006). While Goffman's ideas about "spoiled identity" remain relevant, scholars have suggested additional factors that are unique to health-related stigma. The result has been a formulation of stigma, which is updated and most relevant for the purposes of a discussion about stigma in the context of persons living with mental illness. According to Weiss et al. (2006) health-related stigma describes a social process in which groups of people are devalued, rejected and excluded on the basis of a socially discredited health condition.

Given that the stigma concept has been applied to an enormous array of circumstances representing multidisciplinary contributions, it only seems reasonable that definitions of stigma will vary. Link and Phelan (2001) endorse a continuation of this variation, so long as researchers are clear as to what is meant by stigma in their respective contexts. It is worth noting that very few of my participants used the term stigma in their narratives. My decision to code text as 'stigma' was based on interpretation that often involved a more holistic understanding of the individual's interview as opposed to reliance on a single line of text. My initial descriptive coding phase included anything that felt intuitively like a stigmatizing experience. In the second round, I refined the definition to include only text that fit the following description: "stigma exists when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them" (Link & Phelan, 2001). This definition was explicitly selected for a few reasons. Firstly, it represents a

convergence of interrelated concepts and does not require me to differentiate between related-but-distinct terms such as labelling and stereotyping. The wide use of the term is helpful given the magnitude of data included in the study. Secondly, this definition emphasizes that, for stigmatization to occur, power must be exercised. The role of the power differential seemed appropriate given the focus on police interactions with members of a marginalized group. Thirdly, this definition did not restrict the coding category to include only those experiences where “a discredited health condition” was the basis of the stigma. It became clear that psychiatric disorder is only one variable in a complex web of possible stigmatizing attributes.

Some participants explained that their area of residence or lack of permanent residence was the basis of the stigmatizing experience. Marlene describes her experience:

P:⁵ I was once arrested for a warrant that I had just spent 10 days in jail for and they had never cleared the system, and they arrested me again.

I: *Okay, so there was a mix-up and they arrested you again?*

P: Yeah- like a computer...That's what they say anyway. Especially when I was homeless, I was just treated very, very negatively. Moved around when there is no reason to move me. You know? I had my little hovel...in a business doorway. The business knew I was there, I cleaned up my mess in the morning when they came in, you know? There was no problem. But the cops would hassle me.

Marlene goes on to explicitly describe the role of residence location (as a reflection of socioeconomic status) in her experience of anticipated stigma:

I: *Because you've been through these terrible situations?*

P: Yeah and... It's like, you live on the Downtown Eastside, they expect if you're a woman then you are a whore.

I: *Yeah.*

P: Not that there is anything wrong with that, I used to be one a long time ago...But it's like, they, they don't believe that you could possibly be raped... In the Downtown Eastside, I have no idea... 'cause that's my experience with Vancouver. So I don't know what, if it is the same

⁵ P= Participant, I=Interviewer

[elsewhere]. If I lived in Kitsilano and I called the cops and I said that I was raped I think that they would probably do something about it.

...I think there's just, there's a stigma, there's certain people who as soon as they hear drugs or as soon as they hear mental illness, just their whole demeanour, uhm, attitude changes immediately. One minute you're okay and the next... cause I've watched it happen to me in dealing with the ambulance, going to the hospital. Everything's fine until something must come up on the screen. I don't know what it is, but then all of a sudden I'm being treated differently.

Marlene's transcript suggests that she felt particularly stigmatized for being a Downtown Eastside (DTES) Vancouver resident. The stigma evolves from the socio-cultural depiction of the DTES, as an area defined by mental illness, drug addiction, chronic homelessness, and disease (Wilson-Bates, 2008). Kitsilano, on the other hand, is an area of Vancouver known for its trendy retail stores, organic food markets, and craftsman heritage homes which are all symbolic of affluence. The example illustrates the importance of considering social context in qualitative interpretation. Marlene believes that the stigmatizing attitudes impact whether the police will take her story seriously, and respond appropriately.

Joseph explains his experience with stigma based on his psychiatric patient status. After talking about being admitted to Riverview Hospital, he goes on to say:

P: But, you know? It's like, I'm not a criminal... you know? I'm polite. I run into cops these days, they want to ask me some questions, I'm polite.

I: *Right.*

P: You know what I mean? And if I say I'm on a day leave or I, I've gone out, I'd tell them about this, right? [day leave from the psychiatric hospital]

I: *Um hum, right.*

P: You know? And I know that the first thing that goes to their minds when you tell them that you're from a place like this [psychiatric hospital], is their gun.

For Joseph, his status as a psychiatric patient is seen by police as synonymous with *violent*, and is thus a stigma. Joseph's perception corresponds with research indicating that many police officers are indeed fearful of persons with mental illness because of the unpredictability of their behaviour (Kesic, Thomas, & Ogloff, 2010; Ruiz & Miller, 2004).

The assumption that people with mental illness are dangerous has contributed to social rejection and stigma, as well as an overrepresentation of persons with mental illness in police shootings, stun guns, and police fatalities (Brink et al., 2011; Kesic et al., 2010; Lipson et al., 2010). It is worth noting that Joseph's overall experience with police was very positive. To my surprise, experienced or anticipated stigma was not always indicative of negative overall perceptions of police. Furthermore, many participants agreed that police fear is reasonably justified in the context of interacting with a person in a psychotic episode.

Brian reinforces the DTES stigma and also describes another pattern, the perceived difference in stigma toward diagnosed psychiatric disorder on the one hand, and drug and alcohol addiction on the other.

P: Yah you see like where I live, again like that's really like... that's the domain, you know?...in the city right? It's right in the smack of the East End and for me, I'm one of these fellows that fell from \$139,000 a year and lost everything and because it makes me that poor, I'm in this area, you know? And, and need the treatment right? The free treatment. So, so any label like that [mentally ill] scares the heck out of me. It just scares the life out of me so, and it could happen, like how would they know? how long or...?

I: *Well.*

P: I guess you'd have to like... how would they know?

I: *Just, just to let you know, I think that it, in this terms... I think you understand this but drugs means street drugs. It doesn't mean psychiatric medication.*

P: Right. Absolutely. You see what I would hate is like...to be thought of... is to be thought of using alcohol or drugs, you know?

I: *Okay.*

P: Yah I would really hate that... And it's happened to me before a couple times where they, where they presumed because of the area that I live in.

Brian expresses being terrified ("scares the life out of me") of having a mental illness label attached to him. His use of the word *label* shows that he is particularly concerned about the negative social connotations associated with it, although he does not provide details about the feared outcome. He goes on to explain that he is particularly fearful of being labeled a drug addict, which is doubly stigmatizing because of his DTES residence.

Curtis echoes this sentiment by describing a scenario where he was experiencing an epileptic seizure that was misinterpreted by police as being drug induced aggression. He explains the role of stigma with respect to both addiction and his neighbourhood:

Somebody had told him [that Curtis had epilepsy]. And he phoned, down and then all of a sudden, boom!... the environment totally changed. All of a sudden, holy shit! This guy's been telling us the truth for the last hour. [chuckles] You know? And it totally changed. At first I was a scumbag drug addict that had tried to fight with a cop. And then it became, "oh he'd had a seizure". It's because of where I live [DTES].

These subjective experiences are congruent with literature suggesting that substance abuse disorders are more highly stigmatized than other health disorders. One reason that substance use disorders may be distinctively related to stigma is because people with addiction are more likely to be seen as having personal control over their illness and, therefore, are more likely to be held responsible (Livingston, Milne, Fang, & Amari, 2012). Research suggests that attributes which are seen as uncontrollable (for example, a mental illness caused by head injury sustained in a car accident) are more likely to lead to pity and helping behaviour. On the other hand, persons who believe that a mental illness is within the person's control (for example, addiction due to deficiency in character) are likely to respond angrily and in a punishing manner toward the individual (Corrigan, 2000; Wiener, 1995). Dean and Poremba (1983) propose that while the disease concept is widely held, the label "alcoholic" is still a highly stigmatized term associated with skid row junkie.

One participant, Karianne, spoke about the role of poverty and social status in perceived police abuses:

P: I don't really, ah, see the difference. Like, they just treat people, like... who don't have power, money...

I: *Okay, okay.*

P: You know? It doesn't matter if you have mental illness or not.

I: *Right, okay.*

P: They just abuse their powers.

I: *So you, so you're not sure if your mental illness has had a negative influence on your interactions with the police. Is that right?*

P: To me, if they want to abuse their powers –

I: *Okay.*

P: - they don't care if you have [mental illness] or not. They, they just see you have no power –

I: *Okay –*

P: Alright, you have no money, no power to get lawyers or this. They just abuse whoever they want. What can you do?

Again, the literature suggests that poverty, like addiction, is an especially stigmatizing attribute. People who are considered poor often do not live up to dominant socio-cultural values and ideals and frequently violate norms viewed by most as important (Underlid, 2005).

Laurel expresses great sadness as she recounts police officers laughing at her and saying hurtful things to one another in her presence:

Police officers think that if you are in a psychotic state, then you can't understand what they are saying about you; police can say very hurtful and harmful things. Or, as if you don't mind, it doesn't matter what they say about you, and it can be harmful and it hurts! Even though you're psychotic it doesn't mean you've, you're gone deaf!

Suzanne also describes her experience with mental illness stigma in the context of legal rights during a police encounter:

They never read you your rights, 'cause you have none. Ah, yeah, put that in big letters: You have no rights when you are a mental patient. Zip. They treat you like a child, a criminal shit, and an animal sometimes.

