

Police Responses to Persons With Mental Illness: Does the Label Matter?

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With the movement of persons with mental illness out of hospitals and into the community, the frequency of contact between police officers and such persons, in crisis or otherwise, has increased significantly. How police respond in these situations has important consequences for the subject, police officers, and the community. Officers ($n = 554$) from police departments in a major metropolitan area participated in a vignette experiment that examined how information that a subject has a mental illness influences the way police officers respond in several types of situations. Results indicate that officers are less likely to take action based on information provided by victims and witnesses with mental illness. No differences were found in response to suspects with or without a mental illness. The effects of officer characteristics and perceptions of the subject on responses to the vignettes were also examined. Findings suggest several directions for training and future research.

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The frequency of contact between police officers and persons with mental illness, in crisis or otherwise, has increased significantly in the decades since deinstitutionalization was initiated.^{1,2} Recent studies indicate that 2.7 to 5.9 percent of individuals considered suspects by police have a serious mental illness.^{3,4} Including contacts with persons with mental illness in other roles (e.g., victim or witness), medium and large police departments estimate that seven percent of their contacts with the public involve persons with mental illness.^{5,6} Depending on the specifics of the situation, officers have various degrees of discretion in the exercise of their duties.^{7,8} They may choose to handle a situation informally, or by initiating psychiatric hospitalization, or by arrest. The manner in which officers use this discretion has important implications for the person with mental illness, police officers, and the community.

Several studies have examined how officer characteristics and situational factors influence the way in which they respond to persons with mental illness.^{3, 7, 8, 10} For example, in one study, investigators found that the more-experienced officers are more likely to handle situations informally than are their less-experienced colleagues, who are more likely to resolve the contact with an arrest.⁸ Another study found that officers are more likely to resort to arrest when they believe that an individual's behavior has exceeded the public's tolerance and is likely to continue to be a problem.

Two studies have examined whether officers are more likely to arrest persons with a mental illness than those who do not have a mental illness. Teplin and Pruett and Teplin¹¹ found that officers are more likely to arrest subjects with a mental illness, while Engel and Silver³ found the reverse: officers are 2.9 times less likely to arrest subjects who have a mental illness. The studies by Teplin¹¹ and by Engel and Silver³ were conducted nearly 20 years apart and with different methods; thus, several explanations for their divergent findings are possible. Researchers have yet to examine fully how activation of the mental illness category in the mind of a police officer influences that officer's reactions to citizens. Thus, the purpose of the present study was to examine how

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a label of mental illness, along with the attitudes and beliefs that the label evokes, influences police officers' responses to citizens who are suspects, victims, witnesses, and persons in need of assistance.

How Might Mental Illness Labels Influence Police Responses?

Labeling theory provides a useful framework for considering police responses to persons with mental illness. This perspective suggests that mental illness labels evoke a set of stereotypes or beliefs about the group that influence how labeled individuals view themselves and how others respond to them.^{12,11} Primary among these beliefs is that people with mental illness are dangerous and unpredictable.¹ ~* Critics of labeling theory argue that it is the disturbed behavior of individuals with mental illness, not the label, that influences societal reaction (for a review, see Ref. 15). Link and colleagues¹⁵ examined the relative influence of labeling and behavior in determining social rejection and acceptance. While they did find that behavior explained a significant portion of the variance, the authors also found that perceptions of dangerousness activated by the mental illness label were as important, if not more so, than behavior in determining rejection.

According to Ruiz¹⁷ dangerousness is the most prevalent and troublesome misconception held by police officers. He suggests that a fear of personal injury and a lack of understanding and empathy on the part of police officers, combined with the difficulty or reluctance to comply with instructions on the part of the person with mental illness, are the leading causes of violent confrontations between the two.

