

2023

Perceptions of Law Enforcement Officers Regarding Their Interactions with Persons in Mental Health Crises.

Monica Roundtree
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Monica Roundtree

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Deborah Laufersweiler-Dwyer, Committee Chairperson,
Criminal Justice Faculty

Dr. Nikolas Roberts, Committee Member,
Criminal Justice Faculty

Dr. Howard Henderson, University Reviewer,
Criminal Justice Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Perceptions of Law Enforcement Officers Regarding Their Interactions with Persons in
Mental Health Crises.

by

Monica Roundtree

MS, Walden University, 2021

MS, University of the District of Columbia, 2018

BS, University of the District of Columbia, 2016

Dissertation submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

February 2023

Abstract

Law enforcement officers are guided by principles to protect and serve the community in general; this includes persons with mental health illnesses. These officers are often the sole community resource responding to calls involving persons in mental health crises. However, many officers lack the knowledge and skills to effectively interact with this group. This quantitative study addressed how law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with a person experiencing a mental health crisis. The theoretical framework for this study is the procedural justice theory. A convenience sample of 100 sworn law enforcement officers who were employed full-time was chosen for this study because time and economic factors made it most appropriate. To protect the confidentiality of the participants; the participants were recruited via convenience sampling through Facebook, law enforcement groups, LinkedIn, and direct solicitation using personal law enforcement contacts. Data collection required participants to respond to a series of statements on a web-based survey. Data in this study were analyzed using descriptive methods with Statistical Package for the Social Sciences (SPSS). Descriptive statistics were performed to answer the research question. Participants indicated the need to ensure sound policies, procedures, and strategies that prepare officers to interact with persons with mental illnesses. Also, participants perceived that officers should be required to participate in annual training provided by a licensed mental health practitioner. Findings may be used by police administrators for positive social change to improve training in dealing with mental health issues.

Perceptions of Law Enforcement Officers Regarding Their Interactions with Persons in
Mental Health Crises.

by

Monica Roundtree

MS, Walden University, 2021

MS, University of the District of Columbia, 2018

BS, University of the District of Columbia, 2016

Dissertation submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

February 2023

Dedication

This dissertation is dedicated to law enforcement officers, educators, mental health professionals, and policymakers who interact with persons with mental health illnesses. A special dedication to persons who suffer from mental health conditions.

Acknowledgments

I am grateful to God for covering me in His loving arms and guiding me in my toughest hours. I would also like to thank Mr. Joey Roundtree for keeping the lights on, being supportive, and being my strength. My family for being so supportive and understanding.

I sincerely want to thank and express my sincere appreciation and gratitude to my mentors, Dr. Fern Johnson-Clarke and Dr. Kimberley Turner, for their guidance and support and for reminding me of the end goal.

Thank you so much for encouraging and supporting me when I had no strength left. This has been a long journey, and you have walked with me every step of the way. Dr. RoseMary Watkins, thank you for always being available.

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background.....	1
Problem Statement.....	2
Purpose.....	3
Research Question	4
Theoretical Framework.....	4
Nature of the Study	5
Definition of Terms.....	6
Assumptions.....	8
Scope and Delimitations	8
Limitations	9
Significance of the Study	9
Significance to Social Change	10
Summary	11
Chapter 2 Review of the Literature.....	12
Literature Search Strategy.....	12
Introduction.....	12
Mental Illness.....	13
Deinstitutionalization.....	14
Criminal Justice System.....	15

Building Relationships Between Law Enforcement Officers and the Community	16
De-escalation.....	18
Crisis Intervention Model	20
Summary	23
Chapter 3 Methodology	25
Research Design.....	25
Population and Sample	26
Rationale	26
Data Collection	27
Analysis.....	28
Research Question	29
Survey Instrument.....	29
Threats to Validity	30
Summary	31
Chapter 4: Results	32
Research Question	32
Research Design.....	32
Data Organization	33
Data Collection	33
Demographic Characteristics	34
Research Findings.....	38

Crisis Intervention Training.....	38
Policies and Procedures	42
Summary	53
Chapter 5: Discussion, Conclusions, and Recommendations	56
Summary of Findings.....	56
Future Research	59
Conclusion	61
References.....	63
Appendix A: Instructions to the Survey.....	82
Appendix B: Survey Questions.....	83
Appendix C: Collaborative Institute Training Initiative Certificate	89

List of Tables

Table 1. Hours of professional development training completed.....39

Table 2. Years of Service in law enforcement.....40

Table 3. Age Range.....40

Table 4. Race41

Table 5. Sex/Gender42

Table 6. Highest Education Attainment.....42

Table 7. Crisis Intervention Training provides law enforcement officers knowledge
needed for de-escalation techniques when approaching a person experiencing a
mental health crisis43

Table 8. Crisis Intervention Training should be mandatory for law enforcement officers....
44

Table 9. Law enforcement officers should be required to have one crisis intervention
training45

Table 10. Law enforcement officers should be required to have crisis intervention
training annually45

Table 11. Law enforcement officers should approach a homeless person who may be
experiencing a mental health crisis differently than a person who is not homeless that
may be experiencing a mental health crisis47

Table 12. Law enforcement officers who witness another officer using unnecessary force
when approaching or arresting a person experiencing a mental health crisis should be
reported48

Table 13. When no crime is involved, law enforcement officers should not have to handle calls that involve persons experiencing mental health crises	49
Table 14. Handcuffs should be used to restrain persons experiencing a mental health crisis	50
Table 15. Law enforcement officers should be knowledgeable of community resources for persons experiencing mental health crises	51
Table 16. Having mental health specialists on call to address persons experiencing mental health crises is a critical resource for law enforcement officers	52
Table 17. The precinct has up-to-date policies regarding interactions with persons experiencing mental health crises	52
Table 18. The administration has developed clear and precise procedures regarding interaction with persons experiencing mental health crises	53
Table 19. The precinct has developed strategies that are clear and precise and can be clearly understood in approaching persons experiencing a mental health crisis	54
Table 20. The precinct has clear guidelines that adequately explain the de-escalating techniques and officers' responsibilities when approaching an individual in crisis	54
Table 21. Law enforcement officers have the opportunity to provide input regarding policy changes	55

Chapter 1: Introduction to the Study

According to Auerbach, (2015), mental illness is increasingly being pointed out as one of the most stigmatizing conditions in health care by a growing number of experts, leaders, organizations, and institutions. Mental illnesses are no different from medical conditions. According to a study by the Substance Abuse and Mental Health Services Administration, nearly one in five Americans suffers from some form of mental illness, (SAMHSA, 2017). The treatment of mental illness has always been significantly different from that of other medical conditions throughout human history.

During her visit to Cambridge, Massachusetts, in 1841, American teacher Dorothea Dix visited the Cambridge jail, where she noticed a large population of mentally ill individuals, criminals, and individuals with other chronic conditions. According to Dix, the prisoners living conditions were extremely unclean, cold, and unhealthy (Auerbach, 2015; Witteman, 2003). Dix was told by correction officers that persons with a mental illness cannot feel heat or cold because they do not sense it. This inspired Dorothea Dix to become a global mental-health activist. By the end of the nineteenth century, the practice of isolating individuals with mental health conditions provided a gateway for treatment and research.

Background

Willis et al., (2021) posit that because of a lack of insurance or income and an inability to afford mental health care, there is often a delay in treatment for those who experience a mental health crisis, which may necessitate law enforcement intervention. Interactions between law enforcement officers and individuals who are experiencing

mental health crises have significantly increased. Such interactions could lead to significant negative consequences for the individual, the responding officer, and/or the community at large, depending on how the officer responds (Watson et al., 2004). Lamb, et al., (2014) identified two law enforcement common-law principles: protect and serve the community in general and specifically protect persons with disabilities. Most often the sole responding community resource to address such a situation is law enforcement. Wood et al., (2017) theorize most encounters between law enforcement officers and persons with mental health illnesses often do not require an arrest or hospitalization. However, a lack of knowledge to appropriately respond to this group seems to be an ongoing problem among law enforcement officers (Lamb et al., 2014).

Consequently, negative interactions between officers and these individuals may lead to increased incarceration in the criminal justice system (Lamb et al., 2014). According to a Bureau of Justice Statistics (BJS) report, of those who are incarcerated in the United States, more than half have been diagnosed with a mental health disability, most have previous convictions, and many are incarcerated for longer periods than those without a mental health disability (James & Glaze, 2006).

Problem Statement

According to Bohrman et al., (2018), law enforcement officers base their assessments of persons in mental health crises on information from dispatch, the community, and their observation of the individual. Correspondingly, there is a disconnect between the actual interactions of law enforcement officers and offenders who are exhibiting mental health crises, and the interventions appropriate for the offender, due

to a lack of proper training, resources, and community support (Tucker et al., 2008). Moreover, persons involved in mental health crises have been seriously injured, and in some cases killed, when law enforcement officers have attempted to intervene and manage their crises (Loucks, 2013). These circumstances have outraged community members and led to frustration for law enforcement officers and mental health specialists.

Therefore, effective policies, procedures, and strategies should be implemented to ensure that law enforcement officers are appropriately interacting with individuals who are in mental health crises; and possess the relevant knowledge necessary to access community resources that may assist the individual and/or the officer (Lamb et al., 2014). Implementing effective policies, procedures, and strategies may reduce ongoing problems, contribute to ensuring the safety of officers and offenders on approach, and decrease the risk of serious harm or loss of life (Lamb et al., 2014).

Additionally, investigating perceptions of law enforcement officers, who directly interact with persons experiencing mental health crises, may assist law enforcement agencies with developing and implementing effective policies, procedures, and strategies and contribute to social change in human interactions or relationships, and have positive and long-lasting effects on law enforcement agencies over time (Borum, 2000, Dunfey, 2021).

Purpose

The purpose of this quantitative study is to examine the perceptions of law enforcement officers on the effectiveness of the policies and procedures for interacting with individuals experiencing a mental health crisis, and the implications for future

policies, procedures, and strategies, and to contribute to social change within law enforcement agencies.

Research Question

Do law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with persons in mental health crises?

Theoretical Framework

Society mandates law enforcement officers protect and serve while maintaining public order and enforcing the law (Crank, 2003; Watson & Angell, 2007). Two theoretical frameworks were reviewed for this study: the institutional theory and the procedural justice theory. A review of the literature was used to provide explanations for these theories.

According to Crank, (2003) the institutional theory was first used in the 1990s and may be used to explain the behavior and structure of the criminal justice system. The institutional theory provides a theoretical framework to conceptualize police actions and their relationship to the structure and practices of the agency. Both Crank and Langworthy (1992) argued that restructuring law enforcement agencies often fail because they did not include institutional policies and procedures.

The procedural justice theory provides clear guidance on how to improve the behaviors of law enforcement officers when responding to persons experiencing mental health crises. Watson and Angell (2007), said many educational programs merely focus on what officers should know and how they should think. However, educational models such as crisis intervention training (CIT), place significant emphasis on officers' skills,

knowledge of mental health issues, community resources, and procedural changes. Accordingly, primary challenges for law enforcement agencies are to identify appropriate situations in which to apply procedural justice actions, involving interacting with a person experiencing a mental health crisis as well as providing opportunities for law enforcement officers to acquire and practice these actions (Watson & Angell, 2007).

Therefore, the theoretical framework selected for this study was the procedural justice theory, as it appropriately guided the research on the perceived effectiveness of officers' interactions with persons experiencing a mental health crisis.

Nature of the Study

This quantitative study involved addressing how law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with a person experiencing a mental health crisis. The theoretical framework for this study is the procedural justice theory. A convenience sample of full-time and sworn law enforcement officers was chosen for this study because time and economic factors made it most appropriate. To protect the confidentiality of the participants, locations were not identified. Participants were recruited via convenience sampling through Facebook®, law enforcement groups, LinkedIn®, and direct solicitation through personal law enforcement contacts. Data collection required participants to respond to a series of statements on a web-based survey. The data in this study were analyzed using descriptive methods with the Statistical Package for Social Sciences (SPSS). Descriptive statistics were performed and reported about the participants to answer the research question.

This study contributes to the body of knowledge regarding law enforcement officers' interactions with persons experiencing mental health crises; provides guidance to conduct future research; and identifies problems that may be addressed by developing and implementing effective policies, procedures, and strategies within law enforcement agencies.

Definition of Terms

The following definitions are provided to clarify terms for this study:

Community: a group of individuals residing together in an area with common characteristics or interests.

Criminal Justice System: Part of law enforcement that deals directly with capturing, prosecuting, defending, sentencing, and punishing criminals (Lexico, 2021).

Crisis: When an individual's normal and stable state is disrupted, and usual methods for coping and problem-solving are ineffective.

Crisis intervention: Intervention that has time limits involving immediately de-escalating those in crisis.

Crisis Intervention Training (CIT): is an intervention program designed to stabilize those in crisis immediately with a psychotherapeutic approach that is specific to crisis situations.

De-escalation techniques: Acting or communicating verbally or non-verbally during a potential force encounter to stabilize a situation and reduce the immediate threat without resorting to force, which requires decision-making (National Consensus Policy, 2007, p.2). It involves processes or tactics used to prevent, or reduce the impact of

conflict-related behaviors, such as verbal agitation or physical aggression. (Engel et al., 2020).

Deinstitutionalization: Replacement of long-term mental health institutions with community-based alternatives. This involves discharging persons, which is part of that process, as well as extending provisions of alternative services. (Bachrach, 1996; Geller, 2000).