Perceptions of stigma also appeared to mediate whether or not participants would be willing to give police access to their medical information. Interestingly, many participants felt that it would be beneficial for police to have access to mental health information such as psychiatric medication, use of drugs and alcohol and suicidal incidents. In William's opinion, "the more information an officer has, the better able they are to deal with any situation... in some cases that would be critical. We are talking about mental illness!" Casey agrees "it would be helpful for them to know beforehand, what they're dealing with, you know...as long as they know beforehand what they are dealing with, that's, that's, how people get shot." That said, participants disagreed with access because of the fear of being stigmatized based on their medical status. Josh

explains that it would be harmful because the police will “make judgments.” One participant claimed that they would be okay with the police having access, if training was different:

I'd be happy for them to have all that information about me. But not the way they're currently trained.

Awareness of stigma may affect a person's sense of self in at least two important ways (Corrigan, Kerr, & Knudsen, 2005). First, people may restrict their social networks in anticipation of rejection, which leads to isolation. Second, people with mental illness may come to identify with stigmatizing ideas and see them as self-relevant, resulting in the belief that they are indeed less valuable because of their disorder. The net effect of these processes is defined by Corrigan and Watson (2002) as *self-stigma*. Another manifestation reflects the idea that stigma may also be understood at societal levels in terms of the historical, political, and economic forces that influence institutions and social groups. Structural discrimination, on the other hand, is based more on effect than intent, and hence it is much more difficult to define. Structural stigma refers to policies and procedures of institutions, such as negative attitudes and behaviours of agents of authority, which can restrict rights and opportunities for people in the stigmatized group (Livingston et al., 2012). Lastly, social or public stigma refers to “the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group” (Corrigan et al., 2005, as cited in Livingston & Boyd, 2010). While there was evidence of internalized stigma, most of the participants expressed concerns about social and structural stigma. Social stigma was a mediating variable in whether the participants felt comfortable with police access to their medical records, and also represented a significant barrier to calling police for help and seeking medical treatment.

In a questionnaire study with 1,824 persons with mental illness, Corrigan, Markowitz, Watson, Rowan, and Kubiak (2003) discovered that frequent sources of discrimination include mental disability, race, sexual orientation, and physical disability. The authors call on future research to develop explanatory models that might account for the interaction of more than one type of stigma. Furthermore, single-issue antistigma programs may not be sufficient to tackle the problems caused by stigma. The current research reinforces the complexity of stigma and the finding that persons with mental

illness will often identify with more than one social out-group that is discriminated against.

Mental illness was indeed perceived as a stigma, but often within a wider net of discrediting attributes which included substance abuse, DTES residence, and criminal record. Stigma is important not only because of the barriers it presents, but because of its role in perceived procedural justice. Watson and Angell (2007) suggest that previous negative experiences, such as being singled out on the basis of homelessness, lead people with mental illness to hold low expectations of their encounters with police. As will be seen in the next theme, expectations also differed in some cases based on the age and experience level of the officer.

4.2. *They're just so diametrically opposed: The reality of 'good' cops and 'bad' cops*

Many of the participants in this study had difficulty establishing overall perceptions of police because of contradictory experiences. Some participants explained that the treatment you can expect from police officers depends entirely on the *type* of officer that you encounter. References to "good" versus "bad" cops were prevalent in the interviews. Jolene differentiates between rookies and more seasoned officers in response to a question about whether police should have access to medical information:

That's a tricky question because if it was like a rookie cop who was just starting out and he had a lot of bad stuff said about mental illness then maybe it would be bad for him to know. But if it was an experienced cop who had been on the job awhile...then I think it would be ...he should know...it would probably relax him more.

Lawrence agrees that age and experience level influence decision-making and officer behaviour:

Yeah 'cause it's not the old guys, it's not the big guys, like the guys that have a lot of experience and you know that, that are shooting people. It's the young people. It's the new... it's the new officers.

Josh describes a scenario where he took out a knife because he saw another man beating on a woman. An older police officer stepped in, took the knife, and calmly explained what he did wrong and what he needs to do differently next time:

A lot of the younger policemen, they're bitter. Not all of them, but some of them. The older policeman stepped in. He told me he says "this is my area", ya know? And he says "I'm here to patrol this area". He says, "so it's going to get a lot better". Made me feel better. Cause he's not throwin' me in jail. He says... I said, "I know I did wrong, mmk?" And that's what he wanted to hear.

And he just told me, he said "next time, just wave us over". 'Cause he said, "first off, takin' a knife, if the guy had a gun, you'd get shot. You'd be dead."

Literature on attitudes and aging suggest some support for this interpretation. One important model for the relationship between age and attitudes is the impressionable years hypothesis which suggests that young people are especially open to attitude change (Krosnick & Alwin, 1989). Accordingly, susceptibility to attitude change is high during early adulthood but drops sharply after this period and remains low throughout the remainder of the lifespan (Visser & Krosnick, 1998). This is based on the assumption that core attitudes, beliefs and values are crystallized in early adulthood. However, Tyler and Schuller (1991) discovered that the key ingredient for attitude change was change-inducing experiences. Accordingly, when older people have personal experiences that lead to attitude change, they change their attitudes as much or more in response to those experiences as do younger people. We can speculate based on these findings that older officers would have had plenty more opportunity to adapt as familiarity with persons with mental illness increases. For example, a younger officer might feel threatened by an individual experiencing a paranoid delusion and subsequently respond aggressively, whereas an older officer may respond calmly because his/her experience has led to a more realistic perception of dangerousness.

In a study of individual officer characteristics in perceptions of persons with mental illness, Bolton (2000) found the highest correlation between age and perceived dangerousness. More specifically, younger, white, and less experienced officers tend to perceive high levels of danger, whereas those with more prior contact with persons with mental illness have more positive perceptions.

William echoes this distinction between older and younger officers, but expresses an opinion that is at odds with the previous examples. For William, the older officer is, more likely to respond negatively:

P: So, at that point...we have an officer who is in charge. Who is, obviously letting, this situation get the better of him.

I: *Right.*

P: – because he is. I think, but I’m not sure, an older cop. Right? You know, mental illness back then, you know, you don’t think about that kinda stuff. That’s not got anything to do with it [policing]. This guy deals on a visceral level, you know?

While in opposition to Jolene and Lawrence, William’s experience is also reasonably justified. Scholars have written extensively about the shift from so-called traditional policing to community policing in the last thirty years (R. E. Adams, Rohe, & Arcury, 2002; Redlinger, 1994; Rosenbaum & Lurigio, 1994). While definitions of community policing vary considerably, common elements include prevention, shared responsibility, problem-orientation, and officer discretion (R. E. Adams et al., 2002). Friedmann (1992) described community policing as a strategy aimed at achieving “improved quality of life, improved police services and police legitimacy, through a proactive reliance on community resources that seeks to change crime causing conditions” (p. 4). Thus, a younger officer who has been trained and recruited for a job with a community policing orientation might be more likely to feel a sense of responsibility toward aiding those with mental health issues, as opposed to an older officer trained in a traditional policing model focused primarily on crime control. In their evaluation of six midsized law enforcement agencies in North Carolina, R. E. Adams et al. (2002) found that in comparison to traditional police officers, community police officers were more accepting of alternative strategies, more positive about their effect on crime, and more supportive of community policing in general. Fortunately, however, the authors found that, while less optimistic about the effects, older officers were indeed willing to work in a community policing environment and agreed with the programs basic premises and goals. Bolton (2000) also found that belonging to a department with a community-policing orientation was correlated with more positive perceptions and lower perceived dangerousness.

These contradictory experiences and respective explanations are not generalizable and should not be interpreted as concrete support for a model of attitudinal differences in police across age. That said, it is important to note the participants' *perceptions* that treatment expectations vary depending on the age and experience level of the officer they encounter.

Josh explains that, in his opinion, some people are not well-suited to be police officers because of their attitudes towards criminals:

P: I got a friend that worked at the lockup, and uh, I run into him when I's in the [location name], and he actually runs the kickboxing out here. JJ. But it's very interesting because he's one of the nicest gentlemen, you know? And it's different, 'cause you could have another policeman over to another side, and he could be bitter, just, hates criminals. Shouldn't be a cop, but...

Shawn also articulates that his experiences have been drastically divergent:

P: Yeah. And that I can't believe, uh. I can't believe...I can't believe that the good police officers [laughs] and the bad ones work for the same... under the same guidelines, and things like that.

You go from, you know, just complete violence to how the other guy treated me as, in the space of a week. I can't believe they work for the same organization.

P: "I wish you all the best". And then my very next interaction, is violence. No talking, no "I'm a police officer", no nothing.

I: *Um hum.*

P: Just violence. You know? And they're just so diametrically opposed.

Investigating individual value systems and attitudes is specifically important in the realm of policing because a substantial body of literature suggests that value orientations predict worldviews and in turn, predict behaviour and behavioural predispositions (Zhao, He, & Lovrich, 1998). Individual policy preferences, personal beliefs and attitudes influence the organizational culture of policing in important ways (Muir, 1977). Furthermore, these personal values are particularly significant with respect to those behaviours that relate to areas of discretionary choice. Many of the decisions that police officers are required to make during an encounter with a person living with mental illness involves the use of discretion, including the choice of disposition (jail, hospital transport, release). There is often little transparency in policing- citizens and

police are often the only witnesses to these encounters. As discretionary agents, police possess a variety of options and decisions that are likely to be influenced by an array of contextual considerations (Morabito et al., 2012). It follows that the value systems which influence those crucial discretionary decisions should attract scholarly attention.

