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Law Enforcement Attitudes, Decisions, and Behaviors in Encounters with the Mentally Ill

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Abstract

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by

Melissa L. Griffin

MA, Belhaven University, 2016

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Dissertation Submitted in Partial Fulfillment

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Abstract

Law enforcement officers frequently encounter challenges when interacting with mentally ill individuals, often resulting in negative outcomes. In this generic qualitative study the attitudes, decision making process, and behaviors of law enforcement officers in such interactions were investigated, with a focus on identifying facilitators and barriers to peaceful interactions. Additionally, the goal was to explore how police officer training could be improved to enhance outcomes in dealing with mentally ill individuals. Using a generic qualitative approach, data was collected through in-depth individual interviews and analysis of relevant documents from police forces. Participants, selected through snowball sampling from Police Departments, shared insights into their perceptions and experiences with mentally ill individuals. Findings revealed key facilitators such as dispatcher assistance, verbal communication, and collaboration with mental health providers, as well as barriers including the need for more training and lack of knowledge of disabilities. Findings indicated that police officer training should be provided more frequently and in greater depth, incorporating elements like role playing and workshops, and involving collaboration with mental healthcare providers. The implications of implementing these findings extended to positive social change, including the potential for improved community-police relations and reduced instances of violence or misunderstandings involving mentally ill individuals. By better equipping law enforcement officers with the necessary training and resources, safer and more inclusive environment for both officers and mentally ill individuals within the community may be possible.

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Dedication

I dedicate this dissertation to my mother, Annie Bertha Whitehead, and my children, Toria Griffin-Pettway and Courtney Griffin-Butts, who were patient, supportive, and, at times directive. I owe them much because they kept me focused and on task. Thanking them for all their contributions as I completed my dissertation process is not enough. I also want to thank my many associates, friends, mentors, and colleagues (especially Dr. LaToya Johnson) who provided me with motivation and encouragement to succeed as I worked on this dissertation. I appreciate everyone offering their love, support, and, most of all, patience. That kept me encouraged and provided me an invaluable assist in crossing the finish line.

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I want to especially acknowledge the dedicated law enforcement professionals who participated in my study. I know it cannot have been easy. Your professionalism and the concern you have for your fellow police officers and citizens speaks volumes! The result of this research is intended to benefit you and your colleagues, and I thank you for your contributions.

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Chapter 1: Introduction to the Study

Law enforcement officers are typically the first to respond to individuals with a mental illness, making calls significant and familiar for both parties (Lane-McKinley et al., 2018; Scantlebury et al., 2017). In general, national attention has brought the policing profession to the forefront regarding negative law enforcement interactions with mentally ill individuals, especially when the interactions involve the use of force. More specifically, between 20% and 45% of policing time was spent interacting with persons with mental disorders (Parker et al., 2018), 25% of these interactions resulted in arrest (Gottfried & Christopher, 2017), and people with mental illness that had not been treated are 16 times more likely to be killed during an encounter with police (Rohrer, 2021).

In addition, current debates prevail regarding the level of authority police have, policing tactics, police use of force, and citizen rights. These debates hinge on perspectives regarding community policing versus aggressive policing. On one side of the discussion is the perspective by communities that police use of force required the addition of restrictions, such as making de-escalation a priority and authorization to use deadly force a last resort (Norwood, 2020). This perspective centers on citizens' right to life as well as the sanctity of life (Norwood, 2020). On another side of the debate is the perspective that "there is a need to ease restrictions on police authority so that fewer instances warrant criticism of police overstepping their authority, disregarding individuals' civil rights, and causing communities to fear the same people sworn to protect them" (U.S. Commission on Civil Rights, 2018, p. 22). Compounding the issue is when law enforcement has to police people with a mental illness. For example, the

decision of the amount of force to be used was based on force divided into four types, on a continuum: no force, officer presence, and verbal command only; moderate force, physical control holds and oleoresin capsicum (OC) sprays; less-than-lethal force, using a baton and electric control weapon; and deadly force (Dorn, 2018). Depending upon the state, the law gave authority to police to "use force that was reasonable in light of suspects' risk to others, the police, and themselves…[using] discretion [that] is bounded by a police officer's experience, perceptions, and knowledge of the law" (Dorn, 2018, p. 63). Moreover, as Dorn (2018) added, "The more force used that is both reasonable and justified, the less resistance was expected from a rational suspect" (p. 63). The operative here, however, is rational. When the individual is mentally ill, the decision for force depended upon whether the police officer's attitude leaned toward finding appropriate mental health treatment for the individual(s) or toward fulfilling the role of law enforcement to intervene using law enforcement response protocol only. Because of the many debates, protests, and lawsuits at federal, state, and local levels, research about negativity between law enforcement and mentally ill individuals is still needed (Burkhardt et al., 2017; Kane et al., 2018a).

Coupled with recent national attention on the policing profession is the fact that the prevalence of mental illness among individuals who committed crimes is significant (Gottfried & Christopher, 2017; Parker et al., 2018; Rohrer, 2021). Given the policing profession's current scrutiny and the substantial number of individuals with mental illness, it has become vital to consider how these two factors connect. Still, it is also imperative for researchers to examine the perspective from which law enforcement

approached people with mental illness who were involved with crime. Whether the police officer saw an individual with mental illness as one needing healthcare treatment or one needing more severe law enforcement intervention helps determine the need for extended or different police training (Wood et al., 2017), accordingly, and even the need for amended internal policy (Dorn, 2018), either of which may help reduce the number of negative interactions between people who have a mental illness and law enforcement officers.

In this chapter, I provide an introduction to and overview of the study. Following this introduction, I discuss the background to the problem, namely the mental illness crisis, as it was rooted in the deinstitutionalization of the mentally ill. Following the background, a statement of the problem under study and an explanation of the purpose of the study is provided, followed by an identification of the research questions used to guide the research. The two theories used to frame the study are briefly discussed, along with a discussion of the nature of the study, including the rationale for using the qualitative approach and data collected from in-depth, individual case study interviews. Definitions of the study, scope, and delimitations precede the study's limitations, followed by a discussion of its significance. Lastly, a summary concludes the chapter.