External validity: refers to how generalizable a finding is to individuals, settings, or times not included in the research. The extent to which you can generalize the findings of a study to other situations, people, settings, and measures (Bhandari 2020; Mark & Reichardt, 2001).

Internal validity: is to determine whether (and to what extent) the independent variable affects the dependent variable, as measured as well as makes the conclusions of a causal relationship credible and trustworthy. (Mark & Reichardt, 2001; Bhandari 2020).

Law Enforcement Officers: A department of individuals who enforce laws, investigate crimes and make arrests.

Mental illness: A condition that affects an individual's ability to concentrate on and interact with others (National Alliance on Mental Illness [NAMI], 2015).

Reliability: Accuracy of data that the instrument collects, based on how well the instrument controls for errors. When you apply the same method to the same sample under the same conditions, you should get the same results. If not, the method of measurement may be unreliable. (Mohajan, 2017; Middleton, 2019).

Social change: Changes in human interactions or relationships that have positive and long-lasting effects on institutions and culture over time (Dunfey, 2021).

Stigma: Perception of a sense of shame or disgrace towards a person, a condition, or an activity (Auerbach, 2015).

Validity: How well an instrument measures the data that is collected (Mohajan, 2017).

Assumptions

I assumed that law enforcement officers who agreed to participate in this study were familiar with the terms, definitions, rules, and technical policies required to perform law enforcement duties. Participants were knowledgeable of major issues or decision areas that policy-makers address. I assumed the participants in this study were knowledgeable about decision-making processes, procedures, and corresponding links to agency planning. I assumed the participants in this study had sufficient knowledge of the culture of law enforcement agencies to respond to the survey. The perceptions of the law enforcement officer who participated in this study generally reflected the opinions and perceptions of the general population of law enforcement officers. I assumed participants had the knowledge to respond to survey questions; and that they understood mental health crises, perceptions, demographics, and community resources.

Scope and Delimitations

Delimitations included the duration of the time which was approximately four months to receive survey results; and the population size of 100, which was limited to those officers who are likely to respond to a person experiencing a mental health crisis.

Limitations

One limitation of this study was that the data represented the opinions and perceptions of participants, rather than an objective measure. This was not expected to have a negative effect on study results, because this study was targeted to sworn law enforcement officers, who are knowledgeable of the situations described in this study.

Another limitation of this study was that data included only the perceptions of law enforcement officers and may not have necessarily represented the perceptions of mental health providers, law enforcement administrators, other sworn law enforcement officers, or persons with mental health disabilities. To reduce potential instrumentation and measurement errors, an instrument was designed using clear, concise, and definitive statements, as well as response options. Ethical issues could result if a participant inadvertently is identified in the study. To reduce inadvertent identification, a survey method was used, which involved not collecting any identifiers or information that would allow someone to identify a participant in the study. In addition to an online instrument, a paper version of the survey was available in order to address limitations in web-based settings.

Significance of the Study

Krameddine et al., (2013) and Agee, et al, (2019) suggested that law enforcement officers would benefit from understanding how individuals are affected when experiencing a mental health crisis. However, more research is needed to discover how law enforcement officers perceive individuals with mental illness. This study contributes to the body of knowledge regarding law enforcement officers' interactions with persons

experiencing mental health crises; provides guidance to conduct future research; and identifies problems that may be addressed by developing and implementing effective policies, procedures, and strategies within law enforcement agencies. This research filled a gap in the literature by identifying and understanding the officer's perceived effectiveness of policies, procedures, and strategies, which could be implemented to improve law enforcement officers' understanding, approach, and interactions with persons in mental health crises.

Significance to Social Change

Social change involves cultural and institutional changes that have positive and long-lasting effects (Dunfey, 2021). Negative interactions between law enforcement officers and persons experiencing mental health crises have been documented by research studies, social media, and media outlets. Lack of training and knowledge may contribute significantly to negative interactions and loss of life when interacting with persons experiencing mental health crises (Tucker, et al., 2008).

Watson, et al., (2021) said 911 switchboard operators who receive incoming calls for individuals experiencing mental health crises, have three choices: dispatch medical services, dispatch law enforcement officers, or dispatch both. Law enforcement officers are dispatched regardless of the nature of the criminal act, to protect and provide safety for the individual and the community. The goal of training law enforcement officers is to change their perceptions of how they approach persons with mental illnesses, interact, communicate, and form community relationships, which also contributes to social change in law enforcement agencies (Husted et al., 1995, Kimhi et al. 1998, Borum 2000). Social

change starts with the revision of current policies, procedures, strategies, and training as a preventive measure to preserve the lives of officers as well as individuals experiencing mental health crises.

Summary

This chapter introduces the research problem, the nature of the problem, and purpose of the study. It includes the significance, background, and theoretical framework along with definitions of terms, and assumptions. Chapter 2 includes a review of the literature. Chapter 3 includes a discussion of the design and research methodology. In Chapter 4, I discussed the findings and answers to the research question. Chapter 5 includes a summary of findings, a conclusion, and recommendations for policymakers, suggestions for future research, and implications for social change.

Chapter 2 Review of the Literature

Literature Search Strategy

My literature search strategy consisted of searching the Walden University Library, *National Institute on Mental Health*, and Google Scholar. The key search terms were *law enforcement, mental health crisis, law enforcement, de-escalation techniques, crisis intervention training, criminal justice system, and the Fourth and Eighth Amendments of the U.S. Constitution*. All sources were published between 2012 and 2022 except for seminal literature from 1962.

Introduction

There is much literature involving law enforcement officers and their interactions with persons with mental illnesses. Despite this increase in research, there is still a need for more. Arrest rates of persons with mental health disorders are often much higher compared to rates for other individuals without a mental health disorder (Borum et al., 1998; Wolff, 1998; Franz & Borum, 2011; Livingston, 2016;). Encounters between persons with mental illnesses and law enforcement officers' range between 7 and 10% of total law enforcement interactions (Reuland, et al., 2009; Wood, et al., 2016).

One in 100 responses to calls from community members or families involve involves persons with mental illnesses (Reuland et al., 2009; Wood et al., 2016). These calls are not usually for criminal acts but rather for disruptive behavior. However, traditional strategies are not always effective ((Franz & Borum, 2011). These encounters may escalate, prompting a more aggressive response from the law enforcement officer (de Tribolet-Hardy, et al., 2014). These encounters may sometimes result in the loss of

life of persons with mental illness or the officer (Franz & Borum, 2011, Livingston, 2016).

Consequently, fatalities during interactions with law enforcement officers have become a public health problem. Even with rising public attention, fatalities of persons with mental illnesses have gone unnoticed (Krieger, et al., 2015).

During interactions with law enforcement officers, persons with mental health disorders are three times more likely to lose their lives compared to persons without mental health disorders (Olfson, et al., 2015; Saleh, et al., 2018). Similarly, an internal review conducted by the Los Angeles Police Department in 2015, found that one-third of all people killed in shootings had a mental health disorder (Mather, 2016).

Saleh, et al., (2018), 23% of the fatalities involved people with mental illnesses Livingston, et al., (2014) examined persons with mental health disorders' perceptions and experiences of and their interactions with law enforcement officers. Based on their experience, persons with mental health disorders recommended four critical elements of training for law enforcement officers: communicating effectively, prioritizing non-violent responses, understanding mental illness and, its effects, and treating people with compassion.

Mental Illness

The National Alliance on Mental Illness (NAMI) (2015) describes mental illness as a condition that affects an individual's ability to concentrate and interact with others this condition is not the result of one event but can be due to multiple events that involve trauma, environment, lifestyle, or genetics. Mental health conditions issues such as

bipolar disorder or schizophrenia seldom appear without warning signs. Community members, family, or friends may notice an individual exhibiting erratic behavior before being diagnosed with a mental illness. However, if an individual receives the proper treatment, they may become productive members of the community in which they live (NAMI, 2015)

Deinstitutionalization

Deinstitutionalization is the replacement of long-term mental health institutions with community-based alternatives. This is not limited to the discharging of persons, which is part of that process but also extends provisions of alternative services. (Bachrach, 1996; Geller, 2000). During the civil rights movement, as a deinstitutionalization policy, state hospitals discharged individuals with severe mental illnesses from mental health hospitals and returned them to receive care in the communities in which they resided. There were several reasons for this, including financial considerations; expectations that newly developed medications would provide a cure, and perceptions that mental health institutions were inhumane and cruel to persons with mental illnesses (Kessler, et al., 2005).

According to Yohanna (2013), the reasons for returning these individuals to the community did not work as expected, as individuals who had severe mental illnesses were still living in deplorable surroundings. Medications have resulted in some improvement of the symptoms; however, such medications have been unsuccessful in terms of improving the functionality of individuals with a mental illness. The closing of mental health hospitals has overwhelmed ill-equipped communities that are unable to

handle individuals with mental health disorders, as they do not have the funding to provide needed services (Yohanna, 2013).

Keene, et al., (2003) said one of the most difficult populations to serve are individuals with mental illnesses. In addition to mental illness, this group is negatively impacted by substance abuse, poor physical health, and are socially unaccepted. Therefore, enhanced communications are critically needed among community leaders, law enforcement officers, and mental health agencies when interacting with persons with mental health disorders (Keene et al., 2003).

Criminal Justice System

The first introduction of a person with a mental health disorder to the criminal justice system is via their interactions with law enforcement officers (Tucker, et al., 2008). Lamb, et al., (2004) said that there is evidence that deinstitutionalization is a cause for persons with mental health disorders' initial introduction to, and increase within, the criminal justice system.

However, according to Fellner and Abramsky (2003), prisons were not designed to house persons with mental health disorders. Incarceration in a jail cell or other confined space with limited interactions and/or health services may exacerbate the illness. As a result, the inmates may become disruptive and combative and may be placed in more restrictive confinement with even fewer opportunities for interactions with other inmates (Fellner & Abramsky, 2003).

Building Relationships Between Law Enforcement Officers and the Community

Law enforcement agency leaders are embarking on new ideas and applying them to improve their approach to the services they provide to the public. Their task is to identify and encourage change in terms of previous behavior and traditional police practices. Baker and Hyde (2011) said law enforcement agencies should review the community's perspective on the services they provide.

According to Fisher, et al., (2002) many who conceived the idea of deinstitutionalization of persons with severe mental health disorders, envisioned that the community's mental health facilities would function like mental health hospitals in community settings. Even with the resources provided to communities, persons with mental health disorders still contend with adjusting to living in the community and are disproportionately at a higher risk of encounters with law enforcement officers and the criminal justice system. This involvement with the criminal justice system often jeopardizes their safety and stability in their community, while also weighing heavily on the associated cost and resources of the criminal justice system (Fisher et al., 2002, Patterson, 2018).

In general, to enhance both effective intervention and prevention, it is suggested community leaders and law enforcement officers collaborate to better identify and be familiar with persons who reside in the community who may experience mental health crises (Fisher et al., 2002). Community policing is a shared responsibility between community leaders and law enforcement officers (Rohe, et al., 1997). Both are tasked with maintaining order in the community; collaboration and communication between

residents and law enforcement personnel; building trust and cooperation and encouraging residents to become more actively involved in crime prevention in their neighborhoods. Law enforcement officers should be responsive and respectful to what community leaders determine to be the most important issues in their communities (Rohe et al., 1997).

Along those same lines, community policing and crime reduction is one of six topics recommended by the Task Force on 21st Century Policing (2015), which was established by executive order in 2014 by then-President Obama. Community policing is described as a philosophy which encourages structural policies and addresses public safety issues such as social disorder, and fear of crime.

The Task Force's charge included identifying and recommending best practices, and effective crime reduction, to improve community trust. The other recommendations of the Task Force included policy and oversight; building trust and legitimacy; technology and social media; officer safety and wellness; and officer training and education (21st Century Policing, 2015). The executive summary concluded that there must be trust between law enforcement and the people they have sworn to protect, and the communities they serve.

Each of the recommendations discusses the relationship-building process and makes clear that law enforcement officers have the authority to enforce the law, and communities are aware of that authority. Although building trust and legitimacy with communities is one of six recommendations Saleh, et al., (2018), mention the final report of the President's Task Force on 21st-Century Policing did not highlight law enforcement

officers' interactions with persons with mental health disorders as a key issue.

(President's Task Force on 21st Century).

Sincerity and trust are the missing key elements between persons with or without a mental disorder and law enforcement (Angermeyer & Dietrich, 2006). Officers perceive persons with mental disorders are more violent, unpredictable, dangerous, and less likely to follow procedures than persons without mental health disorders (Watson et al., 2004, (Livingston, Desmarais, Verdun-Jones, Parent, Michalak, & Brink 2014). Additionally, Saleh, et al., (2018) posit that building trust between persons with mental health disorders and law enforcement officers should be seen as a priority. Perceptions of people with mental illness regarding their interactions with law enforcement officers are just as important as the actual interactions.

Therefore, the goal is to build trust and gain respect from the community. To accomplish this goal, transparency and accountability are critical when gaining public trust. The recommendation is for law enforcement agencies to collaborate and develop policies and strategies that look at the root cause of the crime. agencies should provide resources to affected communities affected by crime, to reduce crime, with the mindset that what works in one neighborhood may not work in another (Task Force on 21st Century Policing, 2015).

De-escalation

Law enforcement officers are on the frontline when approaching and de-escalating individuals in a mental health crisis. Survey results show law enforcement officers' interactions with persons with mental health disorders at a high frequency and

such service calls were difficult. Results also show that officers surveyed mentioned or admitted having no specialized training or knowledge of agency contracts with local health centers for persons with mental health disorders (Lamb et al., 2014). Studies revealed that officers are not equipped with the proper training to de-escalate persons who are experiencing a mental health crisis. Although, they are there to protect and serve the community (Tucker et. al., 2008).

