



Policing the Mentally Ill: Lessons from the Experiences of La Trinidad Police, Philippines

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Abstract- The percentage of the global population that suffers from mental illnesses and impairments is relatively significant. A mental health disorder will affect one in four people worldwide at some point in their lives. In the community, dealing with those who have mental illnesses has long been regarded as a crucial aspect of police work. The police occasionally deal with situations involving people who have severe mental problems when responding to requests for their services. Recently, the police have come under fire for how they handled events involving mentally ill people that ended in the victims' deaths or serious injuries. In an attempt to gain an understanding of the nature of police encounters involving people with mental illness, this study examined experiences of encounters between police and people with mental illness. It focuses on the tactics used in responding to occurrences involving the mentally ill as well as the experiences of police. This study used a case study methodology and focused on three instances of police interactions with mentally ill people in the town of La Trinidad, Benguet. The information required for the study was gathered through interviews with seven responding police officers. The findings of the interviews indicate that police believe the situation to be outside the scope of their normal duties, stressful, and that injuries are most likely to happen. The results show that the lack of explicit instructions left the responding police to handle the situation as best they could. Police discovered that working with a social worker and the person's family and maintaining composure and patience will increase the likelihood that the situation will be resolved successfully.

Keywords: Mental, Mental Illness, Mentally Ill, Policing, Police.

I. INTRODUCTION

A. Background of the Study

The percentage of people with mental diseases and impairments in the world's population is quite high. One in four persons may encounter a mental health issue at some point in their lives (Mental Health and Development | Division for Inclusive Social Development (DISD), n.d.). Datani, S., Ritchie, H., and Roser reported in (2017) that 792 million people worldwide—roughly one in ten persons—were predicted to have a mental health issue in 2021. In the United States, 52.9 million persons aged 18 and older had a mental disorder in 2020. (Substance Abuse and Mental Health Services Administration, 2021). According to the OECD/European Union (2018), more than one in six people in EU countries—84 million people—had a mental health problem in 2016. Similarly, data from 2016–2017 in Canada reveals that about 5.5 million Canadians sought medical attention for a mental disorder (Canadian Chronic Disease Surveillance System, 2019; Public Health Agency of Canada, 2020). In Asia, a growing proportion of adults (4% to 20%) report having a diagnosable mental disorder at some point in the year, and prevalence rates have similarly climbed (Bodeker, 2020). South Asian countries show the highest frequency of common mental diseases (Naveed et al., 2020). In Singapore, one in seven adults and one in three Malaysian adults, respectively, have a mental health issue (Chan, 2019). Six million Filipinos suffer from sadness and anxiety, making the Philippines the nation with the third-highest prevalence of mental diseases in the Western Pacific (Martinez et al., 2020). In the Philippines, 3.6 million people have at least one type of mental, neurological, or substance use illness, according to the (Crisostomo, 2020).

For a long time, especially in western countries, managing people with mental illnesses in the community has been seen as an essential component of police work (Teplin and Pruett, 1992). Police are required to respond to service requests, and they occasionally encounter instances involving people who have incapacitating mental illnesses (Chappell & O'Brien, 2019). Nearly all of the 4,200 law enforcement officers who participated in the Lexipool study (2019) reported having contact with someone who is mentally ill or is going through a mental health crisis, and 60% of the officers said they make up at least 11% of their contacts. According to Livingston's (2016) analysis of studies, one in four and one in 100 people with mental problems have been arrested by the police in the past. Police officers were left to handle occurrences with mentally ill individuals as best they could. If these interactions are not properly handled, they could result in fatalities or serious injuries. People with signs of mental illness who engage with police frequently die in the United States (Saleh, 2018). Wood, et al. (2017) also noted that the majority of police confrontations with people who have mental illnesses took place without formal assistance and that they frequently behave as warriors in these circumstances. Consequently, it is



recommended that police view themselves as protectors (Wood and Watson, 2017).

According to WHO (2021), anxiety and depression caused over 800,000 years of life lived with disability in the Philippines in 2017. This reflects a massive human and economic burden, alongside a concerning rise in youth suicide attempts, with 17% of 13–15-year-olds attempting suicide in 2015. It was also reported by UNICEF (2022) that poor mental health accounts for a significant disease burden in youth, with mental disorders and self-harm comprising about 13% of the total disease burden for 10–19-year-olds in 2019, and one in eight adolescents (10–19) and one in seventeen children (5–9) estimated to have a mental disorder. The inaccessibility and cost of mental healthcare, combined with a cultural drive to 'save face' and the presence of stigma, lead Filipinos to prioritize turning to family and peer networks for socially related problems rather than seeking formal medical or rehabilitation help, resulting in individuals with mental health conditions often remaining in the community (Lally et al., 2019). This situation increases the probability of community incidents involving individuals with mental illness that necessitates a police response instead of an immediate mental health intervention.