Background

America's mental illness crisis has roots in the deinstitutionalization of the mentally ill (Fuller Torrey, 1997; Scull, 2021). Characterized by the policy to move mentally ill persons out of large state institutions and then closing those institutions, deinstitutionalization began following the introduction and widespread use of the first

effective antipsychotic, chlorpromazine (Thorazine; Fuller Torrey, 1997; Scull, 2021). Deinstitutionalization gained momentum in the mid-1960s following federal Medicaid and Medicare policies, programs, and services (Fuller Torrey, 1997). As "one of the largest social experiments in American history, the deinstitutionalization of severe mental illness reduced care and greatly impacted patients who numbered 558,239 in 1955 and 71,619 by 1994 (Fuller Torrey, 1997)". That is, mental health care contributed to the fallout of a collapsed public psychiatry system, a homelessness epidemic, and jail or prison placement as the primary response to severe mental illness (Scull, 2021). With the deinstitutionalization of persons with severe mental illness back into the community, individuals with mental disorders face law enforcement as frontline professionals who manage them when they are in crisis.

More specifically, deinstitutionalization has varied in effectiveness from state to state. Early on, states with effective deinstitutionalization rates of over 95% included Arkansas, California, Massachusetts, New Hampshire, Rhode Island, Vermont, West Virginia, and Wisconsin (Fuller Torrey, 1997). States with effective deinstitutionalization rates below 80% included Delaware, the District of Columbia, and Nevada (Fuller Torrey, 1997). States such as Mississippi, had rates falling in between. For example, the rate of effective deinstitutionalization in Mississippi is 82.3% (Fuller Torrey, 1997). This was significant as deinstitutionalization contributed to jailing or imprisonment, which was most common in Mississippi, Alaska, Montana, New Mexico, and Wyoming (Fuller Torrey, 1997). Again, the significance of the effectiveness of deinstitutionalization was in its impact on both law enforcement officers and people who had a mental illness

(Oxburgh et al., 2016). Two of the principles justifying law enforcement officers taking responsibility for individuals with mental illness have, in turn, involved first their authority and their power to protect the community's safety and welfare and second their obligations to protect individuals with mental health disabilities (Wood et al., 2017).

Post-deinstitutionalization law enforcement recognition of mental illness has been at the center of the issue of police interactions with individuals with mental disorders since the first encounter gained public attention. In 1987, in Memphis, Tennessee, police responded to a 911 call that involved Joseph deWayne Robinson, a man who was high on crack but who had also been diagnosed with a mental illness and who at the time of the incident had been repeatedly self-harming, resulting in some 120 stab and slash wounds all over his body (Tobin, 2019). In response to Robinson reportedly lunging at officers on site, four Memphis police discharged 10 shots, killing the man (Tobin, 2019). Such interactions have historically prompted criticism that police do not have the skills and training to handle mentally ill individuals (Campbell et al., 2017; Haigh et al., 2020; Tobin, 2019). There has been a lack of collaboration between law enforcement and the behavioral health system and law enforcement officers, with no alternative but arrest, have been underprepared to recognize mental illness and access community mental health services such as services for crisis stabilization (Bureau of Justice Assistance [BJA] & Council of State Governments [CGA], 2019). In these respects, Tully and Smith (2015) and others (e.g., Tobin, 2019; Campbell et al., 2017; Haigh et al., 2020) believed law enforcement training was necessary so responding police officers can recognize mental illness in a person and know how to access mental health resources when needed.

A few current researchers focused on the mentally ill person-police officer dynamic (e.g., Brine et al., 2020; Chappell & O'Brien, 2019; Corsaro & Weisburd, 2018; Frederick et al., 2018; Kane et al., 2018b; McLeod et al., 2020; Oxburgh et al., 2016; Saleh et al., 2018; Watson & Wood, 2017). Very few have studied the comprehensive role of police officers (e.g., Shore & Lavoie, 2019; Wilson & Walsh, 2019; Wood et al., 2021), police officers' strategies for assessing for mental illness (e.g., Bohrman et al., 2018; Dorn, 2018; Schulenberg et al., 2016; Tobin, 2019), and policing and accountability in mental health contexts (e.g., Johnson et al., 2019; McDaniel, 2019; Rohrer, 2021). Not enough is known about law enforcement's experience of the process of effectively interacting with people with severe mental disorders, assessing, and deciding upon transportation for treatment services as an alternative to arrest of these persons (Soares & Pinta da Coasta, 2019); and more research is needed that will provide solutions for mental health training for police (Brooks III, 2018; Campbell et al., 2017; Scantlebury et al., 2017; Thomas & Watson, 2017), police-mental health collaborations (BJA & CSG, 2019; CSG, 2019; Kohrt et al., 2015; Parker et al., 2018), and police-based crisis intervention (Compton et al., 2014; Johansen, 2017; Kane et al., 2018a; Rogers et al., 2019; Tartaro et al., 2021; Watson et al., 2017; Wood & Watson, 2017).

The foundation for law enforcement to intercede in the lives of mentally ill individuals originated from two mutual beliefs. Parham (2016) listed the police's power and authority as one way to protect the safety and welfare of the community, and second the state's paternalistic authority and protection for individuals who have a mental illness

and cannot care for themselves. Both principles were often involved when police dealt with mentally ill individuals and saw them as a danger to themselves or the community.

Law enforcement responds to calls and provides services 24 hours a day, 7 days a week. Law enforcement is typically the first and often the only community resource called upon to respond to urgent situations that involved individuals with a mental illness (Hagan & Hans, 2017). Police responsibility is to recognize the need for treatment for an individual with a mental illness and connect the individual with proper resources. By policing in this capacity, law enforcement assumes the role of a psychiatrist. It appears that many law enforcement officers have grown accustomed to this role and consider it part of their duties. However, other law enforcement officers do so reluctantly, some with resentment (Hagan & Hans, 2017). A significant problem with fulfilling this role was that the police have little training in performing this kind of triage (Tully & Smith, 2015).

