Article

Police Responses to Persons with Mental Illness: The Policy and Procedures Manual of One Australian Police Agency and 'Procedural Justice Policy'

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Abstract: Persons with mental illness (PWMI) often report negative perceptions of police treatment following receiving criminalising and heavy-handed police responses. To appropriately control officer discretion and to harness ethical, legal, and efficient police practice when encountering vulnerable and diverse individuals, police agencies across the world issue policy documents to their officers. These documents serve as a reflection regarding how police agencies aspire to manage PWMI in the community. Using a procedural justice framework, this research measures how a large police agency in Australia aspires to manage PWMI and whether the police policy document provides sufficient detail in advocating the appropriate and just police treatment of PWMI. A content analysis of the policy document revealed a lack of sufficient procedural guidelines in effectively controlling police officer discretion when encountering PWMI in the community. This article argues that without further consolidation to embed appropriate procedural guidelines into the policy document, the procedural policy gaps may have a negative effect on the experiences of PWMI when encountering the police.

Keywords: police; policing; mental health; policy; discretion; procedural justice

1. Introduction

Police policy documents serve to control the broad discretionary powers police officers have when managing a variety of complex situations (Alpert and Smith 1994). Although written for police audiences, police policy documents reflect the aspirations of police agencies and articulate strategies to overcome operational complexities officers face when policing citizens. They are often created as a detailed policing response for officers to use when policing complex situations or policing specific groups of people with detailed needs, such as for example, policy relating to police engagement when encountering minority and marginalised persons (Carpenter 2000; Miles-Johnson 2015). In such instances, and in accordance with governing legislation, the Queensland Police Service (QPS) in Australia provides written directions to officers to ensure the functions, powers and responsibilities of the police are discharged "lawfully, ethically and efficiently" (Carroll 2020, p. 1). The QPS Operational Procedures Manual (OPM) specifically provides policy, direction, and procedure for police officers who encounter persons with mental illness (PWMI) in the community (QPS 2020a). Despite the potential for effective policy to positively shape the experiences of PWMI during police contact, recent research in Australia encompassing the perspectives of PWMI and their carers elicits negative perceptions of the police following heavy-handed and criminalising police responses (Boscarato et al. 2014; Bradbury et al. 2017; Brennan et al. 2016). In addition, the wide-ranging powers of discretion police have when responding to PWMI can sometimes lead to unethical and criminalising police treatment of PWMI depending on the responding officer's attitude and perception of PWMI (Lamb et al. 2002; Patch and Arrigo 1999).

Scholars have argued that administrative policy can be the most appropriate means of controlling police discretion and guiding ethical decision making in complex situations, such as responding to PWMI (Alpert and Smith 1994; Davis 1969; White 2001). This is because administrative policy dictates the police agency's philosophy and standards, and guides officer's decision making that could otherwise be primarily informed by personal, situational, and structural influences (Alpert and Smith 1994). Previous research suggests that some police officers harbour stigmatising views of mental illness that parallel public misconceptions (Bell and Palmer-Conn 2018; Haigh et al. 2018; Pinfold et al. 2003). Police policy documents which encompass ethical and professional policing practice of PWMI can therefore serve as accountability mechanisms for inappropriate police behaviour that deviates from the policy. Thus, integration of effective training with clearly articulated administrative policy has the potential to positively shape the experiences of PWMI during police contact.

The phenomenon of police responses to PWMI in crisis is complicated. In recent decades, attempts to *normalise* PWMI through the deinstitutionalisation of mental health services have been hampered by Australian governments failing to provide sufficient resources to support the process in the community (Clifford 2010; Gooding 2016). The shortcomings in community mental health services can be explained by the introduction of neoliberal forms of governance in Australia and in most wealthy Anglophone democracies during the 1980s and 1990s which were followed by welfare retrenchments and austerity (Gooding 2016; Morgan and Paterson 2017; Paterson and Pollock 2016). The process of deinstitutionalisation is, therefore, argued to have over-burdened the police acting as first-responders to PWMI suffering crises in the community as mental health legislation across Australia granted new powers for police to fill the vacuum of services left in the wake of deinstitutionalisation (Carroll 2005; Gooding 2017; Herrington and Clifford 2012; Kruger 2020). As a result, PWMI in Australia have experienced a paradox of the intended purposes of deinstitutionalisation, through being *transinstitutionalised* into a variety of custodial environments such as police custody, prisons, and psychiatric hospitals via police acting as gatekeepers to these institutions (Drake 2014; Hudson 1991; Morgan and Paterson 2017; Ogloff et al. 2007; Wiesel and Bigby 2015).

Depending on the jurisdiction, Australian police agencies can spend anywhere between 10 and 30% of their time routinely been involved in the management of PWMI for a variety of reasons such as searching for PWMI who have absconded from psychiatric services, connecting PWMI to mental health services, and/or responding to mental health crises (Kruger 2020). The police often operate around the clock as the primary responders to mental health related calls and are obliged to make gatekeeping decisions regarding whether the criminal justice system or the mental health system is the most appropriate outcome for PWMI in crisis (Lamb et al. 2002). The complex gatekeeping role police play in mental health incidents is reflected by the overrepresentation of PWMI within police custody detainees (Ogloff et al. 2007). Although not all PWMI will require being diverted away from the criminal justice system for health treatment (Baksheev et al. 2012), the overrepresentation of PWMI within police custody and within the prison population suggests a lack of recognition and understanding of mental illnesses at the point of entry. Previous research in Australia highlights the often inadequate and heterogeneous mental health screening practices across Australian police agencies (Baksheev et al. 2012; Ogloff et al. 2007). Yet distinguishing between the disordered and the disorderly is a difficult discretionary exercise for police officers, especially in the presence of drugs and/or alcohol (Lamb et al. 2002; Teplin 2000). The appropriateness of the wide margin of discretion police have when managing PWMI in the community is not a new debate. Bittner's (1967) germinal research into police using discretion on PWMI initially brought this issue into police scholarly debates, highlighting how a lack of training and resources hampered police judgements and competence when managing PWMI.