The Philippine National Police (PNP) must respond to mental health crises as part of their mandate on maintaining public safety, which creates complex challenges in ensuring appropriate intervention, safeguarding human rights, and promoting community well-being (Santos & Cruz, 2023). While the PNPOP Manual 2021 (Philippine National Police Operational Procedures) mandates a general adherence to human rights and the protection of the dignity of all persons during police operations, it does not contain a specific, dedicated chapter or rule detailing the step-by-step procedures for handling individuals experiencing a mental health crisis (PNP Directorate for Operations, 2020). However, Republic Act 11036 also known as the Mental Health Act requires law enforcement agencies like the PNP to coordinate with local health services when responding to mental health-related emergencies (The LawPhil Project, 2018).

It has been established that police encounter with those suffering from mental illness in the Philippines have complications. A police officer shot and killed a former soldier who broke the COVID-19 quarantine protocol in 2020 after learning, much later, that the former was mentally handicapped (Talabong, 2020). Another occurred on May 23, 2021, when police invaded an unlawful cockfighting game in Valenzuela City and shot and killed an 18-year-old with autistic spectrum disorder (Luna, 2021). The Philippine National Police has come under fire for handling the aforementioned occurrences. Any police reaction has the possibility of escalating to the use of unpleasant tactics, including lethal force, without a successful model of interaction. For these reasons, police departments must look for fresh ways to interact with those with mental illnesses. In order to gain insight into the nature of police encounters with persons with mental illness so that these types of interactions may be improved in the future, the current research sought to analyze experiences of encounters between police and people with mental illness.

B. Statement of the Problem

This study's goal was to shed more light on police officers' interactions with those who have mental disorders. Its findings are significant because they could assist develop a fresh strategy for dealing with those who have mental illnesses in the future. It specifically seeks to respond to the following queries:

1. What are the experiences of police responders to incidents involving people with mental illness?
2. What tactics are used to cope with occurrences involving those who have mental illnesses?

II. METHODS

A. Research Design

Through the experiences of responding police officers to occurrences involving people with mental illness, this study explores the problem of policing the mentally ill. It was specifically intended to outline those experiences and identify the methods police officers used to address them. The case study research design was used in this study. According to McCombes (2023), a case study is a thorough, in-depth investigation focused on one specific area, which might be a person, an organization, or a particular phenomenon. Creswell (2013) asserts that the purpose of a case study is crucial. If the goal is to comprehend a particular problem, issue, or worry, a case or examples can be chosen to do so. Examining the events or cases of police encounters with people who have mental illness will help to address the challenges and objectives of the study because the goal of this investigation is to examine the problem of policing the mentally ill.



B. Research Setting & Participants

The study focused on the experiences of the Philippine National Police (PNP) in La Trinidad, Benguet. The researcher's local residency provided easy access to police personnel and administrative resources. This streamlined logistics like securing permissions, conducting interviews, and ensuring timely data collection. The selection was also motivated by the researcher's frequent observation of incidents in La Trinidad where individuals with mental illness were seen roaming the locality and required police intervention, establishing a compelling, practical basis for the study.

This study had seven police officers with prior experience responding to occurrences involving people with mental illness and was carried out in La Trinidad, Benguet. Two (2) replied to a mentally ill guy throwing stones at automobiles and onlookers, three (3) responded to a mentally ill woman who entered their offices, two (2) responded to a mentally ill woman clutching a sharp item in her home. The aforementioned informants were chosen based on the following standards: 1) they were police officers, 2) they had prior experience responding to instances involving people with mental illness, and 3) they were willing to participate.

C. Data Collection Method

The primary way of acquiring data was an interview. To elicit responses particular to the experiences of the informants in their interactions with people with mental illness, a semi-structured interview tool with open-ended guide questions was used. The instrument was pilot tested on three police officers who had similar experience in order to establish the length and logical flow of the interview that would be conducted.

D. Data Collection Procedure

The interview results were grouped and transcribed to aid in analysis. The problems posed by this study were addressed using deductive thematic analysis. In order to meaningfully respond to the study's research questions, the researcher can use this data analysis technique to find widely known patterns and relationships. It utilized the Wa-Mbaleka's (2018) Model of Data Analysis specifically. The 10 main steps in this model are as follows: 1) Prepare and organize the data, 2) Read the transcripts, 3) Develop a coding manual, 4) Code the data, 5) Find recurring ideas, 6) Abstract ideas, 7) Write the interpretation of the data, 8) Write the report, 9) Verify the results, and 10) Make any necessary revisions.