Current logic holds that deinstitutionalization has led to an increase in mentally ill persons being processed through the already overburdened criminal justice system (D'Souza, 2021; Dvoskin et al., 2020), rather than through the public social and mental health care systems (Lamb 2017; TAC, 2018). As authors with the Treatment Advocacy Center (TAC; 2018) asserted,

> Failed mental health policy…, [d]einstitutionalization, outdated treatment laws demanding a person become violent before intervention, discriminatory federal Medicaid funding practices, and the prolonged failure by states to fund their mental health systems drive those in need of care into the criminal justice and

> corrections systems, rather than into the public health system where they belong (para. 2).

This compounded criminalization of mental illness and the mental illness crisis, the TAC stated, "have placed law enforcement on the front lines of mental illness crisis response…" (para. 1). The study, therefore, was necessary as police officers are the link and security to those persons with a mental illness. Based on both the extant literature and police officers' own experience, law enforcement might leverage recommendations coming out of this study on optimizing a working relationship between law enforcement and mentally ill individuals in a predicament (see Kindy & Elliott, 2015). These perceptions and experiences of law enforcement officers and the mentally ill influence police capability in helping the people they are assisting. Since I evaluated police officers' attitudes toward their interactions with mentally ill individuals, the results of the survey helped to point to possible solutions for improved treatment of people who have a mental illness by responding officers. I, in part, consulted participants to ask them to comment upon such issues as they stem from a history of deinstitutionalization that contributes to the extended role of law enforcement as what many call frontline mental health workers (see Shore & Lavoie, 2019).

Problem Statement

Research shows that law enforcement officers are more likely than any other profession to come face-to-face with an individual who has a mental illness (see Lane-McKinley et al., 2018; Scantlebury et al., 2017). Mental illness strikes people in every culture and ethnic group. A person with a mental illness may experience problems with

little to no social support. They can face challenges such as getting and keeping a job, getting treatment, or finding a decent living place. Some people with mental illness are viewed as erratic, violent, dangerous, and unpredictable (Frankham, 2020). The stigma of mental illness can, in turn, deprive individuals of their dignity, affect how they contribute to the community, and discriminate against them due to their mental illness (Chappell & O'Brien, 2019; Yasuhara et al., 2019).

The stigmatization and poor political treatment of the mentally ill created barriers for this population to receive the appropriate care. In the case of making the care of persons with mental illness a law enforcement matter rather than a medical matter (Dvoskin et al., 2020; TAC, 2018), police must have proactive attitudes and make decisions about the care of persons with a mental-health event. Other causes or predictors creating or contributing to barriers for the mentally ill were found to be perpetuated by police officer perceptions or attitudes. According to Bernstein (2016) and Schulenberg (2015), age was a strong predictor of an officer's perception of mental illnesses. They discovered that a longer-tenured law enforcement officer might have more exposure and experience while policing individuals with mental illnesses. Frederick et al. (2018) also demonstrated that law enforcement had a higher level of empathy when working with a mentally ill individual than they would when working with a person who did not have a mental illness. Schulenberg (2015) recognized the significance of the need for a Crisis Intervention Team (CIT) for law enforcement officers. CIT is a community-based approach program for law enforcement to help develop and improve the outcomes of their encounters. According to Kohrt et al. (2015), about half of the United States police

departments provided CIT or similar training to law enforcement officers. CIT training may be an essential variable in providing a beneficial outcome for individuals with a mental illness. Kohrt et al. (2015) also demonstrated that officers using the CIT model were significantly more likely to have hands-on involvement with mentally ill individuals. During hands-on interactions, little was known about any injuries that may occur. According to Schulenberg's (2015) study, insufficient intervention services at times could make police resources strained, as law enforcement becomes the default method for handling the mentally ill population.

Such research came from different perspectives and applied relevant focus. For example, there was a generous amount of research on decriminalizing mental illness from the legal, criminal justice perspectives (Johnston, 2019; Shemin, 2019; Viglione, 2019), criminal defense, disability, and mental health perspectives (Bonfine et al., 2020; Callahan & Pinals, 2020; Mok et al., 2018) and from the mental health advocacy perspective (Dempsey et al., 2020; Mills et al., 2020). There was also a good amount of cause-effect research on mentally ill deinstitutionalization and mass incarceration from the Foucauldian (social justice) perspective (Ben-Moshe, 2020; Cummins, 2020; Marshall-Lee et al., 2020). Another small body of literature emerged from studies of mentally ill deinstitutionalization, mass incarceration, and the negative impact of police involvement from the perspective of those getting mental health care (Goldberg et al., 2019; Hirschi, 2021). However, almost no research has been done to gain insight from the perspective of law enforcement caught in after-the-fact, in-between (Oxburgh et al., 2016; Soares & Pinto da Costa, 2019; Watson et al., 2017). With this generic qualitative

study, I begin to fill the gap in the literature by exploring the perceptions, decision making, and efforts police officers had and used concerning their interactions with mentally ill people.

Purpose of the Study

In this generic qualitative study, the purpose was twofold: (a) to investigate and understand law enforcement officer attitudes, decision making, and behavior in interactions with individuals perceived to be mentally ill, and (b) to explore, from a policy perspective, what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. Law enforcement's attitudes, perceptions, and experiences in policing the mentally ill may impact how they perceive mentally ill individuals. Therefore, I conducted the study by getting their perspective. Alternative approaches and training can also be understood through their perspectives, as they were the front-line public responders (Brine et al., 2021).

Research Questions

The following research questions guided this study:

RQ1: How did police officers perceive their interactions with mentally ill individuals?

RQ2: From the perspective of police officers, in what ways should police officer training be altered to improve outcomes in dealing with community members with a mental illness?