Credibility

Beliefs about credibility are also likely to be evoked by a label of mental illness and are relevant to police decisions. People with mental illness are often viewed as untrustworthy and lacking integrity.¹⁸ Conversely, they may be viewed as incompetent and unable to provide reliable information, as suggested in police training texts.¹⁹ Several studies have found that perceived credibility of persons with mental illness affects police decisions to arrest or refer to mental health services in domestic violence situations.^{20,21} Unfortunately, when individuals with mental illness report crimes against themselves, they

frequently are viewed as unreliable witnesses and little is done on their behalf.^{2,22}

Responsibility

Officers must regularly judge how responsible a subject is in a situation. While people with mental illness are often viewed as responsible for their illness (they could just get over it),² ¹² legally, they may be considered less responsible for criminal behavior. According to attribution theory, persons who are viewed as responsible for a negative situation (e.g., not having a way to get home) are more likely to be reacted to with anger and punished or denied help.^{23,28,31} Conversely, individuals who are not believed to be in control of a negative situation are pitied by others and helped.^{23,29,32}

In terms of police behavior in relation to persons with mental illness, pity may lead to listening and treating the person respectfully, assisting the individual in accessing services, and taking action on behalf of a person with mental illness who has been victimized. Anger, in contrast, may lead to a punitive response that involves disrespectful comments, excessive force, and other behavior that unnecessarily exacerbates a situation.

When dealing with individuals who need mental health treatment, police officers can invoke coercive legal mechanisms to facilitate the removal of the person from the community for treatment, or they can attempt to get the person to less coercive, community-based services. While the approach officers choose depends greatly on the behavior and willingness of the subject and available treatment resources, anger may also lead to officers' relying on more coercive measures to get people into treatment and segregated from the community.

In a prior study, we used vignettes to report in detail the effect of a mental illness label on attributions, affect, and perceptions of the subject.²² To summarize briefly, when police officers were provided with information that a subject had schizophrenia, they attributed less responsibility to the subject for causing the situation, felt more pity, and indicated that they would be more willing to help. They also perceived the subject as more dangerous and were more likely to endorse legally mandated treatment. There was no direct effect of the mental illness label on perceived credibility of the subject. The person in need of assistance was perceived as more credible when he had a mental illness. When

the subject was a victim of a crime, he was perceived as less credible if he had schizophrenia. Thus the effect of the schizophrenia label on credibility varied by the situation presented.

In this study, we examined how information that a subject has a mental illness influences police officers' decisions in several types of situations. Specifically, we hypothesized that when officers have information that a subject has a mental illness, the officer is less inclined to act on information provided by a victim or witness, more likely to help a person needing assistance, and less likely to choose punitive responses for a suspect. Officers who perceive the subject as dangerous, attribute responsibility to the subject, feel anger, and are less likely to provide assistance and more likely to choose punitive responses such as arrest.

Methods

Approval for this study was obtained from the University of Chicago Biological Sciences Division Institutional Review Board. Oral consent was received from the participants when the survey was distributed. Officers were recruited from 30 in-service training courses randomly selected from a list of 150 available dates and courses offered by North East Multi-Regional Training, Inc. (NEMRT) over a 10-week data collection period in 2002. NEMRT provides in-service training to law enforcement and corrections personnel throughout metropolitan Chicago.

Of the 548 surveys that were distributed at these training sessions, 382 (70%) surveys were returned. Officers responding to the survey ranged in age from 21 to 59 years (mean age: 34.8; SD = 7.7). Of the 362 officers who provided gender information, 41 (11.3%) were women. Three hundred nine (85.6%) of the officers providing race information were European American, 17 (4.7%) African American, 18 (5.0%) Hispanic, 5 (1.4%) Asian, and 7 (1.9%) Native American; 5 (1.4%) described themselves as "other." The majority (94.8%) of respondents had at least some college: 65 (18%) had an associate's degree, 151 (41.7%) had a bachelor's degree, and 34 (9.4%) had a graduate degree. Length of police service ranged from six months to 34 years, with a mean length of service of 9.9 years (SD = 7.29). Although the majority (53.2%) of respondents were patrol officers, all other ranks were represented, including chief and deputy chief.

Research staff introduced themselves to selected classes, read the oral consent, and distributed the surveys. Officers were told the survey was about police decision-making. Each officer received one of four vignettes developed for the study (see Ref. 22 for a description of vignette development) in which the subject was a suspect, victim, witness, or person in need of assistance (see the Appendix for the wording of the vignettes). Officers were instructed to assume that their department allowed them full discretion in handling the situation. Half of the officers receiving each vignette also received information indicating that the subject, "Steve," had schizophrenia.

Following each vignette, police officers were asked to rate how likely on a five-point scale (1, "not at all"; 5, "very much so") they would be to choose three to seven possible responses. It should be noted that no significant differences in responses to any of the vignettes were found between genders or white and nonwhite officers.