In Australia, limited police mental health response training and resources continue to hinder police judgements when police manage PWMI (Brennan et al. 2016; Clifford

2010; Fry et al. 2002; Gooding 2017). The lack of mental health response training is particularly problematic when police respond to the idiosyncrasies of a mental health crisis. Emergency responses to PWMI suffering mental health crises arguably represent the most challenging population of PWMI that police often encounter in the community. For example, PWMI who suffer mental health crises self-define their crises as uncontrollable feelings of extreme distress, fear, and desperation which can lead to risk of suicide, self-harm, and/or harm to others (Lyons et al. 2009). Since police organisations are culturally defined by values of maintaining order and fighting crime (Reiner 1992), police can often interpret threatening or bizarre behaviour as dangerous and in need of coercive control, whereas health professionals may perceive such behaviour as requiring attention and care (Fry et al. 2002; Kesic et al. 2013; Ruiz and Miller 2004). As a result, the lack of police mental health response training has been linked with excessive and inappropriate police use of force on PWMI in the community (Godfredson et al. 2010).

There has been an acceleration of innovative interagency schemes in Australia and globally in recent years seeking to address the deficiencies of police mental health response training and to provide more synergistic and therapeutic responses for PWMI in crisis. The most universal example is crisis intervention teams (CIT) where police receive specialist training from mental health professionals (Clifford 2010). For example, in Australia, the New South Wales police force has recently collaborated with governmental and non-governmental mental health organisations to create a model of CIT whereby specialist mental health agencies provide assistance and training to frontline police regarding responding effectively to PWMI in crisis. A key component of the training is that PWMI and their carers present real-life examples of policing of PWMI in crisis to police to expose officers to a humanising perspective of police treatment from those with lived experiences of mental illness (NSW Police Force 2020). Across Australia and internationally, early reports of CIT and other interagency schemes provide positive accounts of police discretion control and enhanced equitable treatment of PWMI when encountering the police (Evangelista et al. 2016; Furness et al. 2016; Hanafi et al. 2008; Herrington and Pope 2013; Morgan and Paterson 2017; Scott and Meehan 2017).

The value of these schemes is currently receiving a great deal of attention in Australia, yet the value of police agency policy documents regarding mental health responses receives comparatively little attention. Enhanced training is one means of mitigating inappropriate officer discretion, yet this should not occur in a vacuum given the wide body of literature that posits police decision-making behaviour as a product of organisational policy, training, and organisational culture (Alpert et al. 2012; Carpenter 2000; Mastrofski et al. 1987). Scholars have argued that administrative policy can be the most appropriate means of controlling police discretion and guiding ethical decision making in complex situations (Alpert and Smith 1994; Davis 1969; White 2001). Administrative police policy can appropriately control officer discretion because it dictates the police agency's philosophy and standards, and guides officer's decision making that could otherwise be informed by personal, situational, and structural influences (Alpert and Smith 1994). With previous research showing some police officers harbour stigmatising views of mental illness that parallel public misconceptions (Bell and Palmer-Conn 2018; Haigh et al. 2018; Pinfold et al. 2003), a police policy document encompassing ethical and professional policing practice of PWMI can serve as an important document to appropriately guide officer decision-making behaviour. Policy documents are especially important when they serve as an accountability mechanism for inappropriate police behaviour that deviates from the policy. Integrating effective training with articulate administrative policy, therefore, has the potential to positively shape the experiences of PWMI during police contact.

To understand this further, this research uses procedural justice to assess the policy aspirations of one large Australian police agency. Procedural justice originates from social psychology, and in the broadest sense, describes people's perceptions of the treatment they receive during processes involving decision making, specifically regarding whether such treatment is fair and just (Lind and Tyler 1988; Thibaut and Walker 1975). More

recently within the framework, social scientists have focused on procedures involving interpersonal facets, such as assessing self-worth and social standing through the manner in which people treat each other during social interaction (Lind and Tyler 1988; Tyler and Blader 2003).

In the policing context, Goodman-Delahunty (2010) summarises the influential work of Tyler and colleagues (Tyler 2007; Tyler and Huo 2002; Tyler and Lind 1992), and succinctly defines procedural justice principles in the framework of Australian policing as four key 'ingredients': *trust*, *dignity and respect*, *neutrality*, and *voice*. *Trust* refers to the level of belief the public has of an authority's concern for the well-being and interests of the community and individual. *Trust* is therefore an assessment of police character, whereby assessments of police *trustworthiness* are based on public perceptions of police willingness and sincerity to help, listen, and consider the views of the public. *Dignity and respect* refer to the behaviour of the police and whether it is 'professional' in terms of protecting the rights and dignity of the citizens in which they serve. *Dignified and respectful* treatment is also police treating citizens with politeness and courtesy and demonstrating to citizens that they are valuable and that the police will take their concerns seriously. *Neutrality* is the absence of bias within police procedures through transparency, consistency, and even-handedness. Police *neutrality* is therefore police behaviour based upon principled conduct that can be easily explained to members of the public and justified by rules and not by personal opinions. *Voice* refers to the value of being listened to by the police and the level of community participation afforded in police decision-making processes. Allowing citizens to express their *voice* in police procedures gives citizens a social standing in the community and demonstrates to citizens that the police value the public and their opinions (Goodman-Delahunty 2010).