Training for law enforcement officers is becoming increasingly necessary (Krameddine, et al., 2013; Brink, et al., 2011; Psarra et al., 2008). An officer may encounter a person experiencing a mental health crisis at some point during the daily tour of duty (Krameddine, Demarco, Hassel, and Silverstone, 2013). Additional studies emphasize officers should receive additional training that improves the officer's behavior, actions, and verbal communication upon approaching persons with a mental health disorder.

Correspondingly, input from persons with mental health disorders suggested that officers should be trained in communication skills, comprehension of the effects of mental illness, treatments, and strategies to de-escalate violent and non-violent individuals with mental health disorders (Krameddine, et al., 2013; Brink, et al., 2011; Psarra et al., 2008). Upon approach, officers should be respectful and mindful of the illness, converse effectively, and use de-escalation techniques that would prevent the officer from resorting to force that can cause severe injuries or death to the individual or officer (Watson et al., 2008a; Keram, 2005; Coleman and Cotton, 2010; Ruiz and Miller, 2004).

Crisis Intervention Model

According to the literature review regarding law enforcement officers and their interaction with persons experiencing mental health crises, it became evident that both research studies, media outlets, and social media have documented negative interactions between law enforcement officers and persons experiencing mental health crises. There is evidence that training of law enforcement officers to identify and approach persons with mental health disorders is generally inadequate (Husted et al., 1995, Kimhi et al. 1998, Borum, 2000).

Based on the literature, a lack of law enforcement officers' training and knowledge may have contributed significantly to negative interactions and loss of life (Tucker, et al., 2008).

The Crisis intervention framework was developed in the mid-1960s based on Caplan's research on Principles of Preventive Psychiatry (1965) with the mental health community and their experience with acute mental health disorders. This model describes the impact on persons experiencing a mental health crisis and offers a helpful framework for authorities and specialists working with persons with mental illness who are in crisis (Forbes, 2007).

The CIT model provides law enforcement officers the training needed to de-escalate situations with persons experiencing mental health crises. This model improves the safety of the officer, family members and community (Dupont, 2007). The model promotes solutions by providing the necessary resources to persons with mental health

disorders while lessening stigmatization, and the introduction to the criminal justice system. (Dupont, 2007, Rogers, et al., 2019).

Jurkanin, et al., (2007), explained that strategies to improve encounters with persons experiencing mental health crises include better training and a CIT that includes mental health professionals, and/or officers that specialize in mental health. This offers a greater potential for improving services and avoiding loss of life of the individual and the responding officer (Jurkanin, et., al, 2007, Augustin, & Fagan, 2011). Using the community policing approach, which relies primarily upon officers being assigned to neighborhoods, helps with collaboration, partnerships, prevention, and problem-solving (Jurkanin, et., al, 2007)

According to Augustin and Fagan, (2011), the crisis intervention and negotiation teams (CIT/CNTs) were developed to assist law enforcement agencies in de-escalating situations that would usually end in a loss of life. Mental health specialists are extremely helpful, contribute to the body of knowledge, and assist with developing strategies involving persons experiencing a mental health crisis (Birge, 2002; Fagan, 2003; Feldmann, 2004; McMains & Mullins, 2010). These strategies are also employed in the development of techniques used by both CIT/CNTs (Augustin and Fagan, 2011). There is some disagreement between researchers and law enforcement agencies on the contribution from mental health specialists when responding to critical incidents involving persons with a mental illness (Birge, 2002; Fagan, 2003; Feldmann, 2004; McMains & Mullins, 2010).

Law enforcement and mental health providers may build collaboration using the CIT model or other models to offer training on available services and safety approaches. This approach may prevent harmful interactions that may lead to the loss of life for the individual or the officer (Watson & Fulambarker, 2012, Bonfine, et al., 2014). Officers who have participated in the CIT training, identified it as a successful and useful tool that can be beneficial to the officer, community and the individual who is experiencing a mental health crisis. The training provided skills, techniques, and access to additional resources needed to assist individuals with the necessary services that may prevent an introduction to the criminal justice system (Bonfine, et al., 2014).

Compton, et al., (2014) assessed the performance of officers with or without CIT training from six Georgia police departments based on six key components of the CIT model: (1) Attitudes about serious mental illnesses and treatments, (2) ability to de-escalate crisis situations and refer to mental health services, (3) knowledge about mental disorders, (4) de-escalation skills, (5) referral decisions, and (6) stigmatizing attitudes. Compton et al., (2014) said emphasis on implementing the CIT should be placed on the improvement of mental health, criminal justice outcomes, and cost savings to the criminal justice system. Individuals experiencing mental health crises may display emotional responses that could provoke law enforcement officers. Using the CIT component for de-escalation in cases such as these may thwart the introduction to the criminal justice system (Junginger, et al., 2006, Peterson, et al., 2010).

Overall, CIT is effective, but the more difficult task after interaction with law enforcement officers, is understanding the short- and long-term effects on persons with

mental health disorders, how to improve safety for both the officer and the individual, encourage less use of force, and prevent arrest by encouraging and locating places for treatment referrals (Compton, 2014).

Additionally, officers must re-certify for weapons training; however, crisis intervention is a weeklong training with no requirement to re-certify (Flack, et al., 2020).

Summary

Chapter 2 includes literature related to the perceptions of law enforcement officers regarding their experience of their interactions with persons in mental health crises. The Deinstitutionalization of mental health facilities led to released individuals back into communities, without providing necessary tools and resources for law enforcement officers, community members, and persons with mental illnesses (Bachrach, 1996; Geller, 2000; Yohanna, 2013).

Individuals who have experienced a mental health crisis are introduced to the criminal justice system rather than provided with necessary guidance on resources that are available in the community (Tucker, et al., 2008). The CIT model provides the necessary training that may prevent the introduction to the criminal justice system, injuries and loss of life of the officer and/or the individual experiencing the mental health crisis (Augustin and Fagan, 2011, Kimhi et al., 1998, Krameddine, et al., 2013).

Officers want to know how to successfully recognize, approach and address a person who is experiencing a mental health crisis, threatening suicide, violence, or potential violence against others and when to call a mobile crisis team, and community

resources that are available (Augustin and Fagan, 2011, Webb, 1999; Kimhi et al., 1998, Krameddine, et al., 2013).

Additionally, mental health training is needed for law enforcement officers and those who are a part of the crisis team being dispatched to the scene (Kimhi et al., 1998). The benefit of training law enforcement officers is additional knowledge gained regarding their approach to persons with mental illnesses. Officers gain an understanding of how to approach and communicate with empathy and may assist with the de-escalating process and arrange necessary community resources for individuals experiencing mental health crises (Krameddine, et al., 2013).

Law enforcement officers have taken an oath to protect, serve and respect individuals' constitutional rights. The persons they protect are customers receiving a service, including people with mental illnesses. The goal of training law enforcement officers is to change their perceptions of how they approach persons with a mental illness, interact, communicate, and form community relationships, which also contributes to social change in law enforcement agencies (Husted et al., 1995, Kimhi et al. 1998, Borum 2000).

Chapter 3 Methodology

In preparation for this study, I completed the CITI Program to conduct research using Human Subjects. I applied to the Walden Institutional Review Board (IRB) for approval of the survey and to obtain permission to implement the study.

Research Design

Research projects are used to expand on previous work by other researchers. Quantitative research involves statistical techniques that are used for analyzing and collecting numerical data; investigating, finding patterns and averages; organizing and generalizing results; making predictions, and performing analyses (Bhandari, 2020; Creswell, 2014; Sheard, 2018). There are advantages and disadvantages to the quantitative research design. Numeric data is easier to collect, organize, and present well in graphs and charts, and may be presented statistically on a larger scale. However, numerical data will always change and constantly needs to be updated (Warrior, 2021). Research must be carefully designed so that data and results of the study are reliable and may be validated and used by other researchers.

The descriptive design is a type of quantitative research that involves answering where, what, when, and how questions (McCombes, 2019). The focus of this study was to identify and describe the perceptions of law enforcement officers pertaining to policies, procedures, and strategies used in their interactions with persons who are experiencing mental health crises, as well as implications for law enforcement agencies and social change. As such, I choose a quantitative approach and used the descriptive statistical design for this study.

Population and Sample

The population is defined as individuals who are the primary focus of the study and having common binding characteristics (Trochim, 2020). I employed a convenience sample of full-time sworn law enforcement officers for this quantitative study because time and economic factors made it most appropriate. To protect the confidentiality of participants, locations were not identified. Participants were recruited via convenience sampling through Facebook®, law enforcement groups, and LinkedIn®, as well as direct solicitation through personal law enforcement contacts. Data were collected in an online setting over a 4-month period.

Rationale

The descriptive design of this study is appropriate in order to identify what type of relationship exists between the demographic variables and the officer's perceptions as indicated by the survey question answers regarding their interactions with persons in mental health crises. Additionally, this design allowed me to use questions that were focused and involved a targeted collection of information in order to answer the research question. Data were collected using a survey in which participants responded to a variety of statements administered online.

The use of the quantitative method and descriptive design aligned with the desire to address the problem, purpose, and research question of this study. According to Williamson and Johanson (2018), scholars tend to neglect the relevance of the past and focus on the future. An understanding of the past is needed, as the past is informative, shows trends, events, motives, and probable causes of behaviors, fears, and experiences. I

identified current policies, procedures, and strategies that officers perceived as effective. Using a quantitative approach and descriptive design led to direct and concise methods to collect and analyze data that addressed the purpose of this investigative study, namely, to describe current perceptions of law enforcement officers, which may affect policy-making and social change.

Data Collection

I created a survey that included questions related to participants' demographics, administration policies, procedures, and strategies regarding their approach to individuals experiencing mental health crises. The estimated time to complete this survey was approximately 7 minutes. Responses were based on a 5-point Likert scale, from 1 (strongly agree) to 5 (strongly disagree). Participants were recruited via convenience sampling through Facebook®, law enforcement groups, LinkedIn®, as well as direct solicitation through personal law enforcement contacts. I requested and was approved for membership on several social media platforms used by law enforcement officers; explained the study's purpose and provided the link to access the survey. Data collection began immediately after IRB approval and continued for a period of 4 months.

A letter, which included an informed consent statement that invited participants to be part of the study was distributed electronically via social media. The letter consisted of information that explained the purpose of the study, timeline for completion of the survey, explaining confidentiality and anonymity, a different statement that completion and return of the survey implied consent, and an explanation to whom and how to address

participant issues or concerns. Data were collected over a period of 4 months in an online setting.

Insights and Data Trends revealed open-ended questions were not answered and due to lack of responses, these were not included in the analysis. linear regressions were attempted to determine if any of the demographic variables had a greater likelihood of determining how the officer addressed the issue of approaching an individual in crisis. In addition, linear regressions were attempted to determine if any of the demographic variables had a greater likelihood of determining how the officer addressed the various situations presented within the survey.

Analysis

Data collected in this study were used to address the purpose of this study, which was to investigate perceptions of law enforcement officers regarding the effectiveness of policies and procedures regarding interactions with persons in mental health crises as well as, implications for policy makers. Results were described in the context of the research question and a review of the literature.

There is a danger in performing analysis on data without an understanding of the appropriate test(s) and how they should be applied (Bhandari, 2020; Sheard, 2018).

Therefore, data in this study were analyzed using descriptive methods via SPSS.

Appropriate charts, graphs, and tables were presented. Findings were summarized, and conclusions were drawn from the outcomes of the research. The study included recommendations for future research and contributed to the body of knowledge regarding

law enforcement officers' interactions with persons experiencing mental health crises as well as implications for social change.

Research Question

Do law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with persons in mental health crises?

Survey Instrument

A survey was designed to determine law enforcement officers' perceptions regarding the effectiveness of policies, procedures, and strategies for interacting with persons in mental health crises. The survey was designed using a combination of information from a review of the literature, communications with the dissertation committee, Walden faculty, and law enforcement officers who were not participants in the study. I selected the components of the policies, procedures and strategies and constructed the survey.

Participants were asked to rank questions on the effectiveness of policies, procedures and/or strategies such as, adequate training for interacting with a persons in a mental health crisis, knowledge of mental health issues, confidence in the ability to assist a person in a mental health crisis, knowledge of information and referral resources for persons in a mental health crisis, ability to de-escalate situations involving persons experiencing mental health crises, and how effective are current policies on approach to a person in mental health crisis.

The survey was made up of several sections: selected strategies as indicators of effectiveness, strategies not previously listed, and demographics. A- a 5-part Likert-type

measurement scale from 1 (strongly agree) to 5 (strongly disagree). The demographics of the law enforcement officers included recent professional development training addressed interacting with persons experiencing mental health crises, years of law enforcement experience, age, race, sex/gender, and highest education attained.

The instrument was validated by law enforcement officers who were not members of the sample. Each validator read and suggested revisions that were incorporated into the research instrument to reflect relevance to the targeted sample, consistency of thought, and accurate use of language.

The survey was administered using SurveyMonkey, a cloud-based company founded in 1999. It provided back-end programs that included data analysis, free customizable surveys, sample surveys, bias elimination, sample selection, and data representation tools. SurveyMonkey changed its name to Momentive in 2021 (Vanian, J., 2021).