The findings presented here stand in contrast to the dated policing literature that reports a high degree of consensus in value orientation and attitude comparisons amongst police officers (Fry & Greenfeld, 1980; Zhao et al., 1998). The monolithic police culture is typically described in terms of widely shared values, attitudes, and norms which include a distrust of citizens, a strong emphasis on law-enforcement elements of policing, loyalty to the peer group and a *we-versus-they* attitude (Paoline, 2004). This documented attitudinal consistency is unsurprising when we consider that policing has traditionally been an overwhelmingly white, heterosexual, male-dominated profession (Foster, 2003). However, more recent literature suggests that police attitudes appear to be less representative of a single culture and are in fact, more fragmented in nature. A large scale multi-method police study in the US revealed statistical differences among officers based on the collectivity of attitudes (Paoline, 2004). Specifically, the study revealed significant contrasts among clusters encompassing orientations toward community policing, order maintenance, management and views of citizen cooperation.

Other scholars have called for a reconceptualization of the monolithic-police-culture assumption. Chan (1997) criticized the simple-minded model of linear causality of police culture according to which a direct line of influence travels from structural conditions to cultural knowledge to police practice. Alternatively, a contemporary model proposes that police are not passive agents but rather play an active role in developing, reinforcing, resisting, and transforming culture knowledge. This is a heartening suggestion that emphasizes that value systems are neither unchangeable nor deterministic. Moreover, contrary to popular belief, policing subculture cannot be transformed simply by changing structural elements of police agencies.

In that vein, it is important to recognize the potential lack of generalizability from findings that come largely from US, UK and Australian police departments. Even within Canada, Vancouver, BC is particularly unique with respect to the disproportionate number of persons with mental illness living in the community (Wilson-Bates, 2008).

There is a paucity of Canadian literature on the topic of police attitudes and subcultures. The pertinent point is that there is variation in the value systems that govern individual officers' responses to mental illness.

4.2.1. *I think the females are rubbing off on the males: The role of female officers in policing subculture*

A notable subtheme of the discrepancy between police officers deals with the potentially distinct characteristics of female officers. A number of participants allude to the positive impact of the increased presence of female patrol officers. For Shawn, female officers have helped to counteract the male machismo in the police force that often leads to physical aggression:

P: I actually... in the time that I've been down there... I'm seeing a lot more female uh police officers. And I think that that's, changing the culture somewhat.

I: *Um hum.*

P: I see females working together, or a male/female team. And, even, even when males, just males come, they seem to be a little bit more friendly, rather than you know, we'll knock your teeth down your throat type of attitude.

I: *The females are more friendly, or the males are more friendly?*

P: I think the females are rubbing off on the males. You know?

I: *Ok.*

P: 'Cause it just seems to be, less of that let's kick some ass type of attitude.

David echoes this sentiment, but goes on to suggest that citizens respond more favourably towards female officers:

I: *Somewhat positive. Can you tell me why?*

P: Just I like the way they function and stuff. I appreciate what they do on the streets. Clean up the streets. Yah and I love the women police too.

I: *How so?*

P: Just 'cause, I don't know, people always say you know, "well how come she's a cop?" or whatever... but I think they get more respect myself.

I: *Okay.*

P: Yah.

I: *Okay so it's a sense of order and with, with ladies you think they get more respect?*

P: God yah, yah....And they're smarter.

While Steven does not comment explicitly on differential behaviour on the part of the police officers, he explains that *his* response is more favourable when he is dealing with a female as opposed to a male officer:

P: They're very nice to me, and if it's female cops, I always go peacefully. The male cops, they've got a problem with me because I don't get arrested easily and they have to send a whole bunch of them. But the female cops, I'm always arrested easily.

I: *Okay. Um, and it's easier for you when the cops are female?*

P: Yes.

I: *Like, you feel safer?*

P: Yes. 'Cause the male cops beat up on me.

Contrary to the above findings, the literature reports a high degree of consensus between female and male officers' attitudes (Fry & Greenfeld, 1980; McCarty, Zhao, & Garland, 2007). However, most of the studies are outdated and rely on questionnaires which seek to examine organizational attitudes such as job satisfaction, role conflict, and work anxiety. One might also doubt whether these questionnaires are indeed a valid indicator of on-the-job decision-making and behavioural predispositions. Furthermore, many of these early studies have methodological flaws. For example, Fry and Greenfeld (1980) draw their conclusions from a survey sample of 529 male officers, and only 21 female officers. Police attitudes, specifically towards marginalized groups and social issues, gender differences, and the impact of attitudes on behaviour, are all poorly understood.

For our purposes here, evidence of female-specific characteristics may not be as important as the *public perception* of the distinctiveness of the female officers. A study of patrol performance in New York City reported that women were better-received by civilians and their performance seemed to create a better civilian regard for the department (Sichel, Friedman, Quint, & Smith, 1978). Kerber, Andes, and Mittler (1977) found that Midwesterners perceived female officers to be as competent as males, and in some cases such as dealing with children and rape victims, they perceived females as

more competent. Other studies have found that females are particularly skilled at defusing potentially volatile situations (Balkin 1998, as cited in Brecki, 1997). This finding is especially relevant to policing with persons with mental illness since communication and de-escalation are critical to preventing injury and increasing perceptions of procedural justice. Empirical research in this area is required to gain a better understanding of women in policing persons with mental illness.

4.3. Important elements of procedurally fair interactions as described by persons with mental illness

Procedural justice theory has proven useful for examining the experience of persons with mental illness within the criminal justice system. Poythress, Petrila, McGaha, and Boothroyd (2002) report that when individuals living with mental illness evaluate an interaction with legal authorities as high in procedural justice, they are more likely to cooperate and less likely to feel coerced. Perceived procedural fairness is especially relevant in disadvantaged neighbourhoods where individuals may already have difficult relationships with police. We know from our findings that many of the participants experienced homeless and/or DTES single-occupant residency. Police illegitimacy may influence patterns of crime and violence in communities subject to extreme structural disadvantage (Anderson, 1999, as cited in Kane, 2005). This can be explained by the fact that nearly all residents of an inner-city ghetto may feel alienated from formal institutions and attempts to mobilize police in response to crime may seem futile or dangerous.

According to this framework, people vary with respect to the degree that they focus on procedural fairness. The group-value model suggests that those who maintain high group status need not focus on how they are treated to affirm their identity (Lind & Tyler, 1992). On the other hand, those who are unsure of their status (such as members of marginalized groups) will respond most strongly to procedural justice. Treatment by authority figures can serve to further marginalize them, or confirm their status as a legitimate member of the community. Thus, a procedural justice framework is ideal for examining the participants' evaluations of police interactions in this study.

The literature identifies key antecedents for making procedural justice judgments: *voice*: having the opportunity to tell one's side of the story and to be heard; *dignity*: being treated with respect by authority; and *trust*: feeling that the authority is genuinely concerned with one's welfare (Lind & Tyler, 1988). The current study found unequivocal support for these components of the procedural justice framework. In contextualizing the findings, I refer to principally to Watson, Angell, Morabito, and Robinson (2008), the only other study I am aware of that uses in-depth interviews to explore the experiences of persons with mental illness in encounters with police. I also present a preliminary additional component that has not yet been adequately captured in the literature, but could contribute meaningfully to the procedural justice framework as it relates to persons with mental illness in the criminal justice system.

4.3.1. Conditions of positive evaluations of police interactions

The most prevalent component of the PJ framework for positive evaluations was voice. That is, participants were satisfied when they had an opportunity to share their side of the story and truly that they were heard. Shawn describes his experience talking to a group of police officers about the drugs and violence within his DTES building:

I mean those three police officers had the time to talk to me that one day, you know, a week before I got assaulted. And they did a wonderful job of really hearing me, making me understand that I'd been heard, and that ok... Even though I made sense, that some of the things I was looking at weren't ever gonna happen, you know? Like the...drugs aren't gonna stop being sold. So they weren't gonna lie to me and say ok, we'll stop them from being sold, you know? So they were realistic, but supportive.

This particular narrative is an idyllic illustration of procedural justice. In this encounter, Shawn describes his frustration with some aspects of his DTES apartment, namely the widespread drug market and violence. While the officers were honest about their limited ability to change the state of his residence (unfavourable outcome), Shawn felt supported and respected, leaving him satisfied overall.

Karianne explains that she was rightfully sent home from jail after having the opportunity to share her story. Unlike in her initial police encounter, she explains that the female officer in jail listened to her and did not try to exert any power of her:

P: And I think that's a positive. Also, she's interested, to listen to my story –

I: *Okay.*

P: - and then I told her what happened.

I: *So she listens to you.*

P: And she was listening.

I: *K.*

P: And I know she's interesting. But she doesn't have power over [you], you know?

Although to a lesser extent, participants made reference to politeness being a central element in fair treatment. When asked about specific officer behaviour that improved the situation, Josh responded:

Just manners. Manners is very important. It's up to the police officer to keep the situation nice and calm.

The interviews also revealed support for the antecedent of dignity. Many of the examples relevant to this theme overlap with perceptions of stigma. This is unsurprising since being treated with dignity means being treated with respect. One participant said that, despite her mental illness “they always treated me with dignity and respect, no matter who I was.” Alison explains that during her arrest, the police officer made efforts to protect her from the potential consequences of stigma she may face at school:

P: Well one time when they handcuffed me, he handcuffed me in front, he said so it's more comfortable...And then when they led me out, this was at UBC.

And so they suggested... 'cause they weren't in police uniform they were in just plain clothes. And they suggested I just hold my hands in front of me and put a sweater over it.

So they were really... 'cause I knew other people in the building and ...Didn't want to make it look like they were leading me out, the police leading me out handcuffed.