The application of a procedural justice lens to the research is important given procedurally just policing of citizens has the potential to benefit the police and public via several theoretical outcomes such as (1) enhancing public perceptions of police legitimacy (the recognised right to rule) and fair treatment of citizens; (2) enhancing public trust and confidence in police; (3) harnessing supportive and cooperative relationships between the police and public; (4) increasing public satisfaction with police encounters; and (5) in some cases may increase voluntary compliance with the law and police directives (Mazerolle et al. 2014; Murphy and Tyler 2017); albeit, the proposed strong relationship between procedural justice and legal compliance has recently been contested (see Nagin and Telep 2017). Procedural justice has withstood significant empirical scrutiny in Australia, initially through Hinds and Murphy's (2007) survey research, which demonstrated that people not only view the police as legitimate but are also more satisfied with their encounters when police emphasise procedural justice during engagement. Subsequent Australian studies also support this notion (Mazerolle et al. 2013; Mazerolle et al. 2012; Murphy 2009; Murphy et al. 2008).

Previous research suggests procedurally just policing matters to PWMI, potentially even more than it does for the general public. Since PWMI may perceive that they have a stigmatised position in society due to their historically marginalised ailment, PWMI may expect to receive disrespectful police treatment, and as such, may pay more attention to the kind of treatment they receive from the police (McCluskey 2003; Watson and Angell 2007). McCluskey (2003) initially identified that PWMI value procedural justice by conducting research with *irrational persons* (defined in the study as persons who are intoxicated, mentally ill, or strongly influenced by heightened emotions), and demonstrated that irrational persons were more likely than rational persons to comply with fair and respectful police directives and were more likely to rebel against disrespectful police treatment. Subsequent research specifically regarding PWMI corroborates that PWMI value procedural justice in police interactions (Livingston et al. 2014; Livingston et al. 2014; Watson and Angell 2013; Watson et al. 2008; Watson et al. 2010). These studies highlight that PWMI had a better emotional response, felt less coerced, and offered less resistance when police engaged using procedural justice.

The benefits of procedurally just policing has more broadly been explored in Australia and America for individuals in situations of uncertainty (Murphy 2015; Murphy and Barkworth 2014; Murphy et al. 2018; Murphy and Mazerolle 2018; Wolfe et al. 2016). These studies contend that when individuals feel uncertain about their societal status (for example, people who feel uncertainty due to identifying as ethnic minorities, immigrants, young people, victims of crime), police use of procedurally just policing techniques is valued by these populations and can lead to greater perceptions of police legitimacy, trust, and cooperation with police practices. Although these studies did not explicitly measure the effects of police utilising procedurally just tactics when interacting with PWMI, they add weight to the claim that PWMI may respond more favourably to procedurally just police behaviour since PWMI may also share feelings of uncertainty about their situation if they identify as a marginalised and vulnerable individual when interacting with the police. However, the results of the procedural justice scholarship presented here must be interpreted with caution, since these studies all relied upon self-report measures in assessing the benefits of procedural justice where actual encounters between the police and PWMI were not observed and the implications of procedurally just policing techniques on cooperation with police directives were not directly tested.

Despite the methodological limitations associated with measuring the effects of procedurally just policing (see Nagin and Telep 2017), procedural justice provides a useful measure of the quality of treatment PWMI receive from the police. This research uses procedural justice to assess how one Australian police agency's policy and procedures manual (the QPS OPM) aspires to manage PWMI in the community, and how formal policing policy may shape the experiences of PWMI when encountering the police. Key findings formally emphasised within the rhetoric of the policy document are presented regarding the implicit and explicit levels of *Dignity and Respect, Voice, Trust* and *Neutrality* (Goodman-Delahunty 2010).

2. Results

2.1. Dignity and Respect

Respectful treatment is understood as professional behaviour from police that safeguards and values citizens' rights and dignity (Goodman-Delahunty 2010; Tyler and Lind 1992). The content analysis indicated that the most explicit example of police respectful treatment in the OPM was regarding the transportation of PWMI. The OPM states that although police have a legal responsibility to transport PWMI to a health service facility, this role should be an option of last resort, because it can lead to a stressful and stigmatising experience for PWMI (QPS 2020a). The OPM therefore recognises the procedural injustice of using police vehicles to transport PWMI. Explicit directives aimed at safeguarding the *dignity and respect* of PWMI regarding transportation are clearly outlined in the OPM. For example:

> *"transport in a Service vehicle should be an option of last resort, and should be restricted to short distances wherever possible, as it can result in: (i) heightened distress; (ii) agitation of the patient and/or family members; and (iii) a contribution to stigma"* (QPS 2020a, p. 20).

The OPM recognises that using police cars to transport PWMI is a stressful and undignified mode of transport for PWMI, and therefore provides instructions for police officers to contact ambulance officers to fulfil this transportation role.