Threats to Validity

The purpose of internal validity is to determine whether or not and to what degree the independent variable affects the dependent variable, as measured (Mark & Reichardt, 2001). A study's external validity refers to what extent a finding may be generalized to individuals, settings, or times not included in the research (Mark & Reichardt, 2001). Causal forces that may cause frequent obscure inferences are threats to internal validity. Threats to the internal validity of nonspecific categories of causal forces may frequently obscure causal inferences (Mark & Reichardt, 2001). Threats to internal validity may be

avoided, and minimized by using randomized experiments, or strong quasi-experiments combined with a thorough methodology (Mark & Reichardt, 2001).

Summary

Chapter 3 includes the methodology, research design, population and sample, rationale, data collection and analysis, and threats to validity. Chapter 4 includes a discussion of findings to answer the research question. Chapter 5 has a summary of findings, a conclusion, recommendations to policymakers, and suggestions for future research and implications for social change.

Chapter 4: Results

Chapter 4 includes an analysis of data that involved the purpose of this study. Survey questions were separated by categories for ease in analysis. The first section addressed demographic variables, the second section asked questions related policies and procedures to crisis intervention, which included questions related to the officers' perceptions of the demographics of the person experiencing a mental health crisis. I addressed law enforcement officers' perceptions of law enforcement agency policies, procedures, and strategies when interacting with persons experiencing mental health crises.

Research Question

Do law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with a person in a mental health crisis?

Research Design

I employed a quantitative approach using a descriptive statistical design. The *descriptive design* is a quantitative research approach that involves answering where, what, when, and how questions (McCombes, 2019). The final sample size for this survey was 100.

The analysis was used to provide insights regarding perceptions of law enforcement officers in terms of CIT, policies, procedures, and strategies. Key findings are presented in this chapter. Chapter 4 also includes data with tables in narrative form. Results are described in the context of the research question, the review of literature, and

tables. The chapter includes data organization, demographic characteristics, research findings, and a summary.

Data Organization

Data Collection

The data for this study was collected through a survey of law enforcement officers through Facebook®, law enforcement groups, LinkedIn®, and direct solicitation through personal law enforcement contacts.

The estimated time to complete this survey was seven minutes. The survey was available for four months. The responses were based on a 5-point Likert scale, which required a selection of Strongly Agree, Agree, Neither Agree nor Disagree, and Strongly Disagree. I requested and was approved for membership to several social media platforms used by law enforcement officers; explained the study's purpose; and provided the link to access the survey.

The Insights and Data Trends revealed questions that were not answered and due to lack of responses were not included in the analysis. To analyze the data, I used the Statistical Package for Social Sciences (SPSS), selected descriptive statistics, and chose the participants' years of service in law enforcement to perform cross-tabulations to analyze the data. This method was used to determine if the number of years of service affected the response for each question and to answer the research question.

Participants were asked to provide responses to officers' demographics and professional training, crisis intervention, reactions to certain instances, perceptions of

agency policies, procedures, and strategies for interacting with persons experiencing mental health crises.

Demographic Characteristics

The survey incorporated questions about the officer's background, including hours of professional development training, years of service in law enforcement, age, race, gender, and highest education attained. Participants were asked in the past five years how many hours of professional development training they have completed that addressed interacting with persons experiencing mental health crises. Due to a lack of response, questions that were not answered were not included in the analysis.

As shown in Table 1, training in the past five years, 7% of participants responded that they had no training: 17% had 1-4 hours, 14% completed 5 hours, 10% completed 9-16 hours, 10% had 17-23 hours, and 42% had 24 hours.

Table 1.

*In The Past Five Years, How Many Hours Of Professional Development Training Did You Complete That Addressed Interacting With Persons Experiencing Mental Health Crises? Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	0	1-4 hours	5- hours	9-16 hours	17-23 hours	24+ hours	Total
0-5 Years	2	4	2	3	1	6	18
6-10 Years	0	3	5	1	3	11	23
11-15 Years	0	4	2	1	1	6	14
16-20 Years	2	2	2	2	0	5	13
21-25 Years	2	2	2	1	4	4	15
25+ Years	1	2	1	2	1	10	17
Total	7	17	14	10	10	42	100

The second question on the survey ask the number of years in law enforcement 18% 0-5 years, 23% 6-10 years, 14% 11-15 years, 13% 16-20 years, 15% 21-25 years, and 17% had 25 years or more in law enforcement (Table 2).

Table 2.*Race, Years of Service in Law Enforcement * Race Crosstabulation*

Years of Service in law enforcement	Race						Total
	White or Caucasian	Black or African American	Hispanic or Latino	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Another race	
0-5 Years	9	7	1	0	0	1	18
6-10 Years	16	5	1	0	0	1	23
11-15 Years	10	2	1	0	0	1	14
16-20 Years	6	6	0	1	0	0	13
21-25 Years	10	3	1	1	0	0	15
25+ Years	8	8	0	0	1	0	17
Total	59	31	4	2	1	3	100

The third question on the survey ask the age of the officers which ranged between 18-64. Age ranges: 3% (18-24), 23% (25-34), 24% (35-44), 31% (45-54) and 19% (55-64) (Table 3).

Table 3.*Age Range, Years of Service in Law Enforcement Age Range * Crosstabulation*

Years of Service in law enforcement	Age Range					Total
	18-24	25-34	35-44	45-54	55-64	
0-5 Years	3	10	1	3	1	18
6-10 Years	0	9	10	3	1	23
11-15 Years	0	4	5	4	1	14
16-20 Years	0	0	7	4	2	13
21-25 Years	0	0	1	11	3	15
25+ Years	0	0	0	6	11	17
Total	3	23	24	31	19	100

The fourth question on the survey was related to the participants' race: 59% White or Caucasian, 31% Black or African American, 4% Hispanic or Latino, 2%

American Indian or Alaska Native, 1% Native Hawaiian or Other Pacific Islander, and 3% Another race (Table 4).

Table 4.

*Race, Years of Service in Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Race						Total
	White or Caucasian	Black or African American	Hispanic or Latino	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Another race	
0-5 Years	9	7	1	0	0	1	18
6-10 Years	16	5	1	0	0	1	23
11-15 Years	10	2	1	0	0	1	14
16-20 Years	6	6	0	1	0	0	13
21-25 Years	10	3	1	1	0	0	15
25+ Years	8	8	0	0	1	0	17
Total	59	31	4	2	1	3	100

The fifth question asked for the participants' sex/gender: 74% Male and 25% Female (Table 5).

Table 5.

*Sex/Gender Years Of Service In Law Enforcement, Years Of Service In Law Enforcement * Sex/Gender Cross-Tabulation*

Years of Service in law enforcement	Male	Female	Prefer not to say	Total
	Male	Female	Prefer not to say	
0-5 Years	10	8		18
6-10 Years	19	3	1	23
11-15 Years	12	2		14
16-20 Years	12	1		13
21-25 Years	11	4		15
25+ Years	10	7		17
Total	74	25	1	100

Finally, the sixth question asked about the highest education attained: eight percent doctorate, 21% master's, 30% bachelors, 13% associate, 18% some college, and 10% high school education (Table 6).

Table 6.

*Highest Education Attainment, Years Of Service In Law Enforcement **

Crosstabulation

Years of Service in law enforcement	Highest Education Attainment						Total
	High School	Some College	Associates Degree	Bachelor's Degree	Master's Degree	Doctorate Degree	
0-5 Years	3	2	2	4	7	0	18
6-10 Years	3	4	4	8	3	1	23
11-15 Years	2	3	2	6	0	1	14
16-20 Years	1	1	3	3	4	1	13
21-25 Years	1	4	2	3	2	3	15
25+ Years	0	4	0	6	5	2	17
Total	10	18	13	30	21	8	100

Research Findings

Crisis Intervention Training

To determine the degree to which law enforcement officers perceive a policy to be effective, questions seven through ten addressed the participants' perceptions of Crisis Intervention Training (CIT). The seventh question on the survey asked if CIT provides law enforcement officers with the knowledge needed on de-escalation techniques when approaching persons experiencing mental health crises. Law enforcement officers would benefit from understanding mental health crises, according to Krameddine, Demarco, Hassel, and Silverstone (2013). In addition to improving communication skills and empathy, training for law enforcement officers will provide knowledge on how to de-

escalate situations involving individuals experiencing a mental health crisis. 90% strongly agreed or agreed with the premises that CIT provides law enforcement officers knowledge needed on de-escalation techniques when approaching a person experiencing a mental health crisis (Table 7).

Table 7.

*Crisis Intervention Training Provides Law Enforcement Officers With The Knowledge Needed On De-Escalation Techniques When Approaching Persons Experiencing A Mental Health Crisis. Years Of Service * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Total
0-5 Years	10	7	1	0	18
6-10 Years	13	4	2	4	23
11-15 Years	9	4	1	0	14
16-20 Years	6	6	1	0	13
21-25 Years	6	8	0	1	15
25+ Years	12	5	0	0	17
Total	56	34	5	5	100

Correspondingly, participants strongly agreed or agreed that CIT is becoming increasingly necessary, as posited by Krameddine, et al., (2013), Brink, et al., (2011), Psarra et al., 2008 Jurkanin, et al., (2007). Between 2015 and 2020 nearly 1 in 4 people killed by police had a mental health condition (NAMI, 2021). This is not to say they were in crisis but does speak to the need for more specialized training Such training should emphasize topics that improve the officer's behavior, verbal communications, and actions when approaching persons experiencing mental health crises. This offers a greater potential for improving services and avoiding loss of life of the individual and the responding officer. Research studies, media outlets, and social media have reported that

law enforcement officers interact negatively with persons experiencing mental health crises. These negative interactions have been documented in both research studies and media outlets. In general, law enforcement officers are not adequately trained to identify and approach people with mental illness (Husted et al., 1995, Kimhi et al., 1998, Borum, 2000). Table 8, 93% strongly agreed or agreed crisis intervention training should be mandatory for law enforcement officers.

Table 8.

Crisis Intervention Training Should Be Mandatory For Law Enforcement Officers.

*Years Of Service In Law Enforcement *Crosstabulation*

Years of Service in law enforcement					Total
	Strongly agree	Agree	Neither agree nor disagree	Disagree	
0-5 Years	10	6	2	0	18
6-10 Years	12	9	0	2	23
11-15 Years	10	3	1	0	14
16-20 Years	9	3	1	0	13
21-25 Years	8	6	0	1	15
25+ Years	13	4	0	0	17
Total	62	31	4	3	100

Also, 91% (Table 9) strongly agreed or agreed that law enforcement officers should be required to have one CIT.

Table 9.

Law Enforcement Officers Should Be Required To Have One Crisis Intervention

*Training. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Total
0-5 Years	10	4	4	0	18
6-10 Years	12	8	1	2	23
11-15 Years	9	5	0	0	14
16-20 Years	10	2	0	1	13
21-25 Years	9	6	0	0	15
25+ Years	12	4	1	0	17
Total	62	29	6	3	100

While 77% (Table 10) strongly agreed or agreed law enforcement officers should be required to have crisis intervention training annually.

Table 10.

Law Enforcement Officers Should Be Required To Have Crisis Intervention Training

*Annually. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	10	4	3	0	1	18
6-10 Years	11	7	2	3	0	23
11-15 Years	7	2	3	2	0	14
16-20 Years	7	2	0	4	0	13
21-25 Years	6	6	2	1	0	15
25+ Years	9	6	2	0	0	17
Total	50	27	12	10	1	100

According to Bittner (1967), Kimhi et al (1999), Bolton (2000) and Watson, et al., (2004) young, white police officers with less training about mental illness viewed people

with mental illness as more dangerous than older, nonwhite officers with better training. However, this study asked respondents to indicate if the demographics, race, origin sex/gender or language of an individual who is experiencing a mental health crisis would very likely or likely influence their responses.

Policies and Procedures

According to Ruiz and Miller, 2004, It is the responsibility of law enforcement agencies to respond to calls for service involving people who suffer from mental illness. However, they are not equipped to handle this responsibility due to a lack of education and training. Moreover, departments lack written policies and procedures for handling individuals with mental illness. Inadequate education, training, policies, and procedures often lead to officers responding improperly.

Questions eleven through fifteen addressed the officer's perception of the policies and procedures regarding approach in certain instances, only 27% (Table 11) strongly agreed or agreed that law enforcement officers should approach a homeless person who may be experiencing a mental health crisis differently than a person who is not homeless that may be experiencing a mental health crisis. Correspondingly, 73% strongly disagreed, disagreed, or neither agreed nor disagreed. This result speaks to the need for crisis intervention teams who are specially trained and have the resources available to address those in crisis.

Table 11.

*Law Enforcement Officers Should Approach A Homeless Person Who May Be Experiencing A Mental Health Crisis Differently Than A Person Who Is Not Homeless That May Be Experiencing A Mental Health Crisis. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	3	3	2	7	3	18
6-10 Years	3	3	2	9	6	23
11-15 Years	1	3	5	1	4	14
16-20 Years	1	0	5	3	4	13
21-25 Years	2	3	4	5	1	15
25+ Years	1	4	4	4	4	17
Total	11	16	22	29	22	100

Tucker, et al, (2008) reviewed documented cases, and concluded officers often display frustration and impatience when called to help individuals in mental health crises, which can result in tragic outcomes. On the other hand, Watson, et al., (2004), assert that law enforcement officers can sometimes show empathy and respect to people with mental illnesses and provide them with information about appropriate services when interacting with them. However, Watson, et al., (2004) stated officers may sometimes approach the situation in the opposite manner which could result in excessive force, disciplinary action, insults, unnecessary force, and disrespectful remarks.