Theoretical Framework

Two theories were necessary to frame a study of the interaction between police and persons who are mentally ill: Tyler's (2012) procedural justice theory, founded on Rawls (1999), and the police "Gray Zone" decision-making approach, taking cues from the repeated gray zone theme put forth by Schulenberg (2016) and Wood et al. (2017). Tyler's academic work has been used extensively in all law enforcement and policymaking to help guide and improve police-community relations in the United States. The procedural justice approach details intellectual and organizational changes that emerged from law enforcement training, development, and learning (Tyler, 2012). Procedural justice theory, therefore, helped to explain the effectiveness of police as it encouraged positive community behavior. The police "Gray Zone" decision-making approach addressed the contextual factors for police decision making relevant to encounters with mentally ill persons when they had a lack of viable options and had to make decisions to invoke the criminal process or not to invoke the criminal process and instead apply psychiatric first aid in gray zone encounters.

Nature of the Study

The nature of this study consisted of a generic qualitative approach study design. In addition to interviews, I collected data by monitoring forms, joint working and procedure guidelines, training packages, and research documents carried out by police forces. Qualitative data collection was chosen to support the case study design, because, according to Yin (2018), case studies depend upon several sources of evidence. The generic study approach expounded on how a practical problem can arise and be studied

across time. It allowed me to understand the experience of a person or a group of people (see Patton, 2002). A generic qualitative study approach was the most suitable approach for this study since the goal was to increase understanding of police officer attitudes, decision making, and behavior in interactions with the mentally ill. Qualitative data collection is used for studies that are descriptive, subjective, exploratory, inductive, naturalistic, interpretive, and ideographic (Chenail, 2011a). Qualitative studies also test new types of research problems and are used to expand on the already gathered qualitative data (Chenail, 2011a). The generic qualitative approach was deemed most advantageous since the information was nonnumerical. Conducted exclusively in the South, with law enforcement, this qualitative case study was bounded by place. This study was conducted in the South because of the number of people with a mental illness that law enforcement served there and the shortage of research material that examines law enforcement's perception when helping mentally ill individuals (see Oxburgh et al., 2016). In the South, resources for law enforcement seem "stretched" because of inadequate mental health treatment services and support for people with mental illnesses (Clarion Ledger, 2019). In the South, many people were not getting the mental health care they needed. According to The Clarion-Ledger (2019), services for mentally ill individuals either did not exist in some communities, they have no transportation, no support, or the uninsured person may not have access to services. The method of inquiry involved a generic qualitative approach using in-depth, individual interviews for qualitative data for the study design. Participants included police officers who worked in the South and who have had at least one interaction with a mentally ill individual.

Definitions

The following terms were used in the study.

Crisis Intervention Team: A community-based approach program for law enforcement officers to improve the outcomes of their encounters (Schulenberg, 2016).

De-escalating: To reduce a violent situation (Tully & Smith, 2015; Wood et al., 2017).

Deinstitutionalization: The period in the 1980s where there was a movement of patients being "discharged from psychiatric hospitals and the subsequent care of patients in the community" (La Fond & Durham, 1992, p. 4-5).

Descriptive: Being able to describe without expressing feelings or judging (Chenail, 2011a).

Fear-based mindset: A person's physiological response when repeatedly exposed to experiences or messages that trigger fear. It causes a person to become afraid and not ask questions (Winch, 2018).

Interpretive: Explaining or providing an explanation (Chenail, 2011a).

Mental illness or mental disorder: A wide array of conditions that affect mood or mental health disorders, thinking, or a person's behavior. The American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5), stated that "a mental disorder is a disorder characterized by a clinically significant disturbance in behavior, a person's cognition, or emotional regulation. It reflects a dysfunction in the biological, psychological, or developmental process underlying mental

functioning" (p. 20). The two terms mental disorder and mental illness are interchangeable for this study.

Negativity: An expression of criticism someone has about something (Chang & Rubin, 2015).

Occupational stress: The ongoing or progressing stress a person experiences due to their responsibilities, conditions, environment, or other workplace pressures (Salinas & Webb, 2018).

Paternalistic: Restricting dependents' responsibilities in their supposed interest (Parham, 2016).

Perceptions: The way law enforcement will regard, understand, or interpret something (Soares & Pinta da Coasta, 2019).

Procedural justice: The theory of being fair with a process of allocating resources and resolving disputes (Tyler, 2012).

Stress management: People make changes to their lives when they are constantly stressed, preventing stress through relaxation, self-care, and managing their response to stressful situations as they occur (What is Stress Management, 2016).

Subjective: A person's ideas or statements that the person will allow to dominate their feelings and opinions and affect their judgment (Chenail, 2011a).

Triage: The assignment of degrees of urgency to illnesses or wounds to decide the treatment order with many casualties or patients (Tully & Smith, 2015).

Assumptions

There were four assumptions for this study. The first assumption was that all law enforcement officers had encountered mentally ill individuals at some point (see Lane-McKinley et al., 2018). The information provided in the review of the literature supports this assumption. My second assumption underscored the need for law enforcement to have more comprehensive knowledge about mental illness and people with mental illness, a gap that is evident in their current training. This assumption was based on available literature that supports the hypothesis that most officers do not have enough mental illness knowledge (see Brooks, 2018). In police training academies, varying by state, law enforcement officers may have received around 4 and up to 12 hours of mental health training (Hauck, 2020).

The third assumption highlighted the potential of better training for mentally ill individuals to significantly reduce the number of negative interactions between law enforcement and this population. This assumption was also evidence based. For example, researchers have found that in terms of law enforcement training regarding the mentally ill, much of it concentrated on law enforcement characteristics and training because CIT was limited in conceptualization and range (Kohrt et al., 2015). My fourth assumption was that the officers to be interviewed might have insight into how they perceive their behavior in interactions with the mentally ill. In this respect, I also assumed that the study participants were honest and forthcoming in disclosing such perceptions.

Scope and Delimitations

This study's research problem was the perception law enforcement officers have of people with mental illness. I addressed officers' perceptions regarding persons with a mental illness, which can arise and be studied over time. This study was chosen to help increase knowledge of police officers' perceptions of mental illness and their interactions with the mentally ill.