Despite the explicitness within the OPM of using ambulances to transport PWMI, research across Australia demonstrates that police responding to PWMI provide transport in anywhere between 20 and 50% of cases (Herrington and Pope 2013; Hollander et al. 2012). Due to a dearth of ambulances (especially in rural areas in Australia), and a prioritisation of physical health over mental health by the ambulance service (Carroll 2005; Office of Police Integrity 2012), ambulances may be an unavailable resource for police to utilise during mental health crises. In many police responses to PWMI, the OPM guidance to use ambulances to ensure the *respectful* and *dignified* transportation of PWMI will be

unattainable for police, compelling police to use their vehicles to transport PWMI to health service facilities.

The OPM recognises that police will have to provide transport for PWMI if ambulances are unattainable or if PWMI are too violent to be transported in an ambulance. It is here where the words *'dignity'* and *'respect'* are explicitly used in the OPM regarding transporting PWMI. For example, the policy states:

> "officers should treat and transport mentally ill persons with respect and in a manner which is mindful of their right to privacy and retains their dignity" (QPS 2020a, p. 18).

Although the OPM clearly emphasises the procedural justice element of *dignity and respect* in this regard, it does not define what *dignity and respect* is, nor does it elaborate how police can treat PWMI with *dignity and respect* in instances involving police transportation. Research suggests that PWMI have complained of feeling undignified and anxious when been transported by police, especially considering the embarrassing and stigmatising nature of been transported in a caged police vehicle (Bradbury et al. 2017; Jones and Mason 2002; Riley et al. 2011). Therefore, without appropriate guidelines instructing officers of how to mitigate these stressful and undignified practices when using police vehicles, the *'dignified'* and *'respectful'* transportation of PWMI in police vehicles is arguably paradoxical. Without clear guidelines regarding how professional police behaviour can safeguard *dignity and respect* when police transport PWMI, PWMI may be unnecessarily criminalised by police through inappropriate discretionary decision-making behaviour.

Prior research in Australia has shown that police have also criminalised PWMI in the community due to a lack of recognition and understanding of mental illness (Baksheev et al. 2012; Ogloff et al. 2007). A policy manual that provides information regarding the common types of mental illnesses that police are likely to encounter in the community could potentially equip officers with an understanding of mental illness and how to recognise PWMI. The OPM, however, does not provide a definition of 'mental illness' (despite repeatedly using the term) until the closing stages of the PWMI policy and procedures section. The OPM applies a very basic description of mental illness, listing broad diagnostic categories without any explanation of these disorders. For example:

> "Examples of mental disorder include schizophrenia, mood disorders, anxiety disorder, personality disorder, substance-use disorders and intellectual disability." (QPS 2020a, p. 30).

Furthermore, the OPM does not provide any links to further information regarding mental illnesses and their symptoms, the burden of living with a mental illness, and/or the stigma attached to PWMI. In contrast, the OPM dedicates two pages of policy to describe *'acute psychostimulant-induced episodes and excited delirium'* and its associated symptoms, detailing how the condition can be fatal and is caused by highly agitated PWMI suffering acute psychosis and/or a person or PWMI who has taken psychostimulant drugs[1]. Within the text, there is a clear emphasis on the dangerousness of the condition, in terms of violent, aggressive, and unpredictable behaviour, as well as the potential for the sudden death of the individual (QPS 2020b). It is important for the OPM to provide a comprehensive definition of mental health disorders that can be dangerous for PWMI and others (especially when drugs and alcohol are involved), and how police should professionally manage these episodes. However, despite its recent rise in psychiatric and policy discourse, excited delirium is conceptually controversial because it is not recognised in the DSM-IV/DSM-5 or the ICD-10[2], and has been criticised as a diagnostic cover-up used by police agencies for the use of fatal excessive force (Byard 2018; Lipsedge 2016).

It is beyond the scope of this research to present a detailed critique of excited delirium. However, the disproportionate discourse into excited delirium in the OPM has the potential

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[1] Listed behavioural symptoms in the OPM include paranoia, extreme agitation, aggression, violence, impulsivity, increased physical strength, delusions, and hallucinations. Listed physical signs in the OPM include pupil dilation, fever, rapid pulse rate, erratic breathing and body movement.

[2] DSM refers to the Diagnostic Statistical Manual. ICD refers to the International Classification of Diseases.

to over-represent major and dangerous mental illnesses, whilst neglecting to define and detail common, less dangerous mental illnesses that police are likely to encounter (such as depressive disorders or anxiety disorders). This finding is significant because previous research not only demonstrates that police often criminalise PWMI through lack of recognition (Ogloff et al. 2007), but also that police frequently misinterpret PWMI as being a serious danger to themselves or others, and overuse their involuntary treatment powers (Queensland Health 2015). When policing PWMI, the lack of appropriate mental health information in the OPM may lead to police failing to accurately recognise and understand PWMI, and accordingly fail to treat PWMI with *dignity and respect*.