Interactions between law enforcement officers and people in crisis have sometimes resulted in deaths. The odds of a person with untreated mental illness being killed by law enforcement when they are encountered by police in a mental health crisis

are 16 times higher for those with untreated mental illness. In turn, the police-community relationship may suffer, therefore, to continue to build trust in the community officers who witness unnecessary force should report other officers, that use unnecessary force. (Tornabene, 2020),

The finding in Table 12 shows 92% strongly agreed or agreed such officers should be reported for using unnecessary force when approaching or arresting a person experiencing a mental health crisis.

Table 12.

*Law Enforcement Officers Who Witness Another Officer Using Unnecessary Force When Approaching Or Arresting A Person Experiencing A Mental Health Crisis Should Be Reported. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Total
0-5 Years	9	9	0	0	18
6-10 Years	13	9	1	0	23
11-15 Years	8	5	1	0	14
16-20 Years	5	6	1	1	13
21-25 Years	9	4	2	0	15
25+ Years	13	2	2	0	17
Total	57	35	7	1	100

When an individual is experiencing a mental health crisis, law enforcement officers are usually their first point of contact with the criminal justice system (Tucke et al., 2008). It is common for police officers to approach the call as if the individual is a dangerous felon instead of seeing it as a medical emergency. Consequently, injury or death may occur to the individual, police officers, or both (Ruiz and Miller, 2004). As

outlined in the President's Task Force on 21st Century Policing (2015), police officers have taken an oath to protect, serve, and respect the constitutional rights of individuals. This oath requires them to have a customer service mindset. The people they protect are the customers they serve. Gaining public trust requires transparency and accountability. It is recommended that law enforcement agencies collaborate, develop policies, and strategies that address the root causes of crime.

Alternatively, this study asked if no crime is involved, law enforcement officers should not have to handle calls that involve persons experiencing mental health crises (Table 13), while 37% strongly agreed or agreed, (41%) strongly disagreed or disagreed. Law enforcement officers have long believed they should not be involved in “social service” calls. That their skills are better suited for a situation involving law breakers. This cultural norm is unlikely to change.

Table 13.

*When No Crime Is Involved, Law Enforcement Officers Should Not Have To Handle Calls That Involve Persons Experiencing Mental Health Crises. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	4	5	3	4	2	18
6-10 Years	5	7	5	4	2	23
11-15 Years	3	2	2	6	1	14
16-20 Years	0	3	1	7	2	13
21-25 Years	3	3	4	4	1	15
25+ Years	2	0	7	5	3	17
Total	17	20	22	30	11	100

Additionally, 34% strongly agreed or agreed that handcuffs should be used to restrain persons experiencing a mental health crisis, however 56% neither agreed nor disagreed with this statement (Table 14).

Table 14.

Handcuffs Should Be Used To Restrain Persons Experiencing A Mental Health Crisis.

*Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	2	4	8	4	0	18
6-10 Years	3	5	14	1	0	23
11-15 Years	1	5	8	0	0	14
16-20 Years	1	3	8	1	0	13
21-25 Years	1	4	8	1	1	15
25+ Years	1	4	10	2	0	17
Total	9	25	56	9	1	100

Jurkanin, et al., (2007) emphasized the importance of better training and the use of CIT that includes mental health professionals. In this study (Table 15) 98% strongly agreed or agreed, that law enforcement officers should be knowledgeable of community resources for persons experiencing mental health crises. Most encounters between law enforcement officers and persons with mental health illnesses do not require an arrest or hospitalization. However, a lack of knowledge to appropriately respond to this group seems to be an ongoing problem among law enforcement officers (Lamb et al., 2014, Wood et al., (2017)).

Table 15.

*Law Enforcement Officers Should Be Knowledgeable Of Community Resources For Persons Experiencing Mental Health Crises. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Total
0-5 Years	10	7	1	18
6-10 Years	14	9	0	23
11-15 Years	9	4	1	14
16-20 Years	9	4	0	13
21-25 Years	11	4	0	15
25+ Years	17	0	0	17
Total	70	28	2	100

Crisis intervention and negotiation teams (CIT/CNTs), according to Augustin and Fagan, (2011), facilitate the de-escalation of situations that would otherwise result in a loss of life. In addition to contributing to the body of knowledge, mental health specialists assist in developing strategies for people experiencing a mental health crisis (Birge, 2002; Fagan, 2003; Feldmann, 2004; McMains & Mullins, 2010). As shown in Table 16, 93% strongly agreed or agreed that having mental health specialists on call to address persons experiencing mental health crises is a critical resource to law enforcement officers.

Table 16.

*Having Mental Health Specialists On Call To Address Persons Experiencing Mental Health Crises Is A Critical Resource To Law Enforcement Officers. Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Total
0-5 Years	12	5	0	1	18
6-10 Years	11	9	3	0	23
11-15 Years	9	3	2	0	14
16-20 Years	5	8	0	0	13
21-25 Years	9	5	1	0	15
25+ Years	14	3	0	0	17
Total	60	33	6	1	100

The 21st Century task force recommendations also included policy and oversight, officer training and education (21st Century Policing (2015), 64% strongly agreed or agreed their precinct has up-to-date policies regarding interactions with persons experiencing mental health crises (Table 17).

Table 17.

The Precinct Has Up-To-Date Policies Regarding Interactions With Persons

*Experiencing Mental Health Crises. Years Of Service In Law Enforcement **

Crosstabulation

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	4	7	2	5	0	18
6-10 Years	9	9	2	3	0	23
11-15 Years	3	6	2	3	0	14
16-20 Years	2	3	6	2	0	13
21-25 Years	6	4	3	2	0	15
25+ Years	8	3	4	1	1	17
Total	32	32	19	16	1	100

Additionally, (Table 18) 61% strongly agreed or agree the administration has developed clear and precise procedures regarding interactions with persons experiencing mental health crises. Additional research should be done to identify perceived deficiencies in policies, procedures and strategies pertaining to officers' interaction with persons experiencing mental health crises.

Table 18.

The Administration Has Developed Clear And Precise Procedures Regarding Interactions With Persons Experiencing Mental Health Crises.

*Years Of Service In Law Enforcement * Crosstabulation*

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Total
0-5 Years	4	5	4	5	18
6-10 Years	8	9	2	4	23
11-15 Years	3	4	4	3	14
16-20 Years	3	3	4	3	13
21-25 Years	5	5	3	2	15
25+ Years	7	5	4	1	17
Total	30	31	21	18	100

Correspondingly, 60% (Table 19), strongly agreed or agreed that the precinct has developed strategies that are clear and precise and can be clearly understood on approaching persons experiencing mental health crises. Further analysis is needed to determine how this affects an officer's actions when arriving on scene where the person/persons involved are in crisis.

Table 19.

The Precinct Has Developed Strategies That Are Clear And Precise And Can Be Clearly Understood On Approaching Persons Experiencing A Mental Health Crisis.

Years Of Service In Law Enforcement * Crosstabulation

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Total
0-5 Years	3	5	5	5	18
6-10 Years	7	10	3	3	23
11-15 Years	4	5	3	2	14
16-20 Years	2	3	5	3	13
21-25 Years	5	5	2	3	15
25+ Years	3	8	5	1	17
Total	24	36	23	17	100

As is seen in Table 20, of those surveyed, 60% strongly agreed or agreed that the precinct has clear guidelines that adequately explain the de-escalating techniques and officer's responsibilities when approaching an individual in crisis. This should be further examined to determine why the additional 40% did not find these policies adequate and to identify possible deficiencies.

Table 20.

The Precinct Has Clear Guidelines That Adequately Explain The De-Escalating Techniques And Officers' Responsibilities When Approaching An Individual In Crisis.

Years Of Service In Law Enforcement * Crosstabulation

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	2	6	5	5	0	18
6-10 Years	7	10	1	5	0	23
11-15 Years	3	4	5	2	0	14
16-20 Years	1	5	4	3	0	13
21-25 Years	3	7	2	2	1	15
25+ Years	7	5	3	2	0	17
Total	23	37	20	19	1	100

In research on stress, officers' lack of input into policies has been long identified as problematic (McCullough, R. (2021 2021). Table 21 shows 51% of the participants strongly agreed or agreed that law enforcement officers have the opportunity to provide input regarding policy changes. Developing and implementing effective policies, procedures, and strategies may be made easier when law enforcement agencies examine the perceptions of officers who interact directly with persons experiencing mental health crises. In addition to influencing human interactions and relationships, this can have a positive and long-lasting effect on law enforcement agencies as time passes (Borum, 2000; Dunfey, 2021).

Table 21.

Law Enforcement Officers Have The Opportunity To Provide Input Regarding Policy Changes. Years Of Service In Law Enforcement * Crosstabulation

Years of Service in law enforcement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
0-5 Years	3	7	4	3	1	18
6-10 Years	6	5	3	8	1	23
11-15 Years	2	3	2	6	1	14
16-20 Years	2	4	2	4	1	13
21-25 Years	2	5	5	3	0	15
25+ Years	4	8	1	3	1	17
Total	19	32	17	27	5	100

Summary

In Chapter 4, I analyzed the data and discussed findings as related to the responses from participants to the research questions. In determining officer's perceptions on policy, tables to support the findings were presented.. The studies that examined the attitudes and beliefs of police officers regarding persons with mental illnesses found that police officers often viewed those with mental illnesses as more dangerous than the general public. Additionally, young, white police officers with less training about mental illness viewed people with mental illness as more dangerous than older, nonwhite officers with better training (Bittner, E. 1967, Kimhi R, Barak Y, Gutman J, et al 1999, Bolton MJ. 2000 and Watson, et al., 2004). This research provides some insight into how officers with less experience perceive the policies regarding interactions with those in crisis.

Lorey and Fegert (2021), conducted a study to explore German police officers' needs and challenges when interacting with persons with mental health illnesses. The study found that the first contact with the criminal justice system for persons experiencing mental health crises is with law enforcement officers. Additionally, the study concluded that it is essential for police officers to receive suitable training to ensure best practices when interacting with an individual experiencing a mental health crisis, and to broaden their awareness of the conditions the individual faces. Also, the officers' perspectives should be considered when designing training courses (Lorey and Fegert, 2021). In a survey conducted by Wells and Schafer (2006), law enforcement officers reported encountering individuals with mental illness. Almost half of the participants reported three or more meetings a month, each lasting no less than two hours. This was not the case with the majority of the participants in this research.

Engel and Silver (2001) found that 3.7% to 7.9% of all police encounters involve people who are believed to have some sort of mental illness. Community and family members tend to contact law enforcement officers for persons who are exhibiting inappropriate or suspicious behaviors. Seven to ten percent of these calls are related to those experiencing a mental health crisis (Ruiz & Miller, 2004; Janik 1992).

According to Ruiz and Miller (2004), although law enforcement officers are obligated to protect and serve, law enforcement officers are not being provided the necessary training, education, policies, and procedures needed to approach and assist persons experiencing mental health crises. Because of this, law enforcement officers may respond in a manner that may result in the loss of life or injury of the officer, the person

experiencing the mental health crisis, or both (2004). The percentages in the tables show why there is a need to revise policies, procedures, and de-escalating technique guidelines for officers' interaction with persons who are experiencing mental health crises.

Chapter 5 summarizes the findings, discusses the implications of the research, and presents conclusions from the outcomes. Additionally, I will make recommendations for future research on law enforcement officers' perceptions of policies and procedures for interacting with individuals experiencing mental health crises. I will address the need for future research on policies, procedures, and strategies. Lastly, I will address how this research in whole contributes to social change within law enforcement agencies.

Chapter 5: Discussion, Conclusions, and Recommendations

Chapter 5 presents a discussion of the findings along with a conclusion regarding law enforcement officers' perceptions pertaining to the effectiveness of policies and procedures concerning persons who are experiencing mental health crises. The following research question guided the data collection and analysis pertaining to the study: Do law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with a person in a mental health crisis?

Summary of Findings

In 2004, Ruiz and Miller stated that it was the duty of law enforcement agencies to respond to calls for service related to mental illness. The lack of education and training, however, prevents officers from effectively handling this responsibility. Additionally, departments lack written policies and procedures for interacting with individuals with mental illnesses. Often, officers respond improperly due to inadequate education, training, policies, and procedures. An officer's approach determines the safety of the individual and/or the officer, which may result in injury or death (Ruiz & Miller, 2004; McCluskey, 2003).

Research has shown that officers are frustrated and impatient when responding to calls regarding individuals in mental health crises, the results of which may be tragic (Tucker et al., 2008; Lamb et al., 2004). While some individuals are not a threat, there are some who are a serious threat to themselves and the community in which they live (Yohanna, 2013). However, officers are sworn to protect and serve the community and

may not refuse or deny a call because a person is experiencing a mental health crisis, as this may easily escalate to a crime against others when no officer is visible.

Previous research has shown Officers perceive persons with mental illnesses as more violent, unpredictable, dangerous, and less likely to follow procedures than persons without mental illnesses (Livingston et al., 2014; Watson et al., 2004,). Many of the respondents in this study perceived that having mental health specialists on call may be a valuable resource for approaching and assisting individuals experiencing mental health crises. Also, as a result of having a mental health specialist available, officers may be better able to understand and identify individuals who are experiencing mental health crises (McMains & Mullins, 2010; Feldmann, 2004; Fagan, 2003; Birge, 2002).

In addition to having a mental health specialist available the President's Task Force on 21st Century Policing (2015) indicates the need for more and improved law enforcement training has become increasingly more crucial as our nation becomes more diverse and law enforcement officers' responsibilities expand. The challenges facing today's law enforcement officers and leaders include international terrorism, emerging technologies, rising immigration, changing laws, new cultural mores, and a growing mental health crisis. Hiring, training, and education standards should be established by all states, territories, and the District of Columbia (2015).