I: *So they put a sweater over handcuffs so that other people wouldn't like, in your, so other people in school wouldn't realize.*

P: Yeah, so I thought that was, that was kind.

Having rights clearly explained was another important element of procedural fairness. Participants felt satisfied when the police officers explained exactly what they were doing and why. Most important, this gave the participants evidence that the officer

was acting *legitimately* in his/her role. This is a challenge particularly when considering that at the time of the encounter, many participants were experiencing paranoid delusions or were under the influence of drugs and/or alcohol. Shawn explains that while he was not particularly satisfied with the outcome of hospital transport under the *Mental Health Act*, he was satisfied with the police overall because of the fair treatment he received:

I: *How did this contact with the police officer end?*

P: Very positive, he – he was more interested in how my life is going and some of the things I’m doing and I felt that ...I didn’t get what I wanted. I didn’t... I didn’t hear what I wanted to hear. But the way that he, that he explained what my legal rights and responsibilities were, I was satisfied you know? I was satisfied.

Braden reinforces the value of clear explanations during his police encounters:

I: *So what did they explain?*

P: What did they explain? Everything point by point... what I could expect from... they explained everything. Uhm, the background as to why I was being arrested ... They gave scope as to ... any part of my confusion... They gave me scope on to relax on what was happening and they gave me scope as to my...character in the situation and what to expect like about going to jail. They waited with me and... [explained] what would happen in jail, how long I would probably be in jail for... That I just, just the sense that there would be a bit of a court process, or a JP I guess. And also gave me a hint as to what they thought would be the outcome. Yeah, so each time was different but those were always covered.

Receiving a clear explanation about what was happening during the encounter appeared to be intimately connected with the feeling of being treated like a human, deserving of respect. Furthermore, even if officers did not go out of their way to be overly kind but were still decent and clear about the actions they were taking, they were perceived as legitimate and fair. Explanations also reduce anxiety by reducing uncertainty and fears about the future. These components of voice, politeness, dignity and legitimacy are all supported by the literature (Watson & Angell, 2007; Watson et al., 2008).

In some cases, positive experiences were explained in terms of the *absence of abuse*, because it defied the participants’ expectations. When Josh was asked why he described his experience as positive, he responded “it was positive because they

weren't very rough with me or anything like that." These findings are consistent with those of Watson et al. (2008) who found that given negative expectations, for many participants not being treated abusively was in itself a good outcome.

A component of procedural justice that is not stressed in the literature is what I chose to call *humanness*. Indeed, this element is intimately entwined with the three antecedents in the original framework, but I feel that it deserved mention of its own. For some participants, it appeared that the officers' ability to empathize, relate, and reduce the hierarchical gap, was a proverbial "game-changer" in terms of how they evaluated their experiences. Some participants went so far as to describe the police as their friends. Keith says "I mean I have some, a couple police officers now in my social network that I, and I absolutely, don't know what I'd do without them." Another participant said that she was made to feel like they were "on the same team." Many other participants reinforced these sentiments.

If it wasn't for them, who knows what could have happened to me?: Acts of kindness and displays of compassion

While the literature is abundant with reports of negative police perceptions, attitudes, and behaviour towards mental illness, there is a dearth of literature that refers to experiences of police compassion and empathy for this marginalized group. Part of the paucity might be due to the limited studies that refer to lived experiences of persons with mental illness through in-person interviews. In a study conducted by Jones and Mason (2002) with persons detained by police under the *Mental Health Act*, the subjects felt that the majority of police appeared to care about what happened to them and gave them constant attention whilst waiting in emergency departments, if the encounter led to a MHA transfer. Jolene describes her experience with police officers and mental health professionals working together to help her:

And that has happened twice before in circumstances. Where if it wasn't for them, you know, who knows what could have happened to me? I could have been a homeless, derelict person for the rest of my life and I am educated and I think I deserve better than, uh, wandering aimlessly through, city to city, and picking up cigarette butts.

They've done that several times [helped her] and the doctors...had asked for my education and talk with me briefly. And they were able to ascertain, you know, talk me down from whatever problem I was

having, get me on track. Give me some medications to get my brain on track and get me back to my senses so that I could become you know, coherent once again and continue with my life. And get together with a plan... a feasible plan where I could get back together with my life and get on with my life... and solve the problems that I was having previously.

While some individuals identified their status as a stigma, others felt that it actually elicited more compassion. Using standardized measures that evaluate perceptions and attitudes, Watson, Corrigan, and Ottati (2004) found that the police officers in their sample reported feeling significantly more pity for a person who had been identified as having schizophrenia than for a person without a mental illness label.

Many participants recounted gestures of kindness, which included providing blankets, food, cigarettes and friendly company. An important element was that the officer took the time to forge a connection and expressed genuine concern. Jonathan provides some positive examples from his past:

And they said don't worry, if you want somebody to talk to just bang on the [jail cell] bars and they'd come talk to me. And they would treat me really good. And you know the last thing they bought a coffee at Starbucks for me.

I: *And why was it positive?*

P: They always help me out and, and they, they, they make sure I get something to eat or some coffee to drink or warm blankets or something...Make sure I get back and get my meds.

Michelle recounts her experience of the "positive side" with respect to police encounters:

Now on the positive side I have met a few cops who will give you a cigarette. There are some nice ones out there. And I said "see that was all I needed". I just needed a puff of nicotine, that's the worst drug in the world to be addicted to. And then I can talk to you but until then I'm... I'm irrational.

This finding is consistent with the limited literature on police encounters as described by persons with mental illness. Watson et al. (2008) report on analogous encounters which were experienced positively. In their study, a number of participants described scenarios in which the police officers went out of their way to show thoughtfulness, such as chatting with them or sharing a cigarette (p. 453). The authors

discuss the importance of human-to-human interaction in which the status distance between the authority and participant was leveled, to some degree. This finding is reflected in Jordan's description of a positive experience with an officer who focused on real concern rather than wrongdoing:

About a week before I had three police officers show up at my door. And, we talked about the drug activity going on in my building and how it was impacting my mental illness. And that police officer, I still remember his name too, ah, he's really risen through the ranks here in Vancouver Police Department. And, he was very good. And he told me that he wanted to take me in to custody for, 'cause he was concerned about my health.

You know, he says for your health I'd like to take you in. I'd like to take you in so don't take this personally, but I'm really impressed and hope that once, you know, things get cleared up around here... they'll go better for me.

I: *So he was worried about you.*

P: Yeah but he was, he was really caring too, so it's not just that.

This finding is particularly important for understanding the context of interactions that are defined as positive by those experiencing mental health issues. While many acts of kindness go beyond what is expected of police officers' operational protocol, these simple gestures can go a long way in contributing to overall perceptions of police legitimacy. In turn, acts of kindness and compassion may serve to contribute to increased compliance and therapeutic outcomes. In Jordan's case, the officer's *expressed concern* for his health appeared to be particularly impactful. Tyler and colleagues have found that when individuals feel that they have been treated fairly, they are more likely to cooperate with police (Tyler, 2009; Tyler & Blader, 2003). However, the link between PPJ and compliance is poorly understood. Furthermore, few studies have addressed the impact of interactions with police officers on individuals' compliance with other institutions including the mental health system. That is, are police officers perceived as an entity of their own, or figures that represent institutional authority as a whole?

I caution that this finding is preliminary, but my findings suggest that when individuals feel that police officers are fair and genuinely concerned about them, they are more likely to comply with medical treatment *and believe* that the treatment is in their

best interest. In Shawn's case, for example, he explained that the officer did not necessarily want to take him in, but knew it was the best option for him:

He admitted to me that he felt like his hands were tied. But at the same time when he was balancing the bigger picture of that kind of stuff. He still, you know, made me feel like, like that I was important too.

Shawn went on to explain that he had a great relationship with his doctor and "needed that time to himself" in the hospital. There is reason to believe that the favourable and impactful experience with the police officer who did the hospital transport impacted the participant's willingness to accept and believe in the benefits of treatment. The link between procedural justice and therapeutic outcomes is a critical topic for future research considerations.

4.3.2. Conditions of negative evaluations of police interactions

While scholars have found evidence for increased compliance in cases of high procedural justice, decreased compliance in cases of low procedural justice has also been found. That is, when individuals feel they have been mistreated, they are less likely to cooperate with police and more likely to turn to informal means of social control (Kane, 2005). Thus, investigating both positive and negative evaluations is the key to understanding how to improve police interactions with persons with mental illness and increase therapeutic outcomes. Evidence of the three procedural justice elements (voice, dignity, trust) were also found in conditions of negative evaluations. Where participation and voice were ubiquitous in the positive conditions, the same was true for negative conditions. Brian describes his experience with lack of participation in his hospital transport:

Um without explaining the reasons why, this was the one that took to me to the hospital, strapped me in a cot, and then just left again. He was very rough when he picked me up. He was very rough with me, and he had, to my mind, he had no reason to be because I wasn't resisting at all. *I just wanted an explanation for what was happening.* [emphasis added]

Nora echoes this sentiment:

Well... they treated me... maybe that's not the right way to put it. They treated me as if... as if I should like them but really, there was nothing about them to like. He wasn't rude or violent or anything but he was not helping me any. He didn't discuss the situation at all- you know? *I had no input into the situation.* [emphasis added]

Jonathan describes an experience where he was being "roughed up" by police. He tries to explain to them that he is not feeling well because of his psychotic symptoms, but did not feel heard:

And what really disturbed me too is when I asked him why he was acting like this I told him "I'm not feeling well. How is this gonna help me?" And he told me, "I don't care". So... That was pretty umm...I got very very aggressive then, I have to admit.