The police officers were then asked to complete the Attribution Questionnaire (AQ),³³ modified for use with police officers. The 31-item survey yielded three factors that corresponded with the attribution model: responsibility for the situation, pity, and anger. The AQ also measured the officers' perceptions of danger and credibility, and the extent to which they would endorse legally coerced (coercion) treatment for Steve. Finally, officers provided demographic information and information related to education, professional experience, training, and personal contact with persons with mental illness. Officers were asked to complete the pencil-and-paper instrument independently and to return the completed surveys to the instructor by the end of the training. Participants were not paid, but refreshments were provided.

Results

For each vignette, independent-samples t-tests, using Bonferroni criteria to correct for multiple comparisons, were used to examine differences in the means between responses of officers receiving information that Steve had schizophrenia and those of officers who did not. In addition, Pearson product moment correlations were used to examine associations between officer demographics, attributions about Steve, and police response items. Means and standard deviations and Pearson product moment

correlations are displayed, by vignette, in Tables 1 through 4.

Person in Need of Assistance

Ninety-six officers received the vignette describing Steve as inappropriately dressed for the weather and loitering at a train station without a way home. Of those, 58.3 percent received a description of his history of mental illness. Means and standard deviations for each item are listed in Table 1. Independent-samples *t* tests examining differences in the mean number of responses between officers receiving information that Steve had schizophrenia and those who did not suggest only one difference that met the Bonferroni criteria for significance ($p < .007$). Officers receiving mental illness information were more likely to indicate that they would contact a mental health agency than those who did not ($t(90) = -3.065, p = .003$).

We used the Pearson product moment correlation to examine associations between officer demographics, attributions about Steve, and responses to the vignette, and noted several significant associations. Again, the Bonferroni criterion was used to determine significance when several related correlations were calculated. Officers who perceived Steve as responsible for his situation were less likely to call his family, give or arrange a ride, or call a mental health agency for him. Officers who felt anger toward Steve were more likely to tell him to move on and less likely to call his family or arrange a ride home for him. Officers who felt pity for Steve were more likely to call a family member for him. Those officers who

perceived Steve as more dangerous and those who endorsed legally coercive treatment measures were more likely to contact a mental health agency regarding Steve.

Victim

Ninety-nine officers responded to the vignette describing Steve as a victim of harassment by his neighbor. Of those, 47.5 percent had received the description of Steve's history of mental illness. Means and standard deviations of officer responses to each item are shown in Table 2. Independent-samples *t* tests examining differences in the mean number of responses between officers receiving information that Steve had schizophrenia and officers who did not suggested one significant difference: officers who received information that Steve had schizophrenia were less likely to indicate that they would warn the neighbor not to bother Steve than those who did not get that information ($t(91) = 3.010, p = .003$).

We used the Pearson product moment correlation to examine associations between officer demographics, attributions about Steve, and responses to the vignette. Female officers (mean = 4.63 [SD 83]; mean = 4.00 [SD 1.05]; $t(91) = 0.647; p = .017$) were more likely to check with the neighbor (the alleged perpetrator) to see if the neighbor had been outside recently. Officers who felt pity for Steve and those who perceived him as dangerous were more likely to indicate that they would take no action, while those who indicated that Steve should be legally mandated to treatment were less likely to report that they would talk to the neighbor and more likely

Table 1 Police Officer Responses to the Person in Need of Assistance

	Mental Illness	No History	Age	Educ.	Resp.	Pity	Anger	Danger.	Cred.	Coerc.
No action	2.23 (1.45)	2.32 (1.53)	.118	-.094	.030	.053	-.040	-.178	-.171	.015
Encourage subject to go home	3.89 (1.25)	3.84 (1.23)	-.017	.107	-.097	.036	.076	-.088	-.098	.008
Tell subject to move on	3.04 (1.30)	3.00 (1.16)	-.220*	-.009	.130	-.131	.291**	-.026	-.140	.053
Offer to call someone	4.31 (0.99)	4.49 (0.68)	-.033	-.128	-.104	.034	-.137	-.154	.109	-.084
Call the family	4.35 (1.01)	4.36 (0.84)	.080	-.135	-.237*	.303**	-.242*	.038	.117	.000
Give/arrange a ride home	4.07 (1.30)	4.10 (1.05)	.108	-.235*	-.271**	.225*	-.284**	-.106	.102	-.024
Call mental health agency	3.24 (1.29)	2.39 (1.33)*	.136	.007	-.438**	.219*	-.015	.247*	.149	.371**