Ninety percent of the participants in this study appear to be conscious of the need to ensure sound policies, procedures, and strategies that prepare officers to interact with persons with mental illnesses. Therefore, it is recommended that current policies for training, de-escalation techniques, and mental health community resources be reviewed

annually. Also, participants in this study perceived that officers should be required to participate in annual training provided by a licensed mental health practitioner. As such, Crisis Intervention Training (CIT) should be developed as a model and included in cadet training. This study speaks to the need for crisis intervention teams who are specially trained and have the resources available to address those in crisis.

Additionally, a licensed mental health practitioner should be on call, or immediately available, to assist an officer with an individual in crisis. Providing these resources may increase an officer's understanding and awareness of persons experiencing mental health crises. This may also encourage and promote social change throughout the department and diminish the cultural belief that officers should not be involved in "social service" calls.

Correspondingly, the major challenge that remains for law enforcement agencies is the ability to respond to the scrutiny of their actions by politicians, media, and social media. In response to the demand for accountability, law enforcement administrators should recognize the need for ongoing training, policies and procedures that would positively impact law enforcement officers' interactions and promote social change within the community. In that regard, law enforcements agencies should be required to develop policies, procedures, and strategies that will enhance the officers' ability to interact with the community in general, and specifically with persons experiencing mental health crises.

Future Research

Law enforcement officers are guided by principles to protect and serve the community and are often the first responders to emergency calls that may involve individuals experiencing mental health crises (Watson et al., 2008; Ruiz and Miller, 2004). In this study, most participants indicated that their precinct have up-to-date policies regarding interactions with persons experiencing mental health crises. The policies included clear and precise procedures and strategies that may be clearly understood on approaching persons experiencing mental health crises. Also, in most instances, precincts have clear guidelines that adequately explain the de-escalating techniques and officers' responsibilities when approaching an individual in crisis. Most participants also perceived that law enforcement officers have opportunities to provide input regarding policy changes.

However, it was also found that overall, officers lack the education and training necessary to implement the policies and procedures. Lack of training on policies and procedures may cause law enforcement officers to respond in a manner that may lead to injury or death of the individual, the officer, or both (Coleman & Cotton, 2010; Watson et al., 2008; Keram, 2005; Ruiz & Miller, 2004). Strategies to improve such encounters include a CIT training comprised of officers specializing in mental health, and/or mental health professionals. This offers greater potential for service improvement and preventing loss of life (Jurkanin et., al, 2007, Augustin & Fagan, 2011). Therefore, additional research should be conducted to expand the body of knowledge regarding training on the understanding and implementation of policies, procedures, strategies, and de-escalating

techniques pertaining to officers' interaction with persons experiencing mental health crises.

Future studies on the perceptions of people with mental illnesses regarding their interactions with law enforcement officers should be conducted, as their perceptions are just as important (Livingston, et al., 2014). Future studies on the perceptions of Mental Health providers and law enforcement administrators is needed. These studies will add to the body of knowledge on the interactions between law enforcement officers and people experiencing mental health crises.

In 2019, the Wireline Competition Bureau and Office of Economics and Analytics urged Congress to designate 988 as the 3-digit dialing code for the national suicide prevention and mental health crisis hotline. Using a 3-digit number would enhance Americans' ability to access potentially life-saving resources, according to the report mandated by the National Suicide Hotline Improvement Act of 2018. Mental health-related distress or suicidal crisis occurs too often without adequate support or care. Due to mental health concerns, there is an urgent need to transform crisis services throughout our country (Federal Communications Commission (FCC) 2019).

As a result, in 2022, the National Suicide Prevention Lifeline changed its number to the easy-to-remember 988 Suicide and Crisis Lifeline (988 Lifeline), which individuals may use as an alternative to the 10-digit number. It also supports law enforcement officers. Crisis centers that operate in the Lifeline network are independently owned and provide access to trained counselors who may assist persons experiencing mental health crises, emotional distress, or substance abuse. (FCC 2019, 2022). The US Department of

Health and Human Services reported that in the first full month in operation of 988, the Lifeline reported a 45% increase in calls, text and chats compared to the same time in the previous year (HHS, 2022).

Future research should be conducted on the perceptions of law enforcement officers/administrators, mental health providers, and persons who utilize the service of 988 regarding the effectiveness of the 988 Lifeline. Additionally, measures should be created to allow for additional analysis.

Conclusion

The study answers the research question, “Do law enforcement officers perceive that a selected policy, procedure, or strategy is effective for interacting with a person experiencing a mental health crisis?” The analysis of the data reveals that most officers had received professional training within the past five years. However, additional CIT training should be provided on an annual basis. Many educational programs emphasize what officers should know and think. Models such as Crisis Intervention Training (CIT) highlight officers’ Knowledge of mental health issues, skills, procedural changes, and community resources, (Watson and Angell, 2007), Officers who have participated in CIT training consider it an effective and useful tool that benefits the officer, the community, and the individual experiencing a mental health crisis. CIT provides techniques, skills, and access to additional resources needed to assist individuals with services that may prevent an introduction to the criminal justice system (Bonfine, et al., 2014; Krameddine, et al., 2013; Augustin and Fagan, 2011, Kimhi et al., 1998,).

The results also revealed that participants perceived that front-line law enforcement officers should be given the opportunity to provide input into policymaking and procedure development. These officers may provide additional insight or suggest techniques that work when approaching and de-escalating individuals experiencing mental health crises. Exploring the perceptions of law enforcement officers, who directly interact with persons experiencing mental health crises, may assist law enforcement agencies with developing and implementing effective policies, procedures, and strategies; and contribute to social change in human interactions or relationships, and have positive and long-lasting effects on law enforcement agencies over time.

A review of the literature reveals that there is a lack of studies that included input from the providers that serve individuals in crisis (Lamb et al., 2014). Additionally, policies should be reviewed and updated with officers' input. Almost all participants perceived that law enforcement officers should be provided additional information on community resources regarding persons experiencing mental health crises. More research is needed to address the needs of all involved.

References

- Agee, E. R., Zelle, H., Kelley, S., & Moore, S. J. (2019). Marshaling administrative data to study the prevalence of mental illness in assault on law enforcement cases. *Behavioral sciences & the law*, 37(6), 636–649. <https://doi.org/10.1002/bsl.2437>
- Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of Population Studies. *Acta Psychiatrica Scandinavica*, (3), 163–179. <https://doi.org/10.1111/j.1600-0447.2005.00699.x>
- Auerbach, M. (2015). *Mental Illness Awareness and Research*. Salem Press Encyclopedia. Retrieved October 5, 2019. [Walden Library](#)
- Augustin, D., & Fagan, T. J. (2011). Roles for mental health professionals in critical law enforcement incidents: An overview. *Psychological Services*, 8(3), 166–177. <https://doi.org/10.1037/a0024104>
- Bachrach, L. L. (1986). Deinstitutionalization: What do the numbers mean? *Psychiatric Services*, 37(2), 118–121. <https://doi.org/10.1176/ps.37.2.118>
- Baghragh, L. L. (1996). Deinstitutionalization: Promises, problems and prospects. *Mental Health Service Evaluation*, 3–18. <https://doi.org/10.1017/cbo9780511752650.003>
- Baker, David. Hyde, Mal. (2011) Police have customers too. *Police Practice and Research*, 12, 148-162 <https://www.tandfonline.com/doi/abs/10.1080/15614263.2010.512131>
- Banton, M. (1964). *The policeman in the community*. New York: Basic Books.
- Bhandari, P. (2021, February 15). *What Is Quantitative Research?: Definition, Uses and Methods*. Scribbr. <https://www.scribbr.com/methodology/quantitative-research/>

- Birge, R. (2002). Conducting successful hostage negotiations: Balance is the key. *Law & Order, 50*, 102–106.
- Bittner, E. (1980). *The functions of the police in modern society*. Chevy Chase: National Institute of Mental Health, Center for Studies of Crime and Delinquency.
- Bittner, E. (1967). The police on skid-row: A study of peace keeping. *American Sociological Review, 32*, 699–715.
- Bittner, E. (1967). Police discretion in emergency apprehension of mentally ill persons. *Social Problems, 14*(3), 278–292. <https://doi.org/10.1525/sp.1967.14.3.03a00040>
- Bittner, E. (1974). Florence Nightingale in pursuit of Willie Sutton: A theory of the police. In H. Jacob (Ed.), *The potential for reform of criminal justice* (Vol. 3). Beverly Hills: Sage.
- Bloom, J. D., Rogers, J. L., Manson, S. M., & Williams, M. H. (1986). Lifetime police contacts of Discharged Psychiatric Security Review Board clients. *International Journal of Law and Psychiatry, 8*(2), 189–202. [https://doi.org/10.1016/0160-2527\(86\)90034-8](https://doi.org/10.1016/0160-2527(86)90034-8)
- Bolton, M. J. (n.d.). *The influence of individual characteristics of police officers and police organizations on perceptions of persons with mental illnesses* (dissertation).
- Bonfine, N., Ritter, C., & Munetz, M. R. (2014). Police officer perceptions of the impact of Crisis Intervention Team (CIT) programs. *International journal of law and psychiatry, 37*(4), 341–350. <https://doi.org/10.1016/j.ijlp.2014.02.004>
- Borum, R., Deane, M., Steadman, H. J., & Morrissey, J. (1998). Police perspectives on

responding to mentally ill people in crisis: perceptions of program effectiveness.

Behavioral Sciences & the Law, 16(4), 393–405.

[https://doi.org/10.1002/\(sici\)1099-0798\(199823\)16:4<393::aid-bsl317>3.0.co;2-4](https://doi.org/10.1002/(sici)1099-0798(199823)16:4<393::aid-bsl317>3.0.co;2-4)

Borum R. (2000). Improving high-risk encounters between people with mental illness and the police. *Journal of the American Academy of Psychiatry and the Law* 28:332–337.

Bouchard, K. (2012). Across nation, unsettling acceptance when mentally ill in crisis are killed Portland Press Herald (2012). <http://www.pressherald.com/2012/12/09/shoot-across-nation-a-grim-acceptance-when-mentally-ill-shot-down/>.

(Published December 9, 2012).

Bonfine, N., Ritter, C., & Munetz, M. R. (2014). Police officer perceptions of the impact of Crisis Intervention Team (CIT) programs. *International journal of law and psychiatry*, 37(4), 341–350. <https://doi.org/10.1016/j.ijlp.2014.02.004>

Brink, J., Livingston, J., Desmarais, S., Greaves, C., Maxwell, V., Michalak, E., Parent, R., Verdun-Jones, S., & Weaver, C. (2011). A study of how people with mental illness perceive and interact with the police. Calgary, Alberta: Mental Health Commission of Canada. Retrieved from <http://www.mentalhealthcommission.ca>

Caplan, G. (1965). *Principles of Preventive Psychiatry*. London: Tavistock.

Cheline, A. (2020, January 29). *Risks and Benefits of Research*. Office of Research. <https://research.ucdavis.edu/policiescompliance/irb-admin/researchers/project-guidance/risks-and-benefits/>.

Chrabot, T. M., & Miller, W. D. (2004). Kidnapping investigations: Enhancing the flow

of information. *FBI Law Enforcement Bulletin*, 73, 12–16.

- Coleman T. G., Cotton D. (2010). Police Interactions with Persons with a Mental Illness: Police Learning in the Environment of Contemporary Policing. Ottawa: Mental Health Commission of Canada [Google Scholar]
- Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orion, B. M., Oliva, J. R., Thompson, N. J., & Watson, A. C. (2014). The police-based Crisis Intervention Team (CIT) Model: I. Effects on officers' knowledge, attitudes, and Skills. *Psychiatric Services*, 65(4), 517–522. <https://doi.org/10.1176/appi.ps.201300107>.
- Cordner, G. W. (2000). *Community policing approach to persons with mental illness*. Community Policing Approach to Persons with Mental Illness | Office of Justice Programs. Retrieved September 18, 2022, from <https://www.ojp.gov/ncjrs/virtual-library/abstracts/community-policing-approach-persons-mental-illness>
- Crank, J.P. (2003), "Institutional theory of police: a review of the state of the art", *Policing: An International Journal*, 26 (2), 186-207. <https://doi.org/10.1108/13639510310475723>
- Crank, J. and Langworthy, R. (1992), "An institutional perspective of policing", *Journal of Criminal Law and Criminology*, 83, 338-63.
- Creswell, J. (2014). *Research Design: Qualitative, Quantitative, and Mixed Method Approaches* (4th ed.). Thousand Oaks, C. A., Sage Publication
- Crisanti, A. S., Earheart, J. A., Rosenbaum, N. A., Tinney, M., & Duhigg, D. J. (2019). Beyond crisis intervention team (CIT) classroom training: Videoconference

- continuing education for law enforcement. *International Journal of Law and Psychiatry*, 62, 104–110. <https://doi.org/10.1016/j.ijlp.2018.12.003>.
- DiColo, J. A. (2009, July 30). *IBM to acquire SPSS, adding to acquisitions*. The Wall Street Journal. Retrieved November 2, 2021, from <https://www.wsj.com/articles/SB124878176796786611>.
- DeFranzo, W. by S. E. (2020, September 7). *Difference between qualitative and quantitative research*. Snap Surveys Blog. Retrieved October 16, 2021, from <https://www.snapsurveys.com/blog/qualitative-vs-quantitative-research/>
- de Tribolet-Hardy, F., Kesic, D., & Thomas, S. D. (2014). Police management of mental health crisis situations in the community: Status quo, current gaps and future directions. *Policing and Society*, 25(3), 294–307. <https://doi.org/10.1080/10439463.2013.865737>
- Donner, C. M., Fridell, L. A., & Jennings, W. G. (2016). The Relationship Between Self-Control and Police Misconduct. *Criminal Justice and Behavior*, 43(7), 841–862. <https://doi.org/10.1177/0093854815626751>
- Dunfey, T. S. (n.d.). *What is social change and why should we care?* Southern New Hampshire University. Retrieved October 30, 2021, from <https://www.snhu.edu/about-us/newsroom/social-sciences/what-is-social-change>
- Dupont, R., & Cochran, S. (2000). *Police response to Mental Health Emergencies: Barriers to change*. Police Response to Mental Health Emergencies: Barriers to Change | Office of Justice Programs. Retrieved October 3, 2021, from

<https://www.ojp.gov/ncjrs/virtual-library/abstracts/police-response-mental-health-emergencies-barriers-change>.