In this case, the participant was trying to explain that he had been experiencing an epileptic seizure which is why he was behaving strangely but no one took him seriously: "and they didn't believe me. Nobody believed me. And it was the same way in the hospital. The, the nursing staff was absolutely disgusting to me. They treated me like dirt."

A noteworthy element of this narrative is that the absence of voice and apparent disregard for the individual's illness directly influenced the subsequent aggressive response. Again, the link between procedural justice and therapeutic jurisprudence could help explain how fair treatment may not only lead to greater compliance, but also therapeutic outcomes for persons with mental illness and the police officers whom they encounter. Namely, increasing procedural fairness may prevent injury and fatality.

The component of dignity played a more prominent role in the negative evaluations. Many participants reported physical and verbal abuse. It became clear that these experiences were a reflection of the dignity component of PPJ because the abuse/disrespect was tied to feelings of humiliation. Some participants explained that, in their opinion, the amount of force used was unnecessary. Michelle explains:

Once I'm down on the ground and handcuffed, there's no need to like sit on me and keep kicking me, and I am already restrained, there's nothing I can do right? And I've been like... there's something that comes up on their police thing too. Do you know, do you know what I mean?

While some participants described being “roughed up,” others reported serious injury. One participant explains that the police were called to his residence and as soon as he opened the door, he was “slammed head first into the ground and kneed in the back of the head.” Blake claims that he was tasered even though he was responding calmly to the police:

Yeah I was once uh tasered in my mom’s home while sitting on a chair. So I was tasered with fifty-thousand volts. Um, they dislocated my elbow. Um I wasn’t arrested or charged with anything and I uh had extensive damage, nerve damage to my arm for over a year afterwards.

Cory provides a detailed description of his experience with police use of excessive force:

I can’t even explain it that for some reason I...either took a step forward or sort of sat down but I pulled away from the officer who was holding me and she called out to the other officers and all of a sudden I was tackled by, these officers and it was, it was violent. I mean like they had me down on the ground and I was totally submissive. I was totally limp. I was not, you know, once they put their hands on me and I was [down] there was no um fighting back. And...they had my hands behind me and my face down and this one officer had his foot on my head and he actually, like he had me down and restrained and then he lifted his foot a little bit and then stomped down and I could feel the pressure in my head like it built up to counteract, like if my head was a melon, I think it would have exploded.

Use of force against persons with mental illness is fairly well documented. Watson et al. (2008) report similar findings in their sample of interviewees; their primary findings were “use of force and physical abuse, verbal abuse, disrespect, and absence of voice” (p. 453). While persons with mental illness are not necessarily more likely to be physically violent, Ruiz and Miller (2004) claim that five main catalysts exist that foster physical confrontations between police officers and persons with mental illness:

1. *Fear on the part of the person with mental illness because it involves placing them in the hands of unfamiliar police officers*
2. *The reluctance of the person in the mental health crisis to cooperate with or comply with police orders*
3. *Fear due to the police uniform or the overpowering attitude of the police*
4. *Lack of understanding or empathy by police officers for the plight of persons with mental illness*
5. *Fear that police officers harbour for persons with mental illness*

These findings give credence to the call for enhanced police training that involves understanding mental health issues and de-escalation tactics to reduce injury. Traumatic violent encounters are especially relevant for perceived procedural justice because the strength of the experience may outweigh any future or past positive experiences. Consequently the negative experience may “taint” the individuals’ perception of police fairness and legitimacy and make them resistant to change. Shawn elucidates this point:

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

Recall that Shawn reported an exceptionally positive experience with the officer who showed genuine concern for his health and well-being. Nonetheless, this experience was not enough to change Shawn’s overall negative perceptions because of the trauma he experienced in a separate encounter. Bradford (2011) found some support for the proposition that negative interactions tend to carry more proverbial weight than positive ones in formulating overall opinions about police. While positive experiences appear to have the potential to override negative orientations, negative interactions appear much more difficult to “undo.” Police need to be cognizant of the severe and lasting consequences of negative interactions with persons living with mental illness.

4.3.3. *Integrity and follow-up: Antecedent of perceived procedural justice*

An important component, not yet been addressed in the literature, involves the influence of participant follow-up in perceived procedural justice. In a few instances, participants appeared to evaluate their initial experiences as high in procedural justice, but their perceptions changed when the authority figures did not follow through with what they said they would do post-incident. Chantelle describes an event involving a motorcycle accident. She was very satisfied with the treatment at the time of the incident but was subsequently disappointed:

P: And the police woman – the guy gave me the shivers, he just stood staring at me, he didn't open his mouth at all – but the woman, um, spoke to me and she came to the hospital and what she said, was she would help me with this because she used to ride and she knows how ICBC is really bad. So...I got a copy of the police report, but she also sent me an email saying that she couldn't send one and because of the Freedom [of] Information Act I had to go find it myself. Which I have no idea how to do that? So [laughs], so it's like, she kinda lied to me! She's not very helpful. I couldn't reach her. She didn't call me back. This is a long story short, but the night of the accident, she was very nice and...

I: *So she was helpful at the time.*

P: Yeah, and she came to the hospital and she kind of diffused my anger towards the police.

Chantelle was seemingly hopeful about the ability of this officer to help her through the complex ICBC⁶ process, but was let down by the lack of contact and the officer's inaccessibility. Alternatively, when participants did in fact experience follow-up assistance, they evaluated the experience and perceptions in general as high in procedural justice. Sarah has had a more positive experience with respect to follow-up and accessibility to police officers after-the-fact:

P: Yes. And they, and they treated me with dignity and respect. Whereas, I wasn't treated with dignity and respect by the court police officers. And they gave me...the good police officers gave me helpful information on how to keep track of any criminal act, criminal acts against me happening.

I: *Okay.*

P: To document it. They always told me to document things. And um, sometimes they did things for me. I phoned them up, like I was given numbers of police officers at the police station that I could phone in and leave messages about things and so I did, and they didn't always follow through with some things, which I found upsetting, but a lot of things they followed up, you know?

This component is especially important for this marginalized group because many of them suffer from psychotic symptoms that may affect memory and understanding of complex legal processes. Furthermore, police officers may not feel the same sense of accountability towards someone who may appear to be incapable of understanding or remembering what they were told during the course of a chaotic

⁶ Insurance Corporation of British Columbia

encounter. The findings reveal clearly that persons living with mental illness, like their non-mentally ill counterparts, do indeed hold authority figures to their word. In order to achieve perceptions of procedural fairness and legitimacy, individual officers ought to be integral beyond the initial interaction with a citizen (of any status) and should only make promises that they intend to keep.

4.4. *You walk out there you've got six cops that don't understand: Recommendations for police*

Many participants offered advice for police officers both in terms of specific training recommendations and general behaviour that may help to improve their interactions with persons with mental illness. The quantitative data from the Police Project revealed that 90% of the interview participants believed that police training was “very” or “extremely” important (Brink et al., 2011). When David was asked why he feels that training is extremely important, he responded:

Just to be aware on how to go about, you know, taking them down. Taser's not a good thing for one. I just don't agree with that especially with somebody in my situation where my heart's already going about a hundred beats a minute. Blast one of those in me, that's not good. So just yah, again, educating them on, you know, maybe use physical forethought... that shit.

Police use of Tasers also came up in Lucille's interview. Likewise, she emphasizes that Tasers are particularly harmful for those with mental illness because they are already under a great deal of stress:

I mean there's examples of why that don't even include me. I mean it's the whole thing about tasers being used on people that are mentally ill. I mean really should not do that! That is a traumatizing...you know, I think that's traumatizing for anyone, but for someone who's mentally ill I just think that...we don't give electroshock anymore. And I just, I think that it's a very cruel thing to do and there are better ways. I mean, somebody died because they were overzealous and I think if that person was freaking out I don't think that they were, in my mind from what I saw anyways, they were just, they obviously had some kind of mental issue, I think. And he wasn't understood and it was very stressful. And I mean, I've had moments like that, you know, and I wouldn't want to be tased. And it scares me!

Although Jenna evaluated most of her interactions as being positive in nature, she also expresses fear about the Taser:

They always treated me with kindness and calmly... and professionally. However, I am afraid that one day they will taser me and that's what I'm afraid of... If I don't react quickly, or don't respond quickly enough, they might taser me.

One of Jenna's recommendations for police was "not to shoot too quickly."

Advances in technology have led to the development of police force alternatives such as impact weapons, pepper spray, foams, nets and conducted energy devices such as the Taser (White & Ready, 2009). Tasers are a brand of hand-held battery operated devices that have the capacity to disable individuals through the discharge of an intense burst of electrical energy (O'Brien, McKenna, Thom, Diesfeld, & Simpson, 2011). The widespread use of Tasers in Canada and the US began in the late 1990s. Despite increasing popularity, some concerns have been raised. According to Amnesty International, more than 300 people have died after being subjected to the Taser (Amnesty International, 2006, as cited in White & Ready, 2009). Furthermore, Tasers are used at a disproportionately higher rate against those with mental illness. According to a US study conducted over three years in a large metropolitan area, the Taser was used almost *exclusively* against suspects classified as "emotionally disturbed" by emergency services (White & Ready, 2007).