Responses to the vignette were measured on a five point scale: 1 (not at all likely) to 5 (very much so). Means and standard deviations for responses from officers given information about the subject's psychiatric history versus responses from officers not given information about the subject's psychiatric history are given in the second and third columns. Correlations between officer responses to vignette items (combined across psychiatric history and no history conditions) and officer demographics and AQ subscales are presented in columns 4-11. Age, age of officer; Educ., officer educational level; Resp., the officer attributed responsibility for the situation to the subject; Pity & Anger, the extent to which the officer affectively responded to the subject; Danger, the officer's perceptions that the subject is dangerous; Cred., the extent to which the officer thought the subject was credible; Coerc., the extent the officer endorsed that the subject should be committed involuntarily for treatment.

* $p < .05$; ** $p < .001$.

Police Responses to Persons With Mental Illness

Table 2 Police Officer Responses to the Victim

	Mental Illness	No History	Age	Educ.	Resp.	Pity	Anger	Danger.	Cred.	Coerc.
No action	2.69 (1.31)	2.27 (1.30)	.009	.091	.091	.299**	.171	.256*	-.174	.278**
Tell subject to call if sees anything else	2.24 (1.28)	2.04 (1.07)	-.068	.039	.119	.083	.041	.075	-.294**	.112
Talk to neighbor	4.00 (1.15)	4.25 (0.91)	-.174	-.084	.112	-.056	.021	.077	.227*	-.222*
Warn neighbor	2.60 (1.16)	3.33 (1.19)*	-.089	-.020	-.008	.209	-.037	-.129	.276**	-.141
Take report/complaint	2.71 (1.34)	3.19 (1.12)	-.046	-.222*	-.059	.048	-.202	-.123	.405**	-.146

See the footnote to Table 1 for a description of the data.

to indicate that they would take no action. Officers' perceptions of Steve's credibility were significant predictors for four of the five items. Those who found Steve more credible were less likely to tell him that they could not do anything but to call if there was any further problem and were more likely to take action in the form of talking to the neighbor, warning the neighbor, and taking a formal complaint.

Witness

Ninety-three officers responded to the vignette in which Steve was a witness to a hit-and-run car accident. Of those, 37.8 percent received information that included the description of Steve's history of mental illness. Means and standard deviations of officer responses to each item are listed in Table 3. Officers who did not receive mental illness information most strongly endorsed acting on Steve's report of the accident immediately. Those who received information about Steve's history of mental illness most strongly endorsed verifying Steve's account with other witnesses before acting on it. Independent-samples *t* tests indicated that these differences were significant. Officers who received mental illness information were less likely to take Steve's report immediately and radio it in than those who did not ($t_{(86)} = 2.608; p = .011$; Bonferroni criterion = .017). Officers were more likely to verify Steve's account with other witnesses before calling it in when they knew his mental illness history than when they did not ($t_{(85)} = -2.716; p = .008$). They were also

more likely to talk to witnesses, radio their information in, and then talk to Steve if given his mental illness history than if not ($t_{(84)} = -4.093; p = .000$).

We used the Pearson product moment correlation to examine associations between officer demographics, attributions about Steve, and responses to the vignette. There were no significant correlations between demographics or responsibility and vignette response. The less pity officers felt for Steve, the more likely they were to act on the information Steve provided immediately. More pity for Steve was associated with the officer's radioing in information from other witnesses before taking Steve's account of the accident. Officers feeling anger toward Steve were less likely to act on Steve's report immediately or to verify his information first. Both perceiving Steve as more dangerous and endorsing coercive treatment were associated with being less likely to act on his account immediately and more likely to radio in other witnesses' reports before talking to Steve. Officers who perceived Steve as credible were more likely to act on his account immediately and less likely to radio in other witnesses' information before even talking to Steve.