Tyler's (2012) theory of procedural justice and the police "Gray Zone" decision-making approach served as the theoretical framework in this generic qualitative study. Qualitative data collection allows a researcher to test new types of research problems and to expand on already gathered data (Chenail, 2011a) that might be appropriate to other populations, times, circumstances, and environments. While the experiences and attitudes of participants of this study may not speak for those of all police officers, using thick descriptions enabled the identification of universal concerns relevant to law enforcement interactions with mentally ill individuals. That is, thick description implies that cultural meanings, not physical characteristics, define actions (Hammersley, 2004). In the thick description, examples were made clear, actions were meaningful, and meaning depended on the context. For example, who was involved in doing what, when, how, why, and other actions or events, with what consequences (Hammersley, 2004).

This study's delimitation was that it may only partially represent some police departments in the South. The study may not represent other departments due to gender, different ethnicity, and age populations. The study was in the South, bounding it by place, and there needed to be more research material that examined law enforcement's

perception when helping mentally ill individuals (see Oxburgh & Cherryman, 2016). The inquiry method was interviews using participants that included police officers who worked in police departments and have had at least one interaction with a mentally ill individual.

Additionally, the literature gap was that few studies might ask law enforcement officers what their perceptions regarding their knowledge, training, decision making, attitudes, and education they have had regarding interacting with those who had a mental illness. Much of the literature also failed to consider other factors in a police officer's personal life that influenced their thought beliefs and perceptions regarding mentally ill people, which affected their interactions with this population.

Limitations

One limitation of this study was that I focused exclusively on the South. Law enforcement's perceptions about their interactions, attitudes, and decision making with mentally ill individuals may vary by city or location. Furthermore, because I was limited to interviewing law enforcement who worked in the South, the transferability of findings to other jurisdictions needed to be clarified. Enough details about the study context, the sample characteristics, and the research procedures allows researchers to assess the degree of transferability of the present study to their situation or setting (Hellstrom, 2008).

I used snowball sampling in this qualitative case study. According to Yin (2018), snowball sampling is a nonprobability sampling technique and is the best type for case studies. Police officers' beliefs were obtained through information transfer, such as

communication by the person who holds the belief or is created within the individual's mind as a tool to understand phenomena or personal experiences. This may or may not create a bias that could be a limitation (see Chaplin & Shaw, 2016). I discussed with the officers that their information is anonymous and confidential to mitigate potential bias.

Significance

There are at least four reasons why this dissertation study was significant. First, negative interactions between law enforcement officers and the mentally ill keep occurring, as documented in the existing literature (see Marsden et al., 2020; Soares & Pinto, 2019; Watson et al., 2014). Police officers encounter persons experiencing mental health problems in a variety of circumstances and must make decisions immediately about how to best respond. They must quickly assess a situation, often with little background information, and select from various options to control and resolve the encounter (Watson et al., 2014). I examined the perceptions, attitudes, and decision-making law enforcement officers have about mentally ill individuals in the South. It may assist in beginning to fill a gap in the literature on how police might best serve/interact with individuals who have a mental illness and if there are better alternatives (see Frankham, 2020; Kenyon, 2019; Oxburgh & Cherryman, 2016).

Second, my use of Tyler's (2012) procedural justice theory was significant. Tyler's academic work was used widely in all aspects of law enforcement and policymaking, but this is the first time this theory was used in a study of Southern law enforcement officers. Procedural justice theory offers specified on intelligent and administrative changes that emerged from law enforcement perceptions, training,

development, and learning (Tyler, 2012). In this study, the framework served as a lens to understand interactions police officers have with mentally ill individuals and officers' perceptions of these interactions.

Third, using the police "Gray Zone" decision-making approach exhausted all theoretical police decision-making possibilities. At the same time, it considered all contextual factors for police decision making relevant to encounters with mentally ill persons. This approach has only been used recently by two other researchers or researcher groups (see Schulenberg, 2016; Wood et al., 2017), and application in this study should help reinforce unique police decision-making theory in the context of social justice, and police encounter with mentally ill persons.

Fourth, this study has numerous possible implications for positive social change. One potential positive outcome from this study would be improved officer perceptions of mental illness and knowledge regarding a decrease in the number of negative interactions between these two populations. Krameddine and Silverstone (2015) believed improved interactions between law enforcement officers and people with mental illness will improve conditions and increase treatment and rehabilitation success for the mentally ill population. Positive social change also included changes in law enforcement mental health policies, training curricula, and intervention programs, and it may help law enforcement officers to accept mental health individuals without stigma or penalty.

Summary

In this chapter, I introduced the topic under study, the problem to be studied, and the rationale for and significance of conducting a generic qualitative research study

design, interviews, and document data collection. The issue of focus was that law enforcement officers had many negative and sometimes violent interactions with mentally ill individuals. The purpose of this study was (a) to investigate and understand law enforcement officer attitudes, decision making, and behavior in interactions with individuals perceived to be mentally ill and (b) to explore, from a policy perspective, what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training.

Chapter 2 comprises the literature review. The chapter includes a discussion of the theory used to frame the study, a historical overview of the shifts made in law enforcement that parallel the shifts in psychiatric care for persons with mental disorders, and a literature review. I focused the review on mental health and illness in the field of criminal justice, the generally perceived causes of mental illness in a criminal justice context, the stigma attached to mental illness by law enforcement, and the current and proposed alternatives for effective police-mentally ill person interaction.

Chapter 2: Literature Review

In this generic qualitative study, the purpose was twofold: (a) to investigate and understand law enforcement officer attitudes, decision making, and behavior in interactions with individuals perceived to be mentally ill, and (b) to explore, from a policy perspective, what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. The problem of focus for law enforcement could be both a mental health problem and a social problem. The social issue was observable in ineffective police interaction with citizens who have mental illness. Regarding social justice, this view accommodates the inclusion of the individual in broader society, with the various social norms and displays of appropriate behavior. This kind of society determines the type of mental illness, its response to the abnormality, and the overall perception of mental health (Dvoskin, J. A. et.al, 2020). At the same time, because of deinstitutionalization, there has been an increase in mentally ill persons being processed through the already overburdened criminal justice system (D'Souza, 2021; Dvoskin et al., 2020) rather than through the public social and mental healthcare systems (Lamb, 2017; TAC, 2018). This phenomenon has prompted scholars to stress how to sustain social justice and human rights; mental illness cannot be seen in isolation from mental health and notions of normality (Hector & Khey, 2018) and must be admitted to a public health framework that prioritizes prevention and social justice (Caruso, 2017).