Ironically however, the risks might be intensified when Tasers are used against persons with mental illness. In Nova Scotia, a man who suffered from autonomic hyperarousal was stunned with a taser and died thirty hours later. The counsel for the inquiry stated that the Taser has the opposite of the intended effect; rather than debilitating, it "escalated the level of agitation, strength and mental disturbance" ("Don't use tasers on mentally ill, Hyde inquiry hears," 2010). Even when experienced police officers are subjected to the Taser, they report extreme pain and feelings of helplessness. O'Brien and McKenna (2007) explain that these feelings are likely to be heightened in a person suffering from mental illness because they are already in an intensified state of arousal and many have had previous traumatic experiences. In line with procedural justice theory, the authors go on to reinforce the fact that the use of the Taser is likely to affect future engagement with police officers.

K. Adams and Jennison (2007) identify some of the problems with the current body of knowledge regarding Taser use; namely, the lack of consensus in the development and application of policies related to Tasers. Evidently, police forces should invest in evidence-based policies and training governing the use of multiple Taser shocks against those who are in psychological and physiological states, such as those suffering from severe mental disorder and substance-induced psychosis.

Others recommended training specific to mental illness at least for some portion of the officers. Nicholas explains that “somebody has to understand, you know what I mean?...You walk out there you’ve got six cops that don’t understand.” He makes a more explicit recommendation:

I think every what whatever, each community where there’s a police station, they should have a team. There should be two, at least one cop on shift that’s trained in working with mental patients...That’s taken nursing training or a certain amount of psychology training.

William explains that police need to take the time to assess the situation because mental health patients need to be dealt with differently than their non-mentally ill counterparts:

And then you’ve got the other person who is watching on that level. You know, what are we dealing with? [begins speaking through a police officer’s hypothetical thought processes] Yeah this guy doesn’t seem, you know, he’s off kilter a little bit. Wait a second, let’s deal with this guy a little differently here. Let’s bring him to here. Let’s call...you know? Let’s get the doctor in, let’s see what’s going on here. ‘Cause, this guy needs different kind of help. That kind of thing.

Blake feels that the most important element of training is “communication skills, conflict, resolution, things like that.” He goes on to address police fear and subsequent use of weapons:

I think they need to be trained better in hand to hand combat quite frankly, rather than tasing and shooting everyone. Um, my feeling is they are taking kids from the suburbs and that haven’t even had, maybe, three fist fights in their whole life, putting them up against ex-cons and that. And of course they’re going to shoot people ‘cause they’re scared...They rely on tasers and bullets too much.

Joel also advocates for more hands-on training and an understanding of the uniqueness of mental disorder:

Somewhat certain knowledge of what to expect and not actual classroom knowledge, uh if this guy is psychotic, doesn't mean like he's the worst person in the world. There's many different levels and many different things that could be going on with this person. Again, you have to look at the safety of both the officer, the public and the person, and that's a tough thing to do, I understand that. But you've gotta give the person with the mental disorder the benefit of the doubt that there is absolutely something going on there but it might not be his fault.

David agrees that practical experience is vital:

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

While training was identified as a critical component, some participants also mentioned that recruitment is important. For William, "they're recruiting people that aren't necessarily uh in tune with police work and being police officers." Karianne believes that knowledge is not useful unless the officer is good-natured:

P: Depends if they want to be good or not. Some [training]- not really that important. They don't want to be good, doesn't matter.

I: *Okay. So you're saying like, it would be good to have knowledge, but you don't really trust that they'll use it or, yeah.*

P: No. Doesn't matter. Really. Even, even they didn't learn that, it's just common sense to treat people with respect.

In line with the procedural justice discussion, those who felt that they were stigmatized for their status did not feel respected or even treated as "human" in some instances. When asked about the critical elements of police response, Jolene answers:

Hm, that's a tough question. I think caution... would be one and to be on caution... treat them like they are a person, where because depending on mental illness to treat them like you know, you would treat your partner or another person... not to treat them if they're like a ticking time bomb you don't want 'em to just like Puuuuh!

David adds that education is critical, especially when it comes to police discretion in selecting the disposition and "just knowing that jail's not the answer for them. They need to be in a hospital, medicated. Not in a prison cell." Some of the common language used in participant recommendations included patience, respect, symptom

recognition, non-violent communication, crisis intervention, counselling, understanding, compassion, empathy and knowledge of community resources.

In response to the challenges associated with responding to a servicing persons with mental illness, police-led and co-response intervention models have begun to diffuse globally. Co-response models are joint mental health and police response (Reuland, Schwarzfeld, & Draper, 2009). Data from a survey of 174 cities in the United States with populations of 100,000 or more revealed that 78 departments had a specialized response for persons with mental illness (Deane, Steadman, Borum, Veysey, & Morrissey, 1999). A well-known and widely used specialized response model is the Crisis Intervention Team (CIT). This model started in 1988 by the Memphis Police Department. By 2006, over 70 police departments in the United States had adapted the model and formed their own CIT program (Teller, Munetz, Gil, & Ritter, 2006). The three core elements of CIT are intense training, partnership with community resources and the adoption of a new role for CIT-trained officers (Reuland, 2004). CIT is considered by many to be the most rapidly expanding and promising partnership between law enforcement and mental health professionals (Compton, Bahora, Watson, & Oliva, 2008). Some of the crucial elements of CIT (Memphis Model) include 40-hour training for at least 25% of the officers, a no-refusal intake policy and single point of entry for hospital transports, and on the scene of the mental health call the CIT trained officers is in charge regardless of the rank of the other officers present (Reuland, 2004; Wood, Swanson, Burris, & Gilbert, 2011).

Scholars have shown that many CIT programs are having a positive impact on interaction outcomes. Dupont and Cochran (2000) suggest that CIT implementation is associated with the decreased use of high-intensity police units such as Special Weapons and Tactics (SWAT) and lower rates of officer injury. Others report that training appeared to improve officers' ability to identify individuals with mental illnesses and respond appropriately; their knowledge of local treatments and services; and their comfort in interactions and with patients and their family members (Wells & Schafer, 2006). Findings suggest that CIT training holds the potential to change the nature of interactions between police officers and persons with mental illness. From the study of an Ohio police department, Teller et al. (2006) revealed that CIT-trained officers were more likely than other officers to transport mentally disturbed persons to psychiatric

emergency services. Interestingly, there was a decrease in involuntary transport for both CIT-trained and non-CIT trained officers. If we refer to the procedural justice framework, it becomes reasonable to speculate that officers were more likely after program implementation to treat persons with mental illness with respect and dignity, increasing the likelihood of future cooperation with officers more generally.

Many of the current study participants made suggestions that were in line with CIT training programs- such as reducing the use of weapons, training special officers and referring to hospital instead of jail during mental health crises.

Co-response programs are also common in some areas. In one such model, partnerships or cooperative agreements are developed between police and mobile mental health crisis teams (MCTs) that exist as part of the local community mental health services system and operate independently of the police department (Hails & Borum, 2003). The Vancouver Police Department operates a CIT program as well as a mobile health care called Car-87, which is a partnership between Vancouver Police Department and Vancouver Coastal Health Authority. Surprisingly, Car-87 did not come up in the interviews as often as I had anticipated. Unfortunately, the details around the experience with Car-87 were limited. Trevor comments:

Things happen fast, they're coming on the scene, um, and then they're attacked, you know, and they have no way of knowing what the deal is, so... um, I don't know what to say other than you know, the best that we seem to be able to do is the Car 87. And I think that's been stopped or cut back on - and I think, I'm not sure about that, but I think if anything, that service needs to be expanded.

The fact that Trevor felt that program had been cut back on speaks to the limited availability of the Car in an area where mental health issues are prevalent. He also emphasized that crisis incidents are face-paced; waiting for the Car 87 to arrive in a crisis scenario is not always an option. Sarah explains that she “found it hard with Car-87” and she “did not have respect for it.” Later on she explained that “the police were nicer to me than the nurses were.” When asked to clarify if he thought that Car-87 was a good program, Cole responded “that's the idea, yup.” We certainly cannot make any generalizable claims from these bites, but there is reason to believe that while Car-87 is having a positive impact more generally, there are limitations to its use and availability.

In a comparative study of policing models in the US, (Steadman 2000) found that one of the primary concerns expressed about the Knoxville Mobile Mental Health Crisis Unit was that response times were excessive and impractical. During the study, the mobile car was on scene for 40% of the 100 mental health incidents that took place in comparison to the CIT program where in 95% of the 97 mental health service calls were responded to by crisis intervention team officers.

Despite the widespread use of pre-arrest diversion programs, the empirical literature on program evaluations is limited, especially in the context of Canada. The Vancouver Police Department has yet to empirically evaluate their program, but claim it is based on best practices because it follows the CIT model (T. G. Coleman & D. Cotton, 2010). However this not sufficient since we know that the potential for success of CIT will likely vary with local contexts, such as relationship between police and mental health services, availability of funding, and laws that might govern disorderly behaviour and civil commitment (Wells & Schafer, 2006). Unfortunately, the 32-hour VPD CIT training has been dropped and replaced by a province-wide program which includes only a 12-hour online course.

Further research on effective police response programs as well as rigorous evaluations of said programs is vital to developing 'best practices' in mental health service response.

4.4.1. Police are not doctors: A call for increased collaboration between police and health authorities

While many participants made recommendations for increased police training and educational awareness around mental illness, the participants also recognized that police functions should be limited in terms of involvement with health-related concerns. Under a community policing framework, police have assumed expanded functions which include working with key stakeholders in the community and helping to facilitate community participation in public safety (Morabito, 2010). Unfortunately, there is risk in the contemporary context for the police role in mental health to be overemphasized and for the role of mental health authorities in the community to be underemphasized. The participants speak to this issue when asked about important elements of police training.