E. Ethical Consideration

The researcher makes sure that the right procedures for conducting research are followed in order to comply with ethical considerations. Nobody was coerced into participating in the survey, and nothing was given to respondents in return for their involvement. The participant's right to select the location and time that are most convenient for them for data collection is respected by the researcher. A letter requesting participation in the study was delivered to each participant before data collection started. The respondents provided their informed consent after being told that the information they provided would be kept private. The researcher approached the subject and key authorities with respect.

III. RESULTS AND DISCUSSIONS

This section presents the key findings from the semi-structured interviews with police officers who had encountered with incidents involving people with mental illness. This section begins by describing the demographics of the participants and the incidents of their encounter with a person with mental illness. Following this, the main themes and sub-themes are presented and are subsequently discussed to answer the two specific questions of the study.

A. Informant Demographics

In this study, seven (7) police officers took part. Two officers are male and five are female. A mentally unstable woman entered their offices and began destroying property when three (3) of the informants intervened. Two (2) informants responded to a mentally sick guy who was throwing stones at passing vehicles and people, and the final two (2) informants responded to a mentally ill woman who was in her room with a sharp item. Each of the informants is given a code name for the sake of secrecy and to help keep the conversation organized. Code names for each of them will be distributed, including P1, P2, P3, P4, P5, P6, and P7.



B. Police Experiences in Responding to Incidents Involving the Mentally Ill

The research on police responses to occurrences involving the mentally ill is presented and discussed in this section. The following themes emerged from the three occurrences involving seven responding officers: 1) Occurrence of Injuries, 2) Out of the Ordinary Function, and 3) A Taxing Situation.

Occurrence of Injuries. The respondents stated that they suffered injuries due to calming the mentally ill person when asked to describe the occurrence. The three responding cops asserted that they had been hurt. P1 said in his statement: "We were ordered to hold the woman after she attempted to take one of our fellow officers' firearms. P2, one of the cops who reacted to the same incident, also noted that: "The woman pulls one of fellow officer's hand causing it to bleed." She then forcefully gripped my right arm and twisted it, inflicting agonizing pain on my arm. P4 said that "the mentally ill woman strikes and kicks police personnel at the station" in a different incident. Due to the high cost of therapy and the lack of facilities for those with mental illnesses, they are frequently left alone. As a result, the police are forced to intervene in what is deemed to be a dangerous scenario for both those with mental illness and police personnel (Kerr, Morabito, & Watson, 2010).

Additionally, those with serious mental illness who go untreated harm or kill police. According to their records, 115 law enforcement officers were killed by mentally ill people. Additionally, if a person with a mental condition is combative and violent, injuries are more likely to happen because the police will use force to subdue them (Treatment Advocacy Center, 2005). Confrontations involving individuals with mental illness can swiftly escalate if responding authorities are unprepared, putting everyone involved in risk (PowerDMS, 2022).

An Out of the Ordinary Function. The informants all perceived the episode as unique compared to past incidents and requested assistance. According to P1 and P6, one of the causes is the difficulty in appeasing or demanding compliance from a person who is mentally ill. It's very different from the events to which we have previously responded, according to P1. To calm her down is difficult for us. P6 added that "it is different from other events as mentally ill folks are resistant and un-submissive".

Additionally, a lack of specialized training and clear procedures creates the perception that handling situations involving the mentally ill are unusual or unlike handling other incidents. P4 also mentioned the need to be oriented by experts in order to have enough knowledge for this kind of person. P3 stated that: "It is weird, totally different because I'm not trained to deal with the mentally-ill person." P7 also stated that: "I am uncomfortable responding to the situation as there is no specific guidelines or law in dealing with persons with mental illness." The complexity of with those with mental illnesses may alter how both parties respond to and experience the interactions, especially if responding police are untrained. When police confront someone with a mental illness, they act differently than someone without a mental disease. When compared to suspects who are not mentally ill, they are noticeably more likely to be disrespectful and resistant to police officers, according to Wood (2002). Police officers then experience stress and discontent because of this. According to Teplin (2000), when responding police officers are faced with a mentally ill person, they have three choices. Either to take that individual to a mental hospital, to arrest that person, or to negotiate a peaceful resolution. The cops are asked to serve as "street-corner psychiatrists," making these determinations and attempting to defuse situations on their own even though they feel unqualified to do so. Additionally, according to Miller's study, the stress of having to find a solution right away makes things worse for the police (2012).