Suspect

Ninety-four officers responded to the vignette in which Steve was accused of pushing a fellow shelter patron and tearing his coat. Of those, 59.6 percent received information that included the description of Steve's mental health history. The mean number of

Table 3 Police Officer Responses to the Witness

	Mental Illness	No History	Age	Educ.	Resp.	Pity	Anger	Danger	Cred.	Coerc.
Take subject's report and radio in	3.48 (1.03)	4.11 (1.12)*	-.011	-.193	-.109	-.301**	-.379**	-.264*	.373**	-.454**
Verify with others first	4.33 (0.78)	3.80 (0.96)*	-.018	-.054	-.045	.174	-.311**	.018	-.028	.082
Talk with other witness, then subject, then radio	3.66 (1.07)	2.44 (1.21)*	.107	.053	-.148	.310**	.168	.200	-.300**	.459**
Talk with witness, then radio, then talk with subject	2.84 (1.08)	1.96 (0.89)*	.101	-.196	-.069	.387**	.218	.234*	-.283*	.574**
Check what subject drives	2.50 (1.34)	2.70 (1.30)	-.053	-.027	.185	-.135	-.005	-.096	-.223	-.134

See the footnote to Table 1 for a description of the data.

Table 4 Police Officer Responses to the Suspect

	Mental Illness	No History	Age	Educ.	Resp.	Pity	Anger	Danger.	Cred.	Coerc.
No action	2.72 (1.36)	2.59 (0.98)	.207	-.063	.154	.015	.116	.065	-.123	.027
Warn subject to stay away	4.23 (0.85)	4.44 (0.77)	.031	-.013	.080	.049	.044	-.079	-.152	-.204
Warn neighbor to stay away	4.09 (0.99)	4.38 (0.76)	-.026	-.041	.195	.024	.017	-.135	-.109	-.187
Warn subject about assault	4.20 (0.92)	4.31 (0.62)	-.064	.138	.123	.085	.064	.165	-.213	.069
Tell subject to leave	2.55 (1.26)	2.32 (1.06)	.034	.003	.097	-.064	.178	.221	-.043	.227*
Arrest subject	2.26 (1.25)	2.00 (0.97)	.024	-.110	-.022	-.003	-.059	.116	-.146	.139
Tell neighbor to file complaint	2.59 (1.37)	2.33 (1.39)	.008	.032	-.159	-.012	-.161	-.007	.033	.186
File complaint for neighbor	2.89 (1.32)	2.44 (1.31)	-.056	-.044	.068	.095	.025	.236*	-.106	.121

See the footnote to Table 1 for a description of the data.

officer responses to each item are listed in Table 4. The response to the situation that received the strongest endorsement was to tell Steve to stay away from the victim. Independent-samples *t* tests examining differences in mean number of responses between officers receiving information that Steve had schizophrenia and those who did not suggested no statistical significance. We used the Pearson product moment correlation to examine associations between officer demographics, attributions about Steve, and responses to the vignette. Only two significant associations emerged. Officers who perceived Steve as dangerous were more likely to file a complaint on behalf of the victim, and officers who endorsed coercive treatment for Steve were more likely to indicate that they would tell him he had to leave the shelter.

Discussion

This study examined how information regarding the mental illness of a subject of police attention influences the officers' responses. Several, but not all, of our hypotheses were supported. While Teplin¹¹ found that police were more likely to arrest suspects who have a mental illness and Engel and Silver³ found that police officers are less likely to arrest suspects if they have a mental illness, our hypothesis that information about a subject's mental illness would have a significant effect on officers' responses was not supported. Perhaps officers have less discretion when the offense of battery has occurred. In these cases, it is the situation and the subject's behavior rather than the stereotypes evoked by a label that dictate an officer's response. Alternatively, the description of the suspect as a resident of a shelter for the homeless may have led officers to assume mental illness, regardless of whether such information was provided, or officers' responses were confounded by their attitudes toward the homeless.

Several significant findings did emerge. Consistent with research on police responses to domestic violence situations involving victims with a mental illness,^{20,21} officers were less willing to investigate and take action on behalf of a victim with a mental illness. Officers were also less likely to act on information provided by a witness with a mental illness, unless they first verified the account with others. Certainly, confirming the accuracy of information can be beneficial. However, in situations in which it is important to get information dispatched quickly, the delay could result in failure to apprehend an offender. The point is that officers treated the witness's information differently based solely on whether they knew he had a mental illness.