Ashley differentiates between the roles of police and health-care workers:

And because he's a nurse and policemen aren't nurses, most of them. I think it is up to the doctor and not the policemen to deal with those issues.

Yeah, but it's... I think people wouldn't get as you know... the system tries to upset people so they can re-medicate them. And I don't think the police should get caught up in that. Ambulances, paramedics, okay. But the police are there to protect the law and the rights, human rights, of everybody you know? And being a mental patient and not taking pills that's your right not to take pills.

Paul asserts that it is not appropriate for police officers to be making health-related diagnoses:

I: What do you think are important or critical elements of training programs for the police to effectively handle situations that involve people with mental illness? So for example, identifying or recognizing different types of mental illness, communicating with a person who may have a mental illness..., or identifying common effects of psychiatric medications, or suicide prevention techniques?

P: Well the Doc... police can't make a diagnosis. The first one is basically making a policeman somebody that knows about mental illness that doesn't sound very fitting. Does it?

David emphasizes the importance of mental health treatment as opposed to incarceration:

Just knowing that jail's not the answer for them. They need to be in a hospital, medicated. Not in a prison cell.

Of particular concern to some participants was the issue of symptom ambiguity. That is, police experience difficulty differentiating between someone who has not taken their prescribed medication versus someone who is behaving abnormally because of alcohol intoxication or street drugs. Jonathan reflects on the challenge of accurately diagnosing mental illness: "like, I think it can come across as being very similar [behaviour when intoxicated and behaviour due to medication noncompliance]. But you know...I think even a psychiatrist would have difficulty doing that..."

The literature suggests that specialized mental health training programs for police have shown promising results in measures such as decreasing injury for police

and persons living with mental illness as well as increased access to appropriate services (Steadman, 2000). That said, effective multi-agency cooperation appears to be crucial. Wood et al. (2011) suggest that police need to have functional links with various agencies in the health sector that allow them to 'broker' individuals into the systems that have the capacity to manage them. For example, in 2008 the Vancouver Police Department and Vancouver Coastal Health (VCH) began to work on an "Integrated Street Response Project" which allowed police to readily access health services 24/7 on the street. Thompson (2010) explains that further work on "this project ended in 2009 due to VCH budget constraints" (p. 14). Improved outcomes for police and persons living with mental illness are dependent on resources and collaborative projects which are sustainable over the long-term.

5. Conclusions and Reflections

“I think story has the ability to save our world. It can galvanize, inform and move millions of people to action around the world. Just look at how individual stories created by simple, inexpensive cameras and mobile devices and distributed across all forms of social media sparked the Arab Spring. These were stories that captured the hearts, imagination and courage of so many. This is only one example of the power of story to positively impact social change; to move the dial; to connect us in ways not imagined before; to change the course of human history. Yes, story matters.”

Teri Schwartz, Skoll World Forum, 2013

5.1. Conclusions and Policy Implications

The 60 interviews conducted for the Police Project generated valuable qualitative data about police interactions as perceived by those living with mental illness. There is a paucity of literature which refers to the lived experiences of persons with mental illness in relation to their police interactions, with only two studies existing to my knowledge prior to the current one, and none in the Canadian context.

The study revealed that anticipated and experienced stigma plays a significant role in interactions with agents of authority. Namely, those who felt stigmatized had negative evaluations of police legitimacy, and would not trust them to act in their best interest. Besides psychiatric status, the participants identified their socioeconomic status, addiction, hygiene, past criminal behaviour and place of residence as possible stigmas. Policy-makers and scholars should consider the barriers of stigma and the interrelatedness of different forms of stigma. As mentioned, anti-stigma programs which focus solely on one characteristic may not be as effective as one that considers the complex web of stigmatizing characteristics of members of this marginalized group.

The findings also reveal that experience and gender of police officers may be related to differential expectations and perceptions of police according to persons with mental illness in the community. While claims about police attitudes is outside of the scope of the current project, it would be useful to gain a better understanding of police officers' feelings of responsibility to help those suffering from mental illness, as well as levels of care and compassion. Studies that are intended to evaluate attitudes and perception of police should extend beyond organizational structure and job satisfaction to include attitudes around social issues and marginalized groups. Furthermore, research should be extended to evaluate how (or if) attitudes are related to on-the-job behavioural dispositions. If we gain a better understanding of why some officers are more inclined to kindly and calmly assist those with mental disorder, we might be able to apply these findings to recruitment and training in police agencies.

The procedural justice study findings with respect to evaluations of positive and negative interactions were consistent with the procedural justice literature. The most important conditions for both positive and negative appraisals appeared to be participation and voice; that is, having the opportunity to share ones story and be heard. Other important elements included politeness, respect, dignity, compassion and providing appropriate information. Evidence for manners and politeness was also apparent, but the importance of participation and providing information seemed to supersede manners because they symbolized police legitimacy. In other words, the participants would be satisfied with the process, despite the recognition that the officer was not particularly friendly. That said, in cases where officers were friendly and extraordinarily caring, perceived procedural justice appeared to go up.

Use of force was also important for both positive and negative interactions. As a positive condition, the *absence* of force led to satisfaction with the process. Negative experiences included verbal and physical force, which the participants felt was unnecessary. To a lesser extent, follow-up support also appeared to have an influence on perceptions of fairness. Ratings of the quality of follow up contact appear to be primarily by instrumental concerns, which according to the procedural justice model will be less important in the formation of overall opinions. Nonetheless, this element should at least be considered as a potential antecedent in procedural fairness going forward. Police should be careful not to undermine the intellectual capacity of those with

psychiatric disorders to remember and expect police officers to follow through with their promises.

These evaluations have direct implications for police. As discussed, police officers operate under a discretionary framework with often limited accountability and transparency. I also found evidence in the literature for the fact that changing the structural aspects of an organization are not guaranteed to influence (at least not directly) the attitudes and worldviews of those who operate within said organization. The procedural justice factors do not call for a change in law and policy necessarily, but rather a change in police officers behaviours and perceptions of mental illness, compassion towards it and willingness to understand its complexity; in other words, a cultural transformation. Fortunately, some participants mentioned that in their experience, a cultural shift is already starting to take place.

The participants made a number of recommendations including reduced use of conducted energy weapons, increased training and education around symptom recognition and understanding mental disorder, and working collaboratively with health authorities (such as Car-87). While the focus here was on police, it is worth mentioning that many participants identified that some service elements are beyond the scope of policing, because police are not doctors and should not be expected to perform as such. The literature also suggests that servicing persons with mental illness requires collaboration between the criminal justice and mental health systems. The Council of State Governments (2002) identified co-operation between these two-key stakeholders as the most important challenge. Accordingly, the communities that have successfully improved their response to persons with mental illness began by acknowledging this key challenge.

5.2. Limitations of the Study

It is difficult to assess the limitations of the study without considering some of the decisions made in the original Police Project, in the stages of interviewing and data collection. There was a significant disparity in the amount of detailed qualitative data contained in each interview. Some of this could be reasonably attributed to the

differences in interview styles between the interviewers. A strict adherence to the interview schedule with limited probing will lead to fewer opportunities for naturally emerging data in the form of detailed narratives. Denscombe (2007) discusses the *interviewer effect*, which demonstrates how people respond differently depending on how they perceive the interviewer. This is one reason for interviewers to be sure they engage in dialogue to put the interviewees at ease. There was evidence of variation in interviewer approach in the Police Project. Rather than classifying this variation in interviewer approach into the dichotomy of right or wrong, it is merely an observation that the level of rich qualitative data was undoubtedly impacted by different elements of the interview process.

Secondly, the details of the circumstances around the police experiences were drastically divergent. This is because the Procedural Justice Scale questions asked the participants to reflect on their most recent police encounter. This specification is reasonably justified since it would reduce recall bias, which is of particular concern when interviewing a sample of people who suffer from symptoms that have the capacity to influence cognition and memory. The consequence however was that some of the interactions were not substantial in nature and thus, did not help to inform the participants' perceptions of police. Some participants described potent interactions including extreme crisis scenarios, which resulted in extremely positive and extremely negative experiences. However, for other participants, their last interaction was a casual encounter such as a chat on the sidewalk or providing an officer with directions. The investigators of the Police Project identified that an alternative method for the interview schedule may have been to focus the discussion on the most positive and negative experiences, rather than the most recent (Brink et al., 2011).

Many participants struggled with the Procedural Justice Scale, particularly with being forced to categorize an experience about which they had mixed feelings. When asked to answer a Likert-scale question ranging from assured to fearful, one participant responded:

That's kind of funny, you're either assured or you're fearful...how about just like, you know, like uh, there's got to be something in the middle between that, like uh, just like oh well... I didn't have any of those feelings.

Cory explains his frustration with the quantitative portion of the interview:

Agree, then disagreed, then agreed [chuckles]. Uhm yah cause I had the outburst so but, but at first I complied and then I acted out and then I complied again. Uhm, so it's hard to sum it up with the four choices.

Within the context of the interview, Laurel changed her response in an attempt to quantify more accurately to fit the with the Likert-scale options provided:

P: I've got some really negative ones, and I've got some quite positive ones, so you know averaging out, it's right in the middle.

I: *Okay, so neither negative nor positive.*

P: Right. Can I change my answer?

I: *Okay, yes.*

P: Slightly positive.

I: *Okay.*

P: Yeah, overall, slightly positive. 'Cause they outweigh, like, the one or two times that are just really bad.

Furthermore, some statements from the Procedural Scale were understood differently across participants. I will provide a couple of examples with respective explanations about the response discrepancy:

- **Procedural Justice Item: “*The officer was just doing his job*”**

A few participants answered disagree to this statement but not because of a bad experience, but because the officer actually went above and beyond their expectations with respect to providing help and support to the individual.