Mental illness accounts for an estimated 7.4% of the world's measurable burden of disease (Scantlebury et al., 2017), and when police interact with citizens who have a

mental illness, how police treat the individuals depends upon police perception o toward and behavior in response to the mental disease manifest at the time. Moreover, the research problem focus was on this police response and on what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. Therefore, further exploration of the relationship between law enforcement and those who have mental illness needed to be better understood through additional research.

My participants were current and/or retired members of the Police Department. Based on the 2018, the latest available Census of State and Local Law Enforcement Agencies conducted by the U.S. Bureau of Justice Statistics, it was determined that this Southern police office had 17,541 law enforcement agencies (Gardner & Scott, 2022). Together, these agencies employed 1,214,000 full-time sworn police officers and civilian personnel in 2018. The percentage of local and law enforcement officers was 67%, and sheriff offices were 17%. In comparison, 15% of the total may be attributed to the principal state, tribal, special jurisdiction agencies, constables, and marshals. Between 2008 and 2018, full-time sworn and civilian personnel increased by 46%. In 2018, local police departments amounted to 67% of state and local agencies (Gardner & Scott, 2022).

A minimal history of Southern policing could be located; therefore, federal sources are included. During the colonial and antebellum eras throughout the United States, because of the counter insurrectionary mandate, the broadening of police authority included all White residents and the disproportionate focus of law enforcement on the Black community were crucial characteristics that shaped policing (Brucato, 2020). At

that time, a mutually influential connection existed between the police, capitalism, race, and citizenship. This link has endured and adapted over time, continuing to impact our present-day society (Brucato, 2020).

To assume the role of guardians, police personnel must possess a comprehensive understanding of the enduring presence of anguish, fear, and fury within police contacts with individuals of African descent (Elow, 2020). Currently, the absence of historical understanding of trauma within the Black community imped the implementation of community-based policing, as advocated by the 21st Century Policing study. While law enforcement authorities persisted in carrying out arrests, a significant portion of their resources and attention must be reallocated toward fostering healing and cultivating trust within the community. Law enforcement personnel needed to possess a comprehensive understanding of the psychological distress experienced by those affected by trauma in African American communities, as well as how their activities within the police force may contribute to the perpetuation and intensification of such trauma, even though it may be unconscious (Elow, 2020). Billy Grogan, Police Chief of the city of Dunwoody, Georgia, expressed his views in an interview about police training and de-escalation tactics said:

I think having a good policy and maybe talking about training on that policy so that it becomes kind of ingrained becomes second nature; they understand. A little investment on the front end in that type of policy and training can pay dividends later on the back end so that somebody doesn't just have a knee-jerk reaction to a situation. (Marcus, 2019, p. 10)

Following this introduction, I will explain the literature search strategy I employed to complete the review. A discussion of the theory used to frame the study follows. The third section provides a historical overview of the shifts made in law enforcement that parallel the shifts in psychiatric care for persons with mental disorders. A review of the literature on mental health and illness in the field of criminal justice, the generally perceived causes of mental illness in a criminal justice context, the stigma attached to mental illness by law enforcement, and the current and proposed alternatives for effective police-mentally ill person interaction comprises the majority of Chapter 2.

Literature Search Strategy

I used the Walden University Library to research literature on law enforcement interactions with persons who have a mental illness. Occasionally, Walden librarians were used to assist. I accessed several databases, including Academic Search Complete, Bureau of Justice Statistics, Criminal Justice Database, EBSCOhost, ERIC, ProQuest, Google Scholar, PsycARTICLES, PsycINFO, Psychiatry Online, Sage Publications, SocINDEX, and Thoreau Multi Database. Sources included journals, books, dissertations, and official website articles dated between 2016 and 2021, though seminal works were dated before. Key search terms and phrases included, among others, *law enforcement/police officer perceptions, views, observation, opinions, interactions and mentally ill; institutionalization, deinstitutionalization mentally ill individuals; people who have a mental illness, mentally ill people, mental health, crime, breaking the law; mentally ill and criminal justice system, criminal charges, criminal behavior; law enforcement/ police officer perception, attitudes, police brutality, police use of force;*

formal/informal law enforcement/police officer training, and *law enforcement/police mental illness/mental sickness/psychiatric illness education*. A supplementary search approach was used to find additional sources for this study, including peer-reviewed annotated bibliographies. Additional keywords and keyword phrases emerged to include *police and suspects with mental disorders, police mental health knowledge, community health, criminalization, crisis intervention team, theory of procedural justice,* and *police "Gray Zone" decision making*.

Theoretical Foundation

Two theories were necessary to frame a study of police and mentally ill interaction: Tyler's (2012) procedural justice theory and the police "Gray Zone" decision-making approach. Procedural justice theory helped to explain the effectiveness of police as it encouraged positive community behavior. Taking cues from the repeated gray zone theme put forth by Schulenberg (2016) and Wood et al. (2017), the police "Gray Zone" decision-making approach considers the contextual factors for police decision making relevant to encounters with mentally ill persons when they had a lack of viable options and had to make decisions to invoke the criminal process or not to invoke the criminal process and instead apply psychiatric first aid in gray zone encounters.

Procedural Justice Theory

I used the procedural justice theory to provide information on police and mentally ill interactions. In the United States, the theory of procedural justice was established, tried, or tested and then used by Tyler (2012). Policymakers and politicians embraced the theory to use as a template to help improve law enforcement with community relations,

especially among people with mental illness. The research into procedural justice focused on individuals who perceived that they might be victimized unfairly by law enforcement, so they are less likely to cooperate (Nogin & Telep, 2017; Tyler, 2006; Tyler & Huo, 2002). Tyler and Huo (2002) suggested that the biased, unprofessional behavior of police, prosecutors, and judges produces apprehensions of injustice and hurts law enforcement attempts by making it more challenging for prosecutors and police to collect the evidence needed to convict guilty individuals.