Dupont, Randolph, Sam Cochran, and Sarah Pillsbury. (2007). Crisis Intervention Team Core Elements. (2007). Print. University of Memphis.

http://www.cit.memphis.edu/information_files/CoreElements.pdf

Durrheim, K., Painter, D., & J., T. B. M. (2006). *Research in practice: applied methods for the social sciences*. UCT Press.

Dziejma, S., & De Sousa, D. (2017). National consensus policy on use of force: How 11 leading law enforcement leadership and labor organizations arrived at one policy. *Police Chief*, 22–26.

Engel, R. S., & Serpas, R. (2017). Evidence-based use-of-force policy: How research could improve development and training. *Police Chief*, 28–36.

Engel, R. S., McManus, H. D., & Herold, T. D. (2020). Does de-escalation training work? *Criminology & Public Policy*, 19(3), 721–759.

<https://doi.org/10.1111/1745-9133.12467>

Fagan, T. J. (2003). *Negotiating correctional incidents: A practical guide*. Lanham, MD: American Correctional Association.

FBI. (2018, November 20). *FBI announces the official launch of the national use-of-force data collection*. FBI. Retrieved December 1, 2022, from

<https://www.fbi.gov/news/press-releases/press-releases/fbi-announces-the-official-launch-of-the-national-use-of-force-data-collection>

- Federal Communications Commission. (2019, August 15). *Federal Communications Commission staff recommends 3-digit number for suicide prevention hotline*. Retrieved September 17, 2022, from <https://www.fcc.gov/document/fcc-staff-recommends-3-digit-number-suicide-prevention-hotline>
- Feldmann, T. B. (2004). The role of mental health consultants on hostage negotiation teams. *Psychiatric Times*, 21, 26–33.
- Fellner, J., & Abramsky, S. (n.d.). *Ill-Equipped U.S. Prisons and Offenders with Mental Illness.* *Catholic University Law Review*, 54 (4). Human Rights Watch.
- Final report of the President's Task Force on 21st Century Policing (2015). Final report of the President's Task Force on 21st Century Policing. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services. https://cops.usdoj.gov/pdf/taskforce/TaskForce_FinalReport.pdf
- Fisher, W. H., Wolff, N., & Roy-Bujnowski, K. (2002). Community mental health services and criminal justice involvement among persons with mental illness. *Research in Community and Mental Health*, 25–51. [https://doi.org/10.1016/s0192-0812\(03\)80016-8](https://doi.org/10.1016/s0192-0812(03)80016-8)
- Forbes, R. (2007). *Key aspects of the crisis intervention model and explore its application to practice*. Crisis intervention. Retrieved September 30, 2021, from <https://content.iriss.org.uk/crisisintervention/index.html>.
- Franz, S., & Borum, R. (2011). Crisis Intervention Teams may prevent arrests of people with mental illnesses. *Police Practice and Research*, 12(3), 265–272. <https://doi.org/10.1080/15614263.2010.497664>

- Gelberg, L., Linn, L. S., & Leake, B. D. (1988). Mental health, alcohol and drug use, and criminal history among homeless adults. *American Journal of Psychiatry*, 145(2), 191–196. <https://doi.org/10.1176/ajp.145.2.191>
- Geller J.L. (2000). Excluding institutions for mental diseases from federal reimbursement for services: strategy or tragedy? *Psychiatric Services* 51:1397-1403.
Google Scholar.
- Hatcher, C., Mohandie, K., Turner, J., & Gelles, M. G. (1998). The role of the psychologist in crisis/hostage negotiations. *Behavioral Sciences and the Law*, 16, 455–472.
- Health and Human Service, September 9, 2022, *HHS Secretary: 988 transition moves us closer to better serving the crisis care needs of people across America*. [“Press release”], Retrieved September 17, 2022, from <https://www.hhs.gov/about/news/2022/09/09/hhs-secretary-988-transition-moves-us-closer-to-better-serving-the-crisis-care-needs-of-people-across-america.html>
- Holcomb, W. R., & Ahr, P. R. (1988). Arrest rates among young adult psychiatric patients treated in inpatient and outpatient settings. *Psychiatric Services*, 39(1), 52–57. <https://ps.psychiatryonline.org/doi/abs/10.1176/ps.39.1.52>
- Husted JR, Charter RA, Perrou B. (1995). California law enforcement agencies and the mentally ill offender. *Bulletin of the American Academy of Psychiatry and the Law* 23:315–329.
- Jackson-Cherry, L.R., & Erford, B.T. (2010). *Crisis intervention and prevention*. NJ: Pearson Education.

- James, Doris J. and Glaze, Lauren E. (2006). Mental Health Problems of Prison and Jail Summary Inmates. Bureau of Justice statistics Special Report, U.S. Department of Justice. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>
- Junginger, J., Claypoole, K., Laygo, R., & Crisanti, A. (2006). Effects of serious mental illness and substance abuse on criminal offenses. *Psychiatric Services*, 57(6), 879–882. <https://doi.org/10.1176/ps.2006.57.6.879>.
- Jurkanin, T. J., Hoover, L. T., Sergevnin, V., & Cordner, G. W. (2007). A Community Policing approach. In *Improving police response to persons with mental illness: A progressive approach* (pp. 161–173). essay, Charles C Thomas.
- Keene, J., Janacek, J., & Howell, D. (2003). Mental health patients in criminal justice populations: Needs, treatment, and criminal behaviour. *Criminal Behaviour and Mental Health*, 13(3), 168–178. <https://doi.org/10.1002/cbm.540>.
- Keram E. A. (2005). Commentary: A multidisciplinary approach to developing mental health training for law enforcement. *The journal of the American Academy of Psychiatry and the Law*, 33(1), 47–49.
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-Month DSM-IV disorders in the National Comorbidity Survey replication. *Archives of General Psychiatry*, 62(6), 617. <https://doi.org/10.1001/archpsyc.62.6.617>
- Kimhi R, Barak Y, Gutman J, et al. (1998). Police attitude toward mental illness and psychiatric patients in Israel. *Journal of the American Academy and the Law* 26:625–630.

- Kimhi, R., Barak, Y., Gutman, J., Melamed, Y., Zohar, M., & Barak, I. (1999). Police attitudes toward mental illness and psychiatric patients in Israel. *Journal of Clinical Forensic Medicine*, 6(4), 262. [https://doi.org/10.1016/s1353-1131\(99\)90022-6](https://doi.org/10.1016/s1353-1131(99)90022-6)
- Krameddine, Y., DeMarco, D., Hassel, R., & Silverstone, P. H. (2013, February 11). A Novel Training Program for Police Officers that Improves Interactions with Mentally Ill Individuals and is Cost-Effective. *Frontiers*.
<https://www.frontiersin.org/articles/10.3389/fpsy.2013.00009/full>
- Krieger, N., Chen, J. T., Waterman, P. D., Kiang, M. V., & Feldman, J. (2015). Police killings and police deaths are public health data and can be counted. *PLOS Medicine*, 12(12). <https://doi.org/10.1371/journal.pmed.1001915>.
- Lamb, Richard H. Weinberger, Linda E. and Bruce H. Gross. (2004) "Mentally Ill Persons in The Criminal Justice System: Some Perspectives." American Bar Association. *Psychiatric Quarterly*. Jan 01, 2004.
https://scholar.google.com/scholar?hl=en&as_sdt=0%2C11&q=mental+health+and+criminal+justice+system&btnG=.
- Lamb, H. R., Weinberger, L. E., & DeCuir, W. J. (2014, October 8). *The Police and Mental Health*. Psychiatric Services.
<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.53.10.1266>.
- Lexico Dictionaries. (n.d.). *Criminal justice system English definition and meaning*. Lexico Dictionaries | English. Retrieved October 27, 2021, from https://www.lexico.com/en/definition/criminal_justice_system.

- Livingston, J. D., Desmarais, S. L., Verdun-Jones, S., Parent, R., Michalak, E., & Brink, J. (2014). Perceptions and experiences of people with mental illness regarding their interactions with police. *International Journal of Law and Psychiatry*, 37(4), 334–340. <https://doi.org/10.1016/j.ijlp.2014.02.003>.
- Livingston, J. D. (2016). Contact between police and people with mental disorders: A review of rates. *Psychiatric Services*, 67(8), 850–857. <https://doi.org/10.1176/appi.ps.201500312>
- Lorey, K., & Fegert, J. M. (2021). Increasing mental health literacy in law enforcement to improve best practices in policing—introduction of an empirically derived, modular, differentiated, and end-user driven training design. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.706587>
- Loucks J. S. (2013). Educating law enforcement officers about mental illness: nurses as teachers. *Journal of psychosocial nursing and mental health services*, 51(7), 39–45. <https://doi.org/10.3928/02793695-20130503-03>
- Lyneham, M. and Chan, A. (2013). Deaths in custody in Australia to 30 June 2011 ACT: Australian Institute of Criminology, Australia (2013). Available at: http://www.aic.gov.au/media_library/publications/mr/mr20/mr20.pdf.
Google Scholar.
- Mark, M. M., & Reichardt, C. S. (2001). Internal validity. *International Encyclopedia of the Social & Behavioral Sciences*, 7749–7752. <https://doi.org/10.1016/b0-08-043076-7/00729-4>

- Mather, K. (2016) Report: More than a third of people shot by LA police last year were mentally ill. Los Angeles Times (2016).<http://www.latimes.com/nation/ct-la-police-shootings-mental-illness-20160301-story.html>. Google Scholar.
- McCombes, S. (2020, September 3). *Descriptive Research Design: Definition, Methods and Examples*. Scribbr. <https://www.scribbr.com/methodology/descriptive-research/>.
- McCullough, R. (2021, July 24). How police leaders can lessen the impact of policy changes on Officers. PA TIMES Online. Retrieved January 30, 2023, from <https://patimes.org/how-police-leaders-can-lessen-the-impact-of-policy-changes-on-officers/>
- McNally, V. J. (2007). Michale J. McMains and Wayman C. Mullins (EDS): Crisis negotiations. *Journal of Police and Criminal Psychology*, 22(1), 59–60.
<https://doi.org/10.1007/s11896-007-9006-3>
- Merriam-Webster. (n.d.). *Community*. Merriam-Webster. Retrieved October 27, 2021, from <https://www.merriam-webster.com/dictionary/community>.
- Minkler, M., & Wallerstein, N. (2011). *Community-based participatory research for health from process to outcomes (2nd Ed.)*. Jossey-Bass.
- Mohajan, H. K. (2017). *Two Criteria for Good Measurements in Research: Validity and Reliability*. <https://www.researchgate.net/publication/322036403>
- Morgan, M. (2021, January 27). *Police Responses to Persons with Mental Illness: The Policy and Procedures Manual of One Australian Police Agency and 'Procedural Justice Policy'*. MDPI. <https://www.mdpi.com/2076-0760/10/2/42/htm?h=1>.

- Myhill, A. Bradford, B. (2012) Can police enhance public confidence by improving quality of service? Results from two surveys in England and Wales, *Policing and Society*, 22:4, 397-425
<https://www.tandfonline.com/doi/abs/10.1080/10439463.2011.641551>.
- National Law Enforcement Officers Memorial Fund. (2018). Facts & figures. Retrieved from <http://nleomf.org/facts-figures>
- NAMI, the National Alliance on Mental Illness. Infographic Mental Illness and the Criminal Justice System. Last updated: Mar. 2021. <https://www.nami.org/mhstats>
- Olfson, M., Gerhard, T., Huang, C., Crystal, S., & Stroup, T. S. (2015). Premature mortality among adults with schizophrenia in the United States. *JAMA Psychiatry*, 72(12), 1172. <https://doi.org/10.1001/jamapsychiatry.2015.1737>
- Peterson, J., Skeem, J. L., Hart, E., Vidal, S., & Keith, F. (2010). Analyzing offense patterns as a function of mental illness to test the criminalization hypothesis. *Psychiatric Services*, 61(12), 1217–1222.
<https://doi.org/10.1176/ps.2010.61.12.1217>.
- Psarra V., Sestrini M., Santa Z., Petsas D., Gerontas A., Garnetas C., et al. (2008). Greek police officers' attitudes towards the mentally ill. *Int. J. Law Psychiatry* 31, 77–
<https://doi.org/10.1016/j.ijlp.2007.11.011>
- Public Health. (2021, September 25). *Crisis intervention: Stages, principles, techniques*. Public Health. Retrieved November 29, 2022, from
<https://www.publichealth.com.ng/crisis-intervention-stages-principles-techniques/>.
- Rahr, S., & Rice, S. K. (2015). *From warriors to guardians: Recommitting American*

- Police culture to democratic ideals* (New Perspectives in Policing Bulletin No. NCJ 248654). Washington: U.S. Department of Justice, National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/248654.pdf>
- Reuland, M, Schwarzfeld M., & Draper, L. (2009). Law Enforcement Responses to People with Mental Illnesses: *A Guide To Research-Informed Policy and Practice* – CSG Justice Center, 1–23. Retrieved September 19, 2021, from <https://csgjusticecenter.org/publications/law-enforcement-responses-to-people-with-mental-illnesses-a-guide-to-research-informed-policy-and-practice/>
- Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of Police Crisis Intervention Training Programs. *The journal of the American Academy of Psychiatry and the Law*, 47(4), 414–421.
<https://doi.org/10.29158/JAAPL.003863-19>
- Rohe, W. M., Adams, R. E., & Arcury, T. A. (1997). *Community oriented policing: What it is, why it works, how to get started*. Center for Urban and Regional Studies, University of North Carolina at Chapel Hill.
- Ruiz, J., & Miller, C. (2004). An Exploratory Study of Pennsylvania Police Officers' Perceptions of Dangerousness and Their Ability to Manage Persons with Mental Illness. *Police Quarterly*, 7(3), 359–371.
<https://doi.org/10.1177/1098611103258957>
- Saleh, A. Z., Appelbaum, P. S., Liu, X., Scott Stroup, T., & Wall, M. (2018). Deaths of people with mental illness during interactions with law enforcement. *International*

Journal of Law and Psychiatry, 58, 110–116.