Officer attributions to and perceptions of the subject were significantly related to their responses to all types of subjects except the suspect. Perhaps they have less discretion in this situation. Consistent with an attributional model of helping, when officers attributed responsibility to the subject and felt anger, they were less likely to indicate that they would take action to assist him. They were less likely to act on information from a subject they perceived as dangerous, as lacking in credibility, or as a candidate, in the officers' eyes, for legally mandated treatment.

In this study, we measured behavioral intentions. Thus, our findings are limited to the extent that behavioral intentions predict actual behavior. Although models of behavior prediction suggest that behavioral intention is the primary determinant of behavior, a lack of skills or environmental constraints may prevent people from acting on their intentions.^{3 4³⁵} The literature suggests that officers receive minimal and often inadequate training on the subject of mental health.³⁶ Thus, it is likely that police officers' skills for recognizing and managing persons with mental illness are limited. In addition, numerous environ-

mental factors that were not measured or manipulated in this study may constrain an officer's behavior on the job. It is essential that future research distinguish between situations in which behavioral intention to engage in the desired behavior has not been formed, and those in which the appropriate intention has been formed, but lack of skills or environmental constraints prevent the officer from acting on his or her intentions. Different interventions would be required, based on these different circumstances.

It is also important to note that officers' attitudes toward the person with schizophrenia were not exclusively positive or negative,²² suggesting ambivalence among the officers. Research on attitudinal ambivalence suggests that such attitudes are less predictive of intentions and of behavior than are more univalent attitudes.^{37,38} This adds to our lack of certainty that the behavior endorsed by the officers in this study is that which they would use in the course of their work.

Despite its limitations, this study provides direction for future research and highlights problems that can be addressed by policies and training. The effect of mental illness information in conjunction with other factors, such as race, gender, behavior, intoxication, and a broader range of contexts should be examined. Measures of actual officer behavior (as opposed to behavioral intentions) would allow us to say more about police behavior on the job. Research that examines both behavioral intentions and behavior would provide guidance for targeting interventions toward changing attitudes and intentions or toward developing officers' skills and considering environmental constraints. Very different approaches would be indicated, depending on the target. Our current understanding suggests that policies and training could address actual levels of violence, communication, de-escalation skills, and sensitivity to victims and witnesses with mental illness. Departmental incentives and rewards for effective management of persons with mental illness and efforts to develop relationships with mental health agencies may mitigate some of the constraints police officers face in resolving these contacts and are an important step toward improving officer comfort and effectiveness in dealing with citizens with mental illness.

Appendix: Vignettes

Background: Half the officers for each vignette received the following information that "Steve" had schizophrenia: "You are familiar with Steve. Three months ago he had a mental health crisis

and you assisted in transporting him to the hospital for an involuntary committal. He has schizophrenia and has been prescribed medication."

1. *Person in need of assistance.* You are patrolling on foot at the local train station platform. The ticket agent approaches you and points to a man sitting on a bench. She indicates that he has been sitting there all day. It is cold out and he only has a light jacket. You ask him why he is sitting there. He states that he has no money and no way to get to his home five miles away.

2. *Victim.* You receive a call about a peeping Tom. When you arrive, Steve explains that his neighbor has been peeping in his windows. Steve shows you the window that he saw his neighbor looking in. You walk around the outside of the house and see what might be part of a footprint in front of the window well. However, the ground is dry and it is dark out, so it is difficult to tell what the indentation is or how long it has been there. Steve indicates he is positive that it was his neighbor looking in. You are aware of a history of problems between Steve and his neighbor.

3. *Witness.* You are called to the scene of a hit-and-run accident in the business district of your town. Someone drove into several parked cars and sped off. Three people heard the commotion and ran out of a store to see what happened. None of them got a good look at the car as it drove away, but they each offer to give you a limited description of what happened. First, you walk over to the damaged vehicles to be sure no one is in any of them. While you are looking at the damage, a man approaches you and introduces himself as Steve. Steve indicates he saw the accident and can give you a full description of the car.

4. *Suspect.* You are dispatched to a call at the local homeless shelter site. The man who called, Tom, meets you in the parking lot and indicates that he had an argument with another shelter patron, Steve, and Steve pushed him and tore his coat. Steve denies pushing Tom or tearing his coat. The shelter staff indicate they heard an argument, but were not paying enough attention to see if anyone got pushed. You examine Tom's tattered and soiled coat and see a rip in the sleeve.

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