2.2. Voice

The critical component of *voice* within the procedural justice framework is the value of being listened to by police and the level of input police afford citizens during interactions (Goodman-Delahunty 2010; Tyler 2007). The OPM discourse suggests that the QPS places sporadic and limited emphasis on methods of engaging in open dialogue and involving PWMI in decision-making processes. Within the section entitled 'Prevention Planning', the document outlines a policy that actively includes PWMI in contributing information regarding their preferred treatment plan when in crisis. The OPM states that the police agency records this information onto their database so police can use it to resolve mental health incidents (QPS 2020a). This policy is beneficial for PWMI who have recorded their details with the police agency because it gives officers prior knowledge of a person's situation and preferred course of treatment when responding to the PWMI in crisis. This policy is, however, a pre-procedure planning exercise in response to PWMI who frequently encounter the police, and therefore may only benefit those PWMI who have voluntarily recorded their details with police. There is no guarantee PWMI who are unknown to the police (or who have not consented to having their details recorded by the police) will have their voices heard by police during a mental health incident, unless the OPM provides specific guidelines for officers to engage the *voice* of PWMI during interactions.

Specific guidelines for engaging the *voice* of PWMI are, however, evident within the OPM discourse within the section entitled 'Voluntary Referrals'. Voluntary referrals are for PWMI who are not at immediate risk to themselves or others and do not require an emergency examination. The OPM states that when an officer suspects a person may need a mental health assessment but is not a danger to themselves or others, police should ask the person if they voluntarily consent to being assessed and treated (QPS 2020a). In this section of the OPM, officers are encouraged to include PWMI in decisions regarding their treatment, and therefore, can be regarded as a procedurally just policy. For example, it states:

> " . . . *officers should, where there is no immediate risk to persons or property, ask the person if they will voluntarily obtain an assessment or treatment before considering other options*" (QPS 2020a, p. 17).

The OPM does not outline to officers the same guidelines for engaging the *voice* of PWMI suspected of suffering more serious mental illnesses (such as *acute psychosis* or *excited delirium*). Rather, there is a discernible absence of guidelines instructing officers to include these PWMI in decision-making processes that affect their treatment when in crisis (QPS 2020a, 2020b). Without explicit instruction within the OPM for officers to allow PWMI a *voice* during interactions and for police to listen to PWMI requests, police may behave in an autocratic manner and actively exclude PWMI from participating in their own treatment.

2.3. Trust

The content analysis also indicated limited and sporadic guidelines in the OPM regarding other elements of procedural justice, such as *trust*. Under the procedural justice framework, the public perceive police to be displaying *trustworthy* motives if police appear to have their best interests at heart through demonstrating acts of sincerity, consideration, openness, and helpfulness during police–citizen engagement (Goodman-Delahunty 2010;

Tyler 2007; Tyler and Huo 2002). The OPM demonstrates language that is indicative of displaying integral elements of *trust*, with most of these examples arising in the 'Operational Skills and Practice' sectionregarding guidelines for communicating with persons suffering *'acute psychosis or excited delirium'*. For example:

> *"(i) one officer conducting negotiations with the subject; (ii) using the individual's name (if known) to personalise the interaction; (iii) calm, open-ended questioning to ascertain the cause of the behaviour; (iv) a consistently even tone of voice, even if the person's communication style becomes hostile or aggressive . . . "* (QPS 2020b, p. 13).

If followed explicitly, the OPM directives could assist police to display *trustworthy* motives to PWMI in crisis, since they are arguably empathetic and sincere in nature.

As previously stated, there is a clear emphasis within some aspects of the OPM regarding police contacting ambulances for medical assistance, which further enhances the sincerity of these directives. The police collaborating with other professional agencies demonstrates their willingness to utilise the skills of other professionals, and displays *trustworthy* motives (Mazerolle et al. 2014). Within the OPM, references towards the interagency partnership between police, ambulance, and the health sector are abundant. For example:

> *"the Service has entered into a Memorandum of Understanding (MOU) with the Queensland Ambulance Service (QAS) . . . with respect to working collaboratively towards the prevention and safe resolution of mental health incidents . . . ambulance personnel have the responsibility of . . . transportation to a medical facility"* (QPS 2020a, p. 17).

The OPM encourages police to contact ambulances for assistance in addressing the physical and transportation needs of PWMI in crisis (QPS 2020a). These directives demonstrate a level of concern for the wellbeing of PWMI, with police formally planning with other agencies to best address the needs of PWMI.

Further interagency guidelines are evident within the OPM in relation to police contacting the health sector for assistance in de-escalating mental health incidents. For example:

> *"QH [Queensland Health] will provide on-site mental health consultation for mental health incidents where the relevant district mental health service has the capacity to provide such a response . . . "* (QPS 2020a, p. 32).

The OPM further describes how Queensland Health will aid responding officers by providing effective recognition, communication, and behaviour management strategies (QPS 2020a). This is an important finding that encourages *trust* due to the police utilising the skills of other professionals and provides beneficial crossovers with the other ingredients of procedural justice. Equipping police officers with this valuable knowledge could potentially mitigate inappropriate police discretionary decision-making behaviour, and therefore lead to professional behaviour that fosters the principles of *dignity and respect*, as well as *trust*.

Despite the potential for this interagency policy to enhance *trust* in police interactions with PWMI, the vagueness in the text regarding how and when an officer may access this assistance, eclipses the *trustworthy* significance. Although the OPM states that Queensland Health provides *"on-site mental health consultation"* for officers responding to PWMI (QPS 2020a, p. 32), the OPM does not provide further guidelines to suggest where, when and how an officer may access this assistance, and how the health sector will provide this assistance. This finding is significant because since 2015, the QPS began to formalise its interagency agreements and implemented numerous schemes such as a jurisdiction-wide telecommunications service with mental health professionals[3], and co-responder models[4]

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3   Variations of this scheme are in operation in police agencies internationally and across Australia. A police officer can contact a mental health practitioner in a control room via radio or phone, who can share information regarding how to manage a PWMI at the scene. Advice and medical records can be shared with the officer to help inform the officer's judgement when interacting with the PWMI.