- **Procedural Coercion Item: “*The officer tried to verbally persuade me to do what he/she wanted*”**

The qualitative data revealed that some of those who agreed with this statement felt that this was a positive rather than a negative condition, because the officer used communication instead of physical force.

By no means is this critique intended to imply that the Procedural Justice Scale is not internally consistent overall or that the quantitative data did not reveal invaluable

findings related to perceived procedural justice and coercion. Rather, we can further the case for qualitative research in this area by highlighting the importance of understanding how the Likert-scale response are contextualized by follow-up explanations. In some cases, the supplemental qualitative data is essential to the accurate interpretation of the quantitative-response data. It is important for researchers moving forward in this area to understand that some experiences cannot (and should not) be solely quantified.

5.2.1. *Limitations of the Qualitative Police Project*

The results of the current study should be considered in relation to its limitations. The primary limitation of the current study is the use of secondary data and accordingly, the lack of involvement in critical stages of the research process. The project was designed, the interview schedule was formulated, and interviews were conducted all prior to my use of the data. As such, I was severely limited by the scope of the project and the range of topics I would have liked to explore as a qualitative researcher.

While I entered into the research project with the mindset of a qualitative pursuit, I had to grapple with the reality that the data were not derived from a qualitative interview schedule. As mentioned in the methods section, the qualitative element was only a supplemental component to a largely quantitative project. Inevitably, this directly impacted my process as well as the findings. Although I used a systematic coding process, there is no doubt that my findings were influenced by the questions on the schedule. For example, one of my primary findings relates to important elements of police training according to persons who have mental illness. It is necessary to disclose that there are questions on the interview schedule which *directly* invite participants to speak to this issue. This is potentially problematic because it can be interpreted as leading. That is, the participants might make suggestions for the purposes of answering a direct question, as opposed to sharing information about police training that are of genuine concern to them. The ideal scenario would be for the qualitative project to be based on qualitative interview data. While rich qualitative data was derived from some interviews, the Police Project was not designed with the current follow-up study in mind.

In addition, my subjective determination of the salience of themes is also highly dependent on the interview schedule and the quantitative question format. For example,

a few of the participants discussed the importance of police officer follow-up in their overall perceptions of police legitimacy as illustrated in Chapter 4.3.3. There were no qualitative questions on the interview schedule which directly asked participants to speak to this issue. In qualitative research, naturally emerging data are typically seen as the most authentic and credible, so while this issue was only discussed in a minority of the participant interviews, it was nevertheless identified as important. That said, if interview questions had focused more extensively on this issue, the data might have revealed something entirely different. Perhaps in the grand scheme of the 60 interviews, this topic would not have emerged as distinctly relevant if *all participants* had been asked to reflect on it.

The project is also limited by a lack of triangulation techniques. Triangulation in research means that researchers use different sets of data, different types of analyses, different researchers, and/or different theoretical perspectives to study one particular phenomenon (Chenail, 1997). The goal is not necessary to achieve consistency in the data, but rather to increase confidence by adding depth and diversity to the data. I engaged in many discussions about the data with various researchers including an interviewer for the Police Project and sought advice from qualitative experts with respect to coding techniques. Nonetheless, the data was not triangulated which limits trustworthiness.

There are also limitations associated with my research process, namely data analysis and coding. As a novice researcher, the amount of data that I included in the sample was overwhelming and included hundreds of pages of transcripts. I realized that data-management through a rigorous organization scheme would have been extremely useful from the beginning of the project. For example, I found myself adjusting my method for memo organization throughout the transcript review and would sometimes become muddled when trying to reference previous notes. It may have helped to ground myself more firmly in the memo-writing literature and learn about various techniques *prior* to the transcript review.

While NVivo10 provided effective tools for coding, I often felt besieged by the sheer volume of data and the tedious research process. It was my tendency to focus the analysis on those interviews which clearly revealed rich qualitative data and to focus less

on those which lacked elaborate responses. While I believe this is a reasonable research decision, it still lends itself to the possibility of missed important qualitative data. If I were to conduct a study of similar focus from start to finish, I would conduct fewer interviews, prompting more elaborate responses through open-ended qualitative questions. I would also engage multiple researchers in the coding process to increase trustworthiness and enhance reader confidence in the overall validity of the research process.

5.3. Final Remarks

I conclude this thesis on a positive and hopeful note. The findings from this study are relatively balanced in terms of negative and positive experiences and it is not my intention to sway the reader towards an overly positive, optimistic interpretation. Overall, the responses to the interview questions indicate a majority of participants had positive views of the police, whereas there was a minority who held markedly negative views. However, after a few long months of data analysis I was left feeling hopeful about the future of policing persons living with mental illness. While it is clear that we have a long way to go in understanding and improving service for persons with mental illness in the community, police are serving a vital role as first point of contact and connectors to essential services. In many cases, they are also playing the role of friend, companion, transport service, counsellor and guardian. I close with an excerpt from one of the most impactful narratives by Suzanne, whose life was saved by a patrol officer:

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

Policy-makers, politicians, public and police officers all play an important role in answering the participants' call for a change in culture; one that cultivates empathy,

compassion, humanness, respect and understanding for mental health issues. By courageously sharing their personal stories, the participants of the Police Project have contributed to a body of knowledge, which is indispensable to this cultural transformation.

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Appendix A.

Interview Participants' Reasons for Police Contact

Percentage of Interview Participants Who Have Had Various Types of Contact with Police

<i>Reasons for Police Contact</i>	<i>Frequency</i>	<i>Percent</i>
Mental health crisis	21	35
Domestic dispute	32	53.3
Public disturbance	24	40
DUI or traffic violation	17	28.3
Committed a criminal offence	38	64.4
Committed a violent criminal offence	22	36.7
Requested assistance as a victim of a crime	33	55
Requested assistance as a witness to a crime	21	35
Requested assistance to report a crime	25	41.7
Street stop	41	68.3
Served with a warrant	20	33.3
Casual or informal	45	75
Transported (e.g. to hospital)	54	90

n=60

Appendix B.

Preliminary Coding Scheme

<i>Code Name</i>	<i>Description</i>
Procedural Justice- Participation (voice)	Watson & Angell (2007)- Involves having the opportunity to present one's own side of the dispute and be heard by the decision-maker
Procedural Justice- Politeness	Tyler (1994); Lind & Tyler (1988) - Refers to concern for rights; respectful treatment by authorities. According to PJ theory, when authorities are seen as giving disputants their due with respect to politeness, procedural justice is higher. Otherwise, PJ suffers.
Procedural Justice- Trust	Watson & Angell (2007) - Trust that the authority is concerned with one's welfare
Procedural Justice- Dignity	Watson & Angell (2007) - Includes being treated with respect and politeness and having one's rights acknowledged
Procedural Justice- Legitimacy	Sunshine & Tyler (2003)- Perceptions of legitimacy generates compliance with the law; might disagree with some laws but we follow the rules because we believe it is the right thing to do
Stigma	Experiences of being treated differently due to mental illness
Police Training	Commentary about mental-health related police training
Variations in Police Performance	Some police are better at handling mental health issues than others; also include discussions of differences in police agencies across jurisdictions

Appendix C.

Codes generated during the second stage of coding

Codes Generated During Second Phase of Coding
*Perceptions of Police Power; Limitations to Power → "Police are not doctors"
*PJ- Dignity → Negative PJ Dignity → Positive PJ Dignity
*PJ- Fairness → Negative PJ Fairness → Positive PJ Fairness
*PJ- Outcome (feelings about) → PJ- Outcome dissatisfaction → PJ- Outcome satisfaction
*PJ- Participation (voice) → PJ- Negative Participation → PJ- Positive Participation
*PJ- Politeness → Negative PJ Politeness → Positive PJ Politeness
*PJ- Process (general feelings about) → PJ- Process satisfaction → PJ- Process dissatisfaction
*PJ- Trust in Police → PJ- Negative Trust → PJ- Positive Trust
* Social Support → Lack of social support (lost family and friends)
*Variation in Police Performance → rookie vs. seasoned officers → female officers
*Challenges of Policing
*Feelings of Level of Control in the Situation
*Friendliness, Relationships with Police, Built Rapport
*Complexities of Mental Illness
*Feelings about Police Legitimacy
*Cynicism about Police
*Needed the police; Felt protected
*Feelings of Neutrality
*Access to Medical Information → No to Access → Yes to Access

Codes Generated During Second Phase of Coding

*Accountability; Responsibility for Actions

→ Regret, Missed Opportunity

*Acts of Kindness (By police)

*Compassion; Empathy (By Police)

*Institutions (Besides Police)

→ Corrections

→ Mental Health Professionals/Hospitals

→ Private Security

→ Lawyers

→ Legal Process

*Policing Subculture (Culture of Authority)

*Symptom Ambiguity

*Drugs and Alcohol (Personal Use)

*Downtown Eastside Residence

*Evidence of Psychosis

→ Symptoms of psychosis at time of index offence

*Vicarious Experience/Trauma

→ Witness to excessive force

*Miscellaneous Experiences with Police

→ Negative experiences

→ Positive experiences

*Homelessness, Poverty, Instability

→ Meeting basic needs

*Injury & Excessive Force

*Interview Guide & Interviewer Concerns

*Police Accountability

→ Lack of police accountability

*Media Portrayals of Police/PMI interactions

→ Reference to High Profile Cases of Police Misconduct

*Trauma

*indicates the name of the coding category; → indicates a sub-category

Appendix D.

Coding Processes