A Taxing Situation. According to the informants, handling situations involving aggressive and resistive mentally ill people can be challenging. "It's the most difficult scene I've come across", as P1 said. According to P7, P4, and P3's statements, making decisions under pressure is necessary when responding to occurrences involving mentally ill people. P4 added that: "You must be vigilant when approaching a person like this because you could also be victimized by his violence."

P3 further advised that in incidents involving the mentally ill, always be alert and have the presence of mind. P7 stated: "It is difficult to deal with this kind of person because you must observe and think what ways to do to stop him." Analyze the situation first, always. Patience and poise are also needed while dealing with mentally sick people. P1: "It requires the utmost level of tolerance." P4: "It takes time before you can control them and convince them to calm down." People with mental illness are frequently resistive and unsubmitive. Responding cops had to remain composed in order to get a submission. P2 said, "You need to be patient to calm them down," and P3 added, "Even if the mentally ill are hurting us, we still need to be calm and unruffled."



Additionally, it's challenging for the responding officers to interact with the mentally ill person. "We had a hard time talking to her because she is spouting nonsense," P5 said in response to P3's assertion that "they kept on shouting." Last but not least, the challenge is also caused by a lack of clear policies and training that explicitly address events involving the mentally ill. P7 also said: "I am uncomfortable responding to the situation as there is no specific guidelines or law in dealing with persons with mental illness." Similarly, P3 said: "It is weird because I'm not trained to deal with mentally-ill people." P4 said: "we need to be oriented by experts in order to have enough knowledge for this kind of person."

The police are obligated by the doctrine of *parens patriae*, which mandates protection for individuals with disabilities like mental illness, and have the authority and responsibility to uphold public safety and welfare (Teplin, 2000). However, during confrontations, authorities are given few alternatives for handling the circumstance. According to Chappell and O'Brien (2019), the lack of a comprehensive policy in the field of policing the mentally ill leads to a cycle of arrests, incarcerations, insufficient treatment, and chronicity for people with mental illness. Additionally, there was a chance that the police response may escalate to include the use of lethal force and other repressive measures. According to the Police Executive Research Forum (1998), it might be challenging for police officers to comprehend a scenario and react appropriately due to the acquired coping mechanisms utilized by people with mental retardation. Similar to persons without mental capacity, those with mental retardation may overreact when they come into contact with a police officer or deputy owing to fear and a lack of context. It's possible that their bewilderment or response will be regarded as a sign of aggressiveness or resistance, leading to the use of force. The intensity and kind of mental disease vary. As a result, no one method can be used to effectively police the mentally sick. However, it is frequently expected of police who encounter mentally ill people to manage the situation skillfully. They are anticipated to offer pre-diversion support, as stated in the study by Lamb et al. (2002). According to Shore and Lavoie's (2018) study, responding officers frequently show irritation at their incapacity to handle such cases, and they find it to be even harder to handle when there is a suicide threat (Cordner, 2006).

C. Strategies Implemented by the Responding Officers

The results of the techniques used by police to respond to occurrences involving mentally ill people are presented and discussed in this section. The following themes emerged from the interviews: 1) Patience and composure, 2) Attending to Their Needs, and 3) Involvement of Family and Social Workers.

Patience and Composure. When questioned about how they handled the situation, the informants indicated they used patience to soothe the mentally ill and win their cooperation. As previously said, it is challenging to communicate with them since, in P5's words, "they talked nonsensically." It takes some convincing to get them to calm down, according to P4. P1 said, "needs maximal tolerance that even though I am terribly harmed, I need to keep patient and unruffled. In addition, talking to the mentally ill person in a kind manner helps to calm them down. We simply need to be patient." P1 remarked that "we talked to the guy in a friendly manner," P4 said, "Be courteous to calm them down," and P3 added that "when the person becomes violent, never shout at him." There is no one-size-fits-all method for properly policing the mentally ill, claims PowerDMS (2020). However, there are strategies and ideal methods that can be used. Police should approach the mentally ill person in a calm and reassuring manner, according to the Trainers Guide of Police Executive Research Forum (1998). If called in a loud voice or approached aggressively, the person might not respond or, out of fear, might seek a place to hide for a long time. Swink (2010) encouraged us to show respect when speaking with those with mental illnesses. When you are regarded and heard, people are more likely to reciprocate that respect and give your arguments more thought. It is important to use tolerant and courteous words. There may be communication obstacles between the police and the person with mental health issues. To fix this issue, the police should be explicit, speak in a language the person can comprehend, and confirm that they have been properly understood (NSW Health, 2020). Arrest, custody, and prosecution can be less successful and unfair than speaking softly to calm an aggressor or using humor to urge people to follow directions and suggestions (Bayley and Bittner, 1984 in McDaniel, 2018). Last but not least, it is proposed that while interacting with people with mental illness, police should view themselves as guardians rather than as adversaries (Wood and Watson, 2017).