4   The co-responder model is a scheme whereby a police officer and a mental health practitioner travel in unison to attend PWMI in crises. Variations of this scheme are in operation internationally and across Australia.

that are currently in sporadic operation across some regions of Queensland in relevant jurisdictions. However, it has been reported that the telecommunications service and the co-responder model lack funding and do not operate around the clock (Fitts and Robertson 2017; Ryan 2017). Despite regular updating of the OPM by the QPS, the guidelines bear no mention of these schemes, their nuanced formats in the provision of mental health assistance, and their times of operation.

A written policy document should provide a centralised repository, detailing the agency's most recent directives and procedures that officers can easily refer to (Carpenter 2000). Considering Queensland spans a geographical area of 1,727,000 square kilometres, has 15 police districts, and 16 independent hospital and health services (Queensland Health 2017), arguably the OPM cannot dictate specific cross-service policy for every police district within Queensland. However, the OPM as the primary policy and procedures manual of the QPS could benefit from links to staff intranet sites or other resources where information regarding how, when and where police officers can access interagency support in their area, and how the health sector will provide it (via telecommunications, co-responder, or other means). The lack of links to further information in the mental health sections of the OPM are not surprising considering the OPM does not provide links to other resources in any of its other sections. However, this lack of administrative guidance regarding interagency schemes reflects recent coronial inquiry's key recommendations, which advocated for amending the OPM to place less emphasis on police officer discretion in assessing PWMI and more emphasis on contacting mental health professionals (Ryan 2017). Analysis of an older version of the OPM issued before the coroner's report[5] reveals that the wording of the present text has not received any substantial amendments regarding policy and guidelines for police contacting mental health professionals (QPS 2017, 2020a, 2020b).

Although the OPM refers to police contacting the health sector for assistance (QPS 2020a), the policy remains vague and does not detail the most recent cross-service procedural initiatives and resources available to officers. Without unequivocal guidance regarding interagency provision, police officers may be unaware or unsure of the resources available to them when managing PWMI, which could lead to inappropriate discretionally decision-making behaviour that embodies the inverse of *trust*. A lack of unequivocal guidance in the OPM could also have implications for the *neutral* treatment of PWMI when encountering the police.

2.4. Neutrality

Police demonstrations of even-handedness (fairness in judging people or groups of people), absence of bias, consistency, and transparency in process inform the concept of *neutrality* within the procedural justice framework (Goodman-Delahunty 2010; Tyler 2007). With the purpose of any policy document being to communicate directives that ensure consistency in practice (Carpenter 2000), a police policy document by virtue should reflect key components of *neutrality* in terms of consistent, ethical, and transparent police practice. There are varied levels of implicit and explicit *neutrality* regarding policy for police interaction with PWMI within the OPM, with the most explicit example of *neutrality* being the fact that the OPM is freely available online. This display of openness demonstrates transparency in the procedural aspirations of the police agency, where PWMI can freely access these policies online to see how police procedures may affect them during interaction with officers when in crisis. Within the OPM, explicit directives for officers to express transparency in process complement the document's general display of transparency. For example, it states:

> "*An officer is required to: (i) tell the person that they are being detained and transported to a treatment or care place; (ii) explain how the action taken may affect the person; and (iii) take reasonable steps to ensure the person understands the information*" (QPS 2020a, p. 19).

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5   This older version of the OPM was dated June 2017. The Coroner's report was released in October 2017.

These examples of instructing officers to be open and transparent when communicating with PWMI demonstrate a level of *neutrality* within the OPM. The OPM applies these transparent directives to all procedures regarding voluntarily or involuntarily detaining a PWMI (QPS 2020a, 2020b), suggesting that officers should be transparent and consistent in interactions with persons with various types of mental illness.

However, the act of simply explaining the police procedure in detaining a PWMI may not entirely comprise *neutral* behaviour, if such a procedure is procedurally unjust. This may be the case if the course of action taken by the officer was one based upon inappropriate discretionary behaviour when interacting with and detaining a PWMI. Especially regarding the recognition of PWMI and police use of force, the OPM contains rhetoric that may encourage officer discretion, and could potentially inhibit officers expressing other aspects of *neutrality* such as even-handedness, lack of bias, and consistent treatment. This is shown in Chapter 6, on pages 19–20 of the OPM. For example:

> *"a person's behaviour indicates the person is at immediate risk of serious harm . . . ; (ii) the risk appears to be the result of a major disturbance in the persons mental capability; and (iii) the person appears to require urgent examination, or treatment and care, for the disturbance"* (QPS 2020a, p.19), and

> *"An officer's . . . power to detain the person and use force that is necessary and reasonable in the circumstances . . . "* (QPS 2020a, p. 20).

These examples of discretionary language in the OPM—vague terms such as 'indicates', 'appear', 'necessary', and 'reasonable'—allow scope for individual officer interpretation and may not appropriately control officer discretion when interacting with PWMI (QPS 2020a). The OPM provides meagre elaborations regarding the recognition of PWMI and the use of 'reasonable' force. Despite its questionable concept, the OPM lists symptoms relating to recognising cases of *excited delirium* (for example, extreme agitation, aggressive behaviour and/or paranoia) (QPS 2020b), but does not list, or provide references to symptoms for recognising other cases of mental illnesses requiring medical attention. The OPM also elaborates somewhat on the use of force, stating that force should only be used as 'a last resort' in situations where the PWMI poses a 'risk' to themselves or others (QPS 2020a).