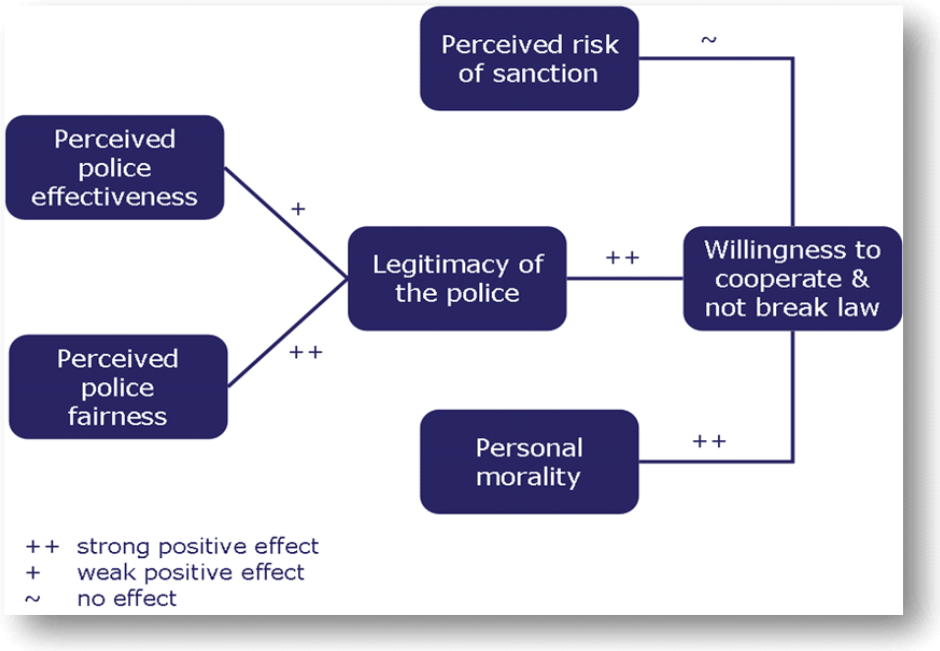
Procedural justice became the idea of fairness in resolving disputes and allocating resources (Bell, 2017; Menkel-Meadow, 2007). Justice was substantial because it facilitated practical cooperation and enabled superior social coordination. Tyler (2017) believed people were more willing to engage with collectivities when evaluating them as acting through a shared conception of justice. For this study, procedural justice will allow people to see that it is not a new way to police, but it is the foundation for successful police work. Tyler (2012) believed procedural justice validated how we treat people and talk to them, allowing us to see ordinary courtesy matters.

The National Research Council (2017) maintains procedural justice as a police process-oriented model involving some specifics that successful law enforcement officers need to have, express, and sustain while policing. It provides a roadmap for everyone in law enforcement to interact effectively in the community and within their agency. Procedural justice theory has evolved to include four characteristics for law enforcement to get a positive outcome as they encounter individuals with a mental illness. They treat people respectfully, listen to what they say, make fair decisions, and explain their actions

(Tyler, 1990). This model has been expanded to include police characteristics as they lent to community compliance and effectiveness. Figure 1 illustrates the model of procedural justice as it concerns policing.

Figure 1

Model of Procedural Justice and the Policing Dimension



In the model adapted by Wheller et al. (2013, p.4), perceived police fairness and effectiveness contribute to police legitimacy. Based on the theory and constructs, an implicit goal for police to interact accordingly with members of the public—in ways they regarded as procedurally fair (p. 4)—can reduce crime by encouraging voluntary cooperation and compliance from the community. As Wheller et al. suggested further, reducing crime can reduce police demand and, in turn, "enabled the police to concentrate their resources on the areas of greatest harm" (p. 4).

The primary view underpinning procedural justice theory is that increased interactions among groups would shorten detrimental perceptions if these interactions continued to be positive (Bell, 2017). Every day, law enforcement officers often become the first connection to an individual with a mental illness. Individuals with mental illness can go through the criminal justice system because they may be victims of a violation or have a crisis. During these times, both law enforcement officers and individuals who have a mental illness are experiencing conditions that, at times, may not turn out favorable with law enforcement since they are being subjected to these contacts at a much higher rate than the public (Miller, 2001).

Positive communication can result in a positive outlook for law enforcement and the individual in question. On the same token, negative interactions can lead to people having negative views of law enforcement officers (Menkel-Meadow, 2007; Tataro et al., 2021). A modest but significant amount, around 20%, of law enforcement's simple service calls are from people with mental instability (Abramson, 2021). As dispatch-issue service calls involved mentally ill individuals, law enforcement officers usually had a lengthier period than they do for other general population calls. Also, other tactics became necessary for law enforcement to help resolve situations because standard day-to-day law enforcement police tactics may not work with the mentally ill population, specifically when they were facing a crisis (Meares, 2014; Watson & Wood, 2017). With procedural justice theory mindfulness, it could be generalized that persons with a mental illness and law enforcement officers could have optimistic perceptions of each other. However, policing effectiveness and procedural justice that lends to cooperation by the

citizenry may be challenged when the citizens are persons with a mental illness that is characteristically defiant of cooperating. In this study I relied upon an additional theory, the police "Gray Zone" decision-making approach, and taking cues from the repeated gray zone theme put forth by Schulenberg (2016) and Wood et al. (2017).

The Police "Gray Zone" Decision-Making Approach

While there was technically no such theory specifically named police gray-zone decision making theory, I exhausted all theoretical decision making possibilities. I considered that all contextual factors for police decision making are relevant to encounters with mentally ill persons and arrived at this approach by taking cues from the repeated gray zone theme (see Schulenberg, 2016 & Wood et al., 2017). Schulenberg's (2016) and Wood et al. (2017) work was informed by Evans (2013) and supported by the work of several other authorities such as Bittner (1967) Goldstein (1959), Teplin and Pruett (1992), and Wood and Beierschmitt (2014). Over several decades of research and theory on police as frontline mental health workers or street corner psychiatrists who lacked viable options on having to make decisions to invoke the criminal process or not to invoke the criminal process and instead apply psychiatric first aid in gray zone encounters.