Being Attentive to their Needs. The responding officers' initial strategy is to talk to the mentally ill person in a friendly manner, inquire about their needs, and give food to start a conversation. P1 described



posing the mental patient with the question, "Are you hungry? P5 also said: "You need to inquire first what they need because sometimes they are hungry, which could exacerbate their illness." P6 also said: "We approach him by giving food and drinks first and from that we were able to liberate him from his acts." Getting close to someone by showing compassion and empathy can have a favorable effect. Police should go above the call of duty to effectively communicate, allay anxiety, and provide support, according to the Trainers Guide of the Police Executive Research Forum (1998). If they are hungry, feeding them can calm them down. When speaking with someone who is mentally ill, it is urged on the Mental Health Foundation (2022) website to listen to them without passing judgment, focus on their immediate needs, and ask them what would be helpful.

Referral to Family and Social Workers. After appeasing the mentally ill person, the informants phone their immediate family or relatives to pick them up and invite them to their workplace. P3 responded, "I called her immediate family to bring her home and advised them to refer her to the mental hospital," when asked how she handled the incident. "Upon invitation to the office, we immediately inform her relatives," P2 added. P5 also stressed the significance of learning about the mental illness of the person from his family. She said, "When the family is there, we ask about the person's past." The Municipal Social Welfare and Development Office has also been informed of the occurrence for a potential response. P3 also mentioned that "when the event develops worse, we report it to the concerned agencies like the Municipal Social Welfare and Development Office(MSWDO)." P6 added that "We reported the incident to the MSWDO, especially when the mentally ill individual frequently turns aggressive. Police personnel are left to respond to occurrences involving the mentally ill because they have to serve and protect. Officers must also know how to assist the person involved after resolving the event. Law enforcement can't handle this on its own. Policing the mentally ill and dealing with mental illness' difficulties are issues that affect the entire community. Collaboration with the neighborhood and the mental health sector can lead to a more comprehensive response to the issue (International Association of Chiefs of Police, 2018). Police encounters with the mentally ill frequently also involve family members or community members. Families of people with significant mental disorders can be a vital source of assistance in the management of mental disorders since the person with the mental disease has ongoing, frequent contact with them (Chovil, 2003). Family gives a feeling of direction and significance in addition to material support like food (Waller et. al., 2018). Families' support, love, and understanding may do wonders for people who are struggling with their mental health (Mental Health Center at Destination Hope,2021).

Police may not be equipped to deal with people who have mental illnesses because they are neither social workers nor mental health experts. In order to ensure that people receive the care they require rather than being arrested, police agencies should collaborate with the local mental health community (PowerDMS,2020). According to the different studies cited in Cordner's (2006) paper, police forces should collaborate with the mental health sector. In times of need, mental health professionals can offer instruction and hands-on support. In a similar vein, cops could collaborate with urgent care facilities. Important components of the mental health system are the urgent care facilities that police may transport people to in times of crisis. Last but not least, police agencies may designate an officer or commander to act as the department's point of contact with the whole mental health community, including by serving on the proper boards and committees.

IV. CONCLUSIONS

The study found that police response to people having a mental health crisis is difficult and dangerous for everyone involved. Responding officers reported suffering injuries while trying to calm people down, and they saw these incidents as being very different from their normal duties because people with mental illness are often resistant and hard to communicate with. This challenge is made worse because the police lack specific training and clear guidelines for handling these situations. Despite this lack of formal procedure, the successful strategies used by the officers involved showing Patience and Composure, attending to the Person's Immediate Needs (like offering food), and immediately Involving Family and Social Workers to ensure the person gets continuous care. Overall, the findings show a strong need for law enforcement to create detailed policies and specialized training, as well as formal partnerships with community mental health services, to ensure a safer and more effective response. To improve public safety and protect human rights, police departments must adopt three main policy changes: first, officers need mandatory, detailed training led by mental health experts to teach them how to handle and calm



down people in a mental health crisis; second, they must create clear, specific rules to add to the existing PNP manual, which will guide them on when and how to use the least amount of force possible during these incidents; and third, police must create formal partnerships with local social workers (MSWDO) and mental health facilities to make sure people in crisis are quickly taken for treatment, instead of just being arrested or left with their family.

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