Recognising mental illness, assessing risk, and implementing reasonable force is a subjective process used by police that can contradict the concept of *neutrality* when policing PWMI, and will inevitably vary from officer to officer. These subjective assessments are especially problematic when policing the idiosyncrasies of mental illness and making on the spot distinctions between disorderly behaviour and disordered behaviour (Teplin 2000): threatening or bizarre behaviour can often be misinterpreted by police as dangerous and in need of coercive control, whereas health professionals may perceive such behaviour as in need of care (Fry et al. 2002; Kesic et al. 2013; Ruiz and Miller 2004). In addition, research determines that it is common practice for police to exercise a level of discretion when managing PWMI (Teplin 2000), which can lead to positive and effective outcomes, but does not always guarantee fairness, consistency, transparency, and even-handiness in procedure (Farmer 2018). Administrative policy and procedure can therefore be an effective method of controlling police discretion through providing consistent directives that limit officers' best-guesses and intuition (Carpenter 2000; Davis 1969; White 2001).

Whilst policy and procedure guidelines can direct policing behaviour and job performance, they cannot dictate the actual response of police officers when policing or responding to any given circumstance, especially in unpredictable circumstances involving 'irrational' persons. Yet if the text of the OPM placed more emphasis on interagency collaboration, the OPM may further control officer discretion when responding to PWMI. For example, recent research in Australia and internationally has demonstrated how interagency schemes regarding the conjoint management of PWMI have mitigated police discretion and have facilitated a greater health response which not only nurtures *neutral* behaviour, but also facilitates use of all policing principles intrinsic to the procedural justice framework (Furness et al. 2016; Morgan and Paterson 2017; Puntis et al. 2018; Reveruzzi and Pilling 2016). These schemes are particularly useful in facilitating the recognition and

management of mental illness. However, as previously stated, the OPM places too much emphasis on officer discretion and does not clearly articulate the interagency protocols at police officers' disposal in providing *neutral* treatment of PWMI. Based on the information contained within OPM guidelines, it is reasonable to suggest that the directives police officers follow regarding responding to PWMI are (in specific contexts) unclear and/or open to officer interpretation and discretion. As such, police may employ differing levels of discretion regarding policing practice rather than following operational guidelines when managing or responding to PWMI that may harness the *neutral* treatment of PWMI.

3. Discussion

In spite of wide-ranging powers of discretion, police officers do not operate with complete autonomy (Alpert et al. 2012). A police policy document is one means of controlling officer discretion, especially in relation to policing of more diverse and vulnerable persons in society. The task environment of a police officer when responding to PWMI and when engaging with citizens is heterogeneous, making administrative guidance challenging. Managing discretion through bureaucratic directives becomes even more problematic in a climate where the policing mandate is changing and becoming increasingly professionalised (Engel and Worden 2003). In relation to police responses to PWMI, this professionalisation has re-situated the role of police as de facto mental health first aiders as opposed to traditional crime fighters, where police are expected to provide a 24 h community response to PWMI in crisis. The challenging expectations of this emerging role requires it to be embedded into organisational policy, with a codified, up-to-date administrative policy document having the potential to guide officer discretion and create a philosophy of fair and just treatment for PWMI.

Although the OPM dedicates a specific section to the management of PWMI in the community, it lacks sufficient detail to harbour a procedural justice framework in its entirety. The content analysis found some sporadic examples of procedural justice within the rhetoric of the OPM; however, there are clear administrative barriers that could potentially hinder procedurally just policing techniques when the police encounter PWMI. These administrative barriers could have a negative impact on the experiences of PWMI when encountering the police, and have potential implications for the PWMI satisfaction, compliance, and perceptions of police legitimacy during police interaction.

One significant administrative barrier within the OPM relates to the resources available to police in appropriately managing PWMI in crisis. Globally and in Australia, novel interagency schemes with the health sector have sought to synergise police responses to PWMI and have the potential to positively shape the experiences of PWMI during police contact (Clifford 2010). Yet the police policy document lacks clarity in detailing sufficient information regarding these schemes and requires further consolidation to embed these schemes in operational policy. This is important considering the increasingly professionalised role of the police whereby police officers are required to negotiate with appropriate community agencies to provide creative resolutions to complex social issues (Morgan and Paterson 2017). The absence of coherent guidelines in the OPM could sideline the available resources that police may have when responding to PWMI and serves as a barrier in the way of professional police conduct.

The vagueness of policy in the OPM regarding available interagency resources corresponds with a lack of appropriate definitions and descriptions of mental illnesses. This is important to consider since police often respond to mental health calls unassisted, especially during unsociable work hours or when the call for intervention has been made in a rural area (Senate Select Committee on Mental Health 2006). The OPM should therefore provide sufficient guidance to officers (or direct the officer to sufficient guidance) to help them recognise, understand, and manage PWMI when providing a police-only response. Instead, the OPM has the potential to homogenise mental illness into one category of *dangerousness* due to the disproportionate amount of information regarding the conceptually problematic condition of *excited delirium*. This notion is reflective of research suggesting that police

often hold negative stereotypes of PWMI as dangerous and unpredictable (Haigh et al. 2018; Pinfold et al. 2003) which could in part be due to a lack of appropriate administrative guidance. The discretionary language used in the OPM sanctioning police to 'recognise' PWMI and 'use reasonable force', further problematizes this gap of appropriate mental health information and has the potential to encourage inappropriate officer discretion when managing PWMI.