<https://doi.org/10.1016/j.jljp.2018.03.003>

Sartorius, N. (1992). Rehabilitation and quality of life. *Psychiatric Services*, 43(12), 1180–1181. <https://doi.org/10.1176/ps.43.12.1180>

Sheard, J. (2018, January 5). *Quantitative data analysis*. Research Methods (Second Edition). <https://www.sciencedirect.com/science/article/pii/B9780081022207000182?via=ihub>.

Sieff, E. (2003). Media frames of mental illnesses: The potential impact of negative frames. *Journal of Mental Health*, 12(3), 259–269.

<https://doi.org/10.1080/0963823031000118249>

Substance Abuse and Mental Health Services Administration. (2017). *Mental health facts and resources – SAMHSA*. Retrieved November 30, 2022, from

https://www.samhsa.gov/sites/default/files/mental_health_facts_and_resources_fact_sheet.pdf3

SPSS statistics - overview. IBM. (n.d.). Retrieved November 2, 2021, from

https://www.ibm.com/products/spss-statistics?utm_content=SRCWW&p1=Search&p4=43700050437010201&p5=e&gclid=2e2e73fcca0d1216bd69127d7cb1512d&gclid=3p.ds.

Stout, P. A., Villegas, J., & Jennings, N. A. (2004). Images of mental illness in the media: Identifying gaps in the research. *Schizophrenia Bulletin*, 30(3), 543–561.

<https://doi.org/10.1093/oxfordjournals.schbul.a007099>.

- Tornabene, R. (2020, October 27). *Persons in mental health crisis: A primer for police response*. Police1. Retrieved December 10, 2022, from <https://www.police1.com/chiefs-sheriffs/articles/persons-in-mental-health-crisis-a-primer-for-police-response-A0ZXruNf6DaNLzIR/>
- The American Psychiatric Association (APA). Mental Illness. Website access September 18, 2021. [What Is Mental Illness? \(psychiatry.org\)](https://psychiatry.org). <https://psychiatry.org>
- Theriot, M. T., & Segal, S. P. (2005). Involvement with the criminal justice system among new clients at Outpatient Mental Health Agencies. *Psychiatric Services*, 56(2), 179–185. <https://doi.org/10.1176/appi.ps.56.2.179>
- Trochim, William M.K. (2020) *Research Methods Knowledge Base*. Retrieved from <http://www.socialresearchmethods.net/kb/index.php>
- Tucker, A. S., Van Hasselt, V. B., & Russell, S. A. (2008). Law enforcement response to the mentally ill: An evaluative review. *Brief Treatment and Crisis Intervention*, 8(3), 236–250. <https://doi.org/10.1093/brief-treatment/mhn014>
- Tucker, A. S., Van Hasselt, Vincent B. & Russell, S. A. (2008). Law Enforcement Response to the Mentally Ill: An Evaluative Review. *Brief Treatment and Crisis Intervention* 2008 8(3):236-250; <http://dx.doi.org/10.1093/brief-treatment/mhn014>
- Vanian, J. (2021, June 9). *Survey monkey changes its name as it expands beyond surveys*. Fortune. Retrieved November 2, 2021, from <https://fortune.com/2021/06/09/surveymonkey-changes-name-momentive-expands-beyond-surveys/>

- Psarra, V., Sestrini, M., Santa, Z., Petsas, D., Gerontas, A., Garnetas, C., & Kontis, K. (2008). Greek police officers' attitudes towards the mentally ill. *International Journal of Law and Psychiatry*, *31*(1), 77–85.
<https://doi.org/10.1016/j.ijlp.2007.11.011>
- Walden University. (2010). Research design: Some thoughts on the research process. Minneapolis, MN: Walden University.
- Warrior, P. (2021, April 9). *Quantitative Research Advantages and Disadvantages*. Pros Cons. <https://www.advantagesdisadvantages.org/quantitative-research-advantages-and-disadvantages/>
- Watson, A. C., Corrigan, P. W., & Ottati, V. (2004). Police officers' attitudes toward and decisions about persons with mental illness. *Psychiatric Services*, *55*(1), 49–53.
<https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.55.1.49>
- Watson, A. C., Corrigan, P. W., & Ottati, V. (2004). Police Responses to Persons with Mental Illness: Does the Label Matter? *The Journal of the American Academy of Psychiatry and the Law*. [378.full.pdf \(jaapl.org\)](https://www.jaapl.org/doi/full/10.1176/jaapl.2004.37.3.378)
- Watson, A. C., & Angell, B. (2007, June 1). *Applying Procedural Justice Theory to Law Enforcement's Response to Persons With Mental Illness*. *Psychiatric Services*.
<https://ps.psychiatryonline.org/doi/10.1176/ps.2007.58.6.787>
- Watson A. C., Angell B., Morabito M. S., Robinson N. (2008a). Defying negative expectations: dimensions of fair and respectful treatment by police officers as perceived by people with mental illness *Adm Policy Ment Health* **35**, 449–457 (2008). <https://doi.org/10.1007/s10488-008-0188-5>

- Watson, A. C., & Fulambarker, A. J. (2012). The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. *Best Practices in mental health*, 8(2), 71.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769782/>
- Watson, A. C., & Compton, M. T. (2019). What Research on Crisis Intervention Teams Tells Us and What We Need to Ask. *The journal of the American Academy of Psychiatry and the Law*, 47(4), 422–426.
<https://doi.org/10.29158/JAAPL.003894-19>
- Watson, A. C., Pope, L. G., & Compton, M. T. (2021). Police reform from the perspective of mental health services and professionals: Our role in social change. *Psychiatric Services*, 72(9), 1085–1087. <https://doi.org/10.1176/appi.ps.202000572>
- Webb, D., & Harris, R. (1999). *Mentally disordered offenders managing people nobody owns*. Routledge.
- Willis, T., Comartin, E., Victor, G., Kern, L. & Kubiak, S. (2021) Individuals with mental illness who have multiple encounters with law enforcement, *Journal of Offender Rehabilitation*.
<https://doi.org/10.1080/10509674.2020.1863298>
- Williamson, K., & Johanson, G. (2018). *Research methods: information, systems, and contexts*. Chandos Publishing, an imprint of Elsevier.
<https://www.sciencedirect.com/science/article/pii/B9780081022207000121>
- Witteman, B. (2003). *Dorothea Dix: Social reformer*. Bridgestone Books.
- Wolff, N. (1998). Interactions between Mental Health and Law Enforcement Systems:

Problems and Prospects for Cooperation. *Journal of Health Politics, Policy and Law*, 23(1), 133–174. <https://doi.org/10.1215/03616878-23-1-133>

Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2016). The “Gray Zone” of Police Work During Mental Health Encounters. *Police Quarterly*, 20(1), 81–105. <https://doi.org/10.1177/1098611116658875>

Yohanna, D. (2013). Deinstitutionalization of People with Mental Illness: Causes and Consequences. <https://journalofethics.ama-assn.org>

Appendix A: Instructions to the Survey

Survey: The Perceptions of Law Enforcement Officers Regarding Policies and Procedures for Interacting with Individuals Experiencing a Mental Health Crisis: Implications for Policymakers

Overview: Thank you for participating in this research project. This survey was designed to determine law enforcement officers' perceptions of their interactions with persons in mental health crises. This survey will take approximately 10 minutes to complete and will be the only data collected. Participation is voluntary, and you may refuse to answer any questions that make you feel uncomfortable. Information will be kept strictly confidential. By continuing with this survey, you are giving informed consent.

Directions: please select one response for each question and fill in other responses as requested.

Part A - Questions 1- 6 address law enforcement officer's demographic information.

Part B - Questions 7-10 addresses crisis intervention.

Part C - Question 11 address perceptions of the demographics of the person experiencing a mental health crisis.

Part D - Questions 12 - 16 addresses participants' reaction to certain instances.

Part E - Questions 17- 23 address law enforcement officers' perception of law enforcement policies, procedures and strategies when interacting with a person experiencing a mental health crisis.

Appendix B: Survey Questions

Directions: please select one response for each question and fill in other responses as requested.

Questions 1 - 6 address law enforcement officer's demographic information.

1. In the past five years how many hours of professional development training did you complete that addressed interacting with persons experiencing mental health crises.
 - 0
 - 1-4 hours
 - 5-8 hours
 - 9-16 hours
 - 17-23 hours
 - 24 hours +

2. Years of Service in law enforcement
 - 0-5 years
 - 6 - 10 years
 - 11 – 15 years
 - 16 – 20 years
 - 21 – 25 years
 - 25 +

3. Age Range
 - 18-24
 - 25-31
 - 32-38
 - 39-45
 - 46 -52
 - 53 and older

4. Race
 - White or Caucasian
 - Black or African American
 - Hispanic or Latino
 - Asian or Asian American
 - American Indian or Alaska Native
 - Native Hawaiian or other Pacific Islander
 - Other Race or Hispanic Origin: (Specify) _____

5. Gender
 - Male
 - Female
 - Prefer not to say

6. Highest Education Attainment
 - High School
 - Some College
 - Associates Degree
 - Bachelor's Degree
 - Master's Degree
 - Doctorate Degree

Questions 7-10 addresses crisis intervention. Crisis intervention as defined by Vertava Health as an intervention that is time-limited with regards to immediately de-escalating those in crisis.

7. Crisis Intervention Training provides law enforcement officers knowledge needed on de-escalation techniques when approaching persons experiencing a mental health crisis.
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

8. Crisis Intervention Training should be mandatory for law enforcement officers.
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

9. Law enforcement officers should be required to have one crisis intervention training.
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

10. Law enforcement officers should be required to have crisis intervention training annually.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 1 address perceptions of the demographics of the person experiencing a mental health crisis. Indicate the degree to which the following demographics influence your response to a person experiencing a mental health crisis.

White or Caucasian

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Black or African American

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Hispanic or Latino

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Asian or Asian American

- Very Likely
- Likely
- Unlikely
- Very Unlikely

American Indian or Alaska Native

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Native Hawaiian or other Pacific Islander

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Other Race or Hispanic Origin: (Specify) _____

Age

- Very Likely

- Likely
- Unlikely
- Very Unlikely

Gender

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Language (Spanish, English speaking, other)

- Very Likely
- Likely
- Unlikely
- Very Unlikely

Other (please specify) _____

Questions 12-16 addresses participants' reaction to certain instances.

12. Law enforcement officers should approach a homeless person who may be experiencing a mental health crisis differently than a person who is not homeless that may be experiencing a mental health crisis.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

13. Law enforcement officers who witness another officer using unnecessary force when approaching or arresting a person experiencing a mental health crisis, should be reported.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

14. When no crime is involved, law enforcement officers should not have to handle calls that involve persons experiencing mental health crises.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

15. Handcuffs should be used to restrain persons experiencing a mental health crisis.

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

16.. Law enforcement officers should be knowledgeable of community resources for persons experiencing mental health crises.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Questions 17- 23 address law enforcement officers' perception of law enforcement policies, procedures and strategies when interacting with a person experiencing a mental health crisis.

17. Having mental health specialists on call to address persons experiencing mental health crises is a critical resource to law enforcement officers.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

18. The precinct has up to date policies regarding interactions with persons experiencing mental health crises.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

19. The administration has developed clear and precise procedures regarding interaction with persons experiencing mental health crises.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

20. The precinct has developed strategies that are clear and precise and can be clearly understood on approaching persons experiencing a mental health crisis.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

21. The precinct has clear guidelines that adequately explain the de-escalating techniques and officer's responsibilities when approaching an individual in crisis.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

22. Law enforcement officers have the opportunity to provide input regarding policy changes.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

23. Please identify any policies, procedures and/or strategies not previously listed that are effective for law enforcement agencies to implement for interacting with persons experiencing mental health crises

Appendix C: Collaborative Institute Training Initiative Certificate



Completion Date 01-Feb-2020
Expiration Date N/A
Record ID 35187493

This is to certify that:

Monica Roundtree

Has completed the following CITI Program course:

Student's
(Curriculum Group)
Doctoral Student Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Walden University

Not valid for renewal of certification through CME.



Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w56e4e379-0a1a-4eef-8c7d-1446ac1cd164-35187493