The absence of coherent administrative policy that guides appropriate decision-making behaviour can result in discriminatory behaviour (Helmke and Levitsky 2004). Although an over-bureaucratic police policy document can work against intentions (Mawby and Wright 2005), a clearly articulated policy document has the potential to set the organisational tone and underpin professional practice (Alpert and Smith 1994). This could help foster professional practice that harnesses the fair treatment of PWMI as a general standard of policing practice. The significant administrative gaps in procedurally just mental health response procedure contained within the OPM has the potential to facilitate the inverse in operational police practice since it allows too much scope for inappropriate police discretion when encountering PWMI. A lack of procedurally just information within the police policy may in part explain why some PWMI in Australia complain that police respond to their crises in a criminalising and heavy-handed manner (Boscarato et al. 2014; Bradbury et al. 2017; Brennan et al. 2016). Notions of procedural justice, however, if used and applied properly within the OPM as a policing guideline, and philosophy, can be used as a peaceful means to resolve conflict between police and PWMI, particularly during times of crisis and when interacting in interpersonal settings (Thibaut and Walker 1975).

Although this research provides an in-depth analysis of one police policy document concerning police management of PWMI, the OPM is used as a limited example of how formal police policy may shape the experiences of PWMI when encountering the police in a Western state. Future research could also encompass the policy documents of other police agencies in Australia to assess whether these results can be generalised across different jurisdictions.

4. Materials and Methods

An online search was conducted in April 2020 on all the official Australian state and territory police agency websites to ascertain the existence of publicly available formal guidelines regarding police responding to PWMI. All Australian police organisations (except for the Australian Federal Police, Northern Territory Police, and South Australia police) publish their policy manual online or make them available via request. The online search indicated that the QPS freely publish their Operational Procedures Manual (OPM) in the public domain and, as such, allow members of the public to download it in Portable Document Format (PDF). The OPM was selected for analysis because it was freely available to the public and had the most extensive and detailed policy section (the greatest number of pages) dedicated to policing of PWMI. The OPM is the official policy and procedure document of the QPS and consists of eighteen chapters of policy and procedure in relation to all aspects of operational policing duties. All QPS members are obliged to comply with the contents of the OPM. Within the introduction, the OPM explicitly states:

> *"The aim of this Manual is to provide members with guidance and instruction for operational policing . . . members are to comply with the contents of this Manual so that their duties are discharged lawfully, ethically and efficiently and failure to comply with the contents may constitute grounds for disciplinary action"* (Carroll 2020, p. 1).

The most up-to-date version (dated April 2020) of the policy document was downloaded in PDF format and was inputted into Nvivo 11 (QSR International Pty Ltd. 2015). Whilst determining sections of the OPM that specifically related to managing PWMI, key word searches (such as 'mental health' and other related synonyms) were inputted using Nvivo 11. These searches revealed that Chapter 6.6 'Mentally Ill Persons' and Chapter 14.3.6 'Acute psychostimulant-induced episode and excited delirium' of the OPM contain the most comprehensive and explicit sections regarding police management of PWMI.

These two chapters amount to twenty pages of relevant policy information regarding police response and management of PWMI. Within these two chapters of the policy document, all the information is conveyed via plain text as there are no illustrations, pictures, or diagrams. Irrelevant sections were removed from the OPM that were not related to policing of PWMI and the two pertinent chapters (twenty pages) of the OPM were retained for thematic analysis using Nvivo 11. Given the extensive volume of written information contained within the twenty pages of mental health policy, it was deemed that there was sufficient data to conduct an in-depth qualitative analysis of the OPM.

Using the content analysis method, the text within the two relevant chapters of the OPM was coded using specific codes intrinsic to the procedural justice framework—*dignity and respect*, *trust*, *voice*, and *neutrality* (Goodman-Delahunty 2010). This allowed passages of the text (that were implicitly or explicitly related to one or more of these theoretical codes) to be linked and categorised. Using this coding method, the data analysis included an examination of four key elements of the text:

- The words and language used within the OPM to address PWMI and police responses;
- The rhetoric used within the OPM to understand how formal police policy may affect the experiences of PWMI when encountering the police;
- An observation of how comprehensive and coherent the guidelines are regarding operational procedures for when police encounter PWMI;
- How up-to-date and relevant the OPM is regarding operational procedures affecting PWMI.

This process enabled the text to be analysed and indexed into thematic ideas, which elucidate the procedural justice focus contained within the OPM. The levels of procedural justice within the OPM demonstrate how the QPS aspires to manage PWMI in the community, and how formal policing policy may have implications for whether police apply procedurally just policing techniques when encountering PWMI in the community. It is acknowledged, however, that the validity of coding implicit and explicit meanings of text is hindered by the subjectivity of the process, because it relies upon individual interpretation of written messages. To overcome this issue, potential shortcomings within the text were identified which may potentially influence researcher bias and subjectivity (such as the stylistic expression/use of language and professional argot used by the organisation), thereby allowing an analysis to be conducted which remained true to the original meaning of the text contained within the OPM.

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