Evans (2013) coined the gray zone reference for the area of regard for persons with mental illness who fall in between (a) those who seek and receive adequate treatment and (b) those who do not seek or receive treatment and who are by law subject to involuntary commitment as they posed a danger to themselves or others. It is in this gray zone that police were said to work. According to Schulenberg (2016),

> police officers face complex situations, and their decision-making operates in a gray zone despite their professional judgment that criminalization of [persons with a mental illness] exacerbates their life circumstances and well-being (p. 478) Although law enforcement face complex situations and operate in a gray zone, their overall goal seems to be improved relationships between mentally ill individuals and the communities they serve, thus hoping to promote positive collaboration and relationships.

Wood et al. (2017) added that "police officers' handling of mental health-related encounters…often occurs in the 'gray zone,' where the problems at hand do not call for formal or legalistic interventions, including arrest and emergency apprehension" (p. 81). It was also determined by Wood et al. that working in the gray zone, police resolutions are based on decisions predicated on the following:

> (1) accepting temporary solutions to chronic vulnerability
>
> (2) using local knowledge to guide decision-making; and
>
> (3) negotiating peace with complainants and call subjects (p. 81).

In these respects, police decision making in the gray zone of mental health disturbance was dependent upon or shaped by (a) contextual legal and extralegal decision-making factors, (b) situational decision-making factors, (c) individual attributional decision-making factors, and (d) community decision-making factors.

Decision-Making Contextual Factors

Legal Decision-Making Factors

The first contextual factor is legal factors, followed by extralegal factors. Because legal rules signal to police what is expected of them by law (Dehaghani, 2019), decision-making fitting a legal versus clinical model (Holley & Arboleda-Florez, 1988) has been theoretically (and actually) based upon legal factors. According to Schulenberg (2016), legal factors consist of "law-related aspects of an encounter that influence the decision to arrest or charge, such as offense seriousness, prior record, type of offense under investigation, and strong situational evidence" (p. 461). From a legal perspective early on, two common-law principles have required police "take responsibility for persons with mental illness: their power and authority to protect the safety and welfare of the community, and *parens patriae* best interests; emphasis added] obligations to protect individuals with disabilities" (Lamb & Weinberger, 1998, p. 483). Present legal factors are still rooted in best interests' obligations and, combined with the police power of discernment (Gooding, 2017) and police right to issue involuntary hospitalization orders (Feuerstein et al., 2005), influenced policy decisions regarding encounters with mentally ill individuals.

Extralegal decision-making factors

As influences on police behavior, extralegal factors are theoretical and evidence-based predictors of police use of force in prior research (Mulvey & White, 2014). In the context of policing in this study, extralegal factors are those factors which "reflect aspects of the encounter that 'are prohibited or not explicitly authorized by law as relevant to the

arrest decision'" (Kochel et al., 2011, p. 476, Schulenberg, 2016, p. 461). The theoretical basis of extralegal factors in policing, police decision making, and police behavior was rooted in various factors, including situational, individual, organizational, and community factors (Sherman, 1980). This theoretical understanding was crucial for comprehending the complex dynamics of police behavior.

Situational Decision-Making Factors

Situational factors are those that can involve (a) the characteristics of the suspect such as race/ethnicity, gender, age, demeanor, and social standing; (b) characteristics of the victim such as race/ethnicity, sex, age, social status, and relationship to the suspect; (c) characteristics of the situation such as location, time of day, and number of bystanders; and legal characteristics such as evidence, seriousness of the offense, and suspect, victim, and encounter characteristics (Sherman, 1980). Situational characteristics have been found to specifically include criminogenic risk factors such as substance use, antisocial cognition and associates, family and marital stresses, and employment status for both people who appeared symptomatic yet posed no apparent danger to themselves or other people who seem far less ill but more dangerous or hostile (Pollack & Humphreys, 2020). According to Mulvey and White (2014), controlling for other relevant factors, gray zone policing situational factors focused on suspect demeanor have determined that individuals with a current mental health problem were nearly three times more likely to resist arrest. Besides resistance to arrest, other offender characteristics that have been found to influence police decision making and to predict such police behavior as excessive force have included the suspect evidencing public intoxication, public

disturbances, and engaging in "nuisance" offenses (Rossman et al., 2012) and the suspected individual testing positive for alcohol and drugs, felony and violent charges in the current offense, and prior arrests (Mulvey & White, 2014).

Individual Attributional Decision-Making Factors

The fourth gray-zone decision-making factors were individual factors examining office behavior that had included officers' characteristics including gender, race/ethnicity, experience, training, length of service, attitudes, and demeanor (Sherman, 1980) and have been found in the research relevant to this study also included an officers' knowledge, attitude, prior training, familiarity with mental illness, and de-escalation skills (Watson et al., 2008); and more specific individual officer organizational style and attitudinal characteristics regarding maintaining order and due process of law (Cooper et al., 2004).

However, the fifth gray-zone decision-making, organizational factors, Sherman (1980) theorized explained rates of police behavior across either sub-organizational units or entire police organizations with such characteristics as patrol strategy or percentage of college graduates in a police department" (p. 70), had been found in the early research to implicate individual officer behavior as a function of the organization within which officers work and the organization's goals (Wilson, 1968). Where organizational factors included agency size, supervision, managerial practices, and managerial and policing styles (Engel et al., 2018), other past research has emphasized the influence of organizational policy and organizational priorities as well as the organization's innovativeness, the latter of which involves extent of training and attitude saturation and

depended upon the presence of a training champion—one who promoted innovative training for optimum response and outcome when police dealt with persons who have a mental illness (Watson et al., 2008)— organizational constraints (Cooper et al., 2004); and goals, incentives, and pressures of organizational bureaucracy (Morabito, 2007). Moreover, more recent research has also focused on managerial expectations and managerial oversight processes (Engel et al., 2018), police department size, arrest rates, formal policies, supervision practices, and minority representation among police personnel (Mears et al., 2017); and organizational effectiveness based on high support, moderate demand, and minimal administrative/organizational pressure (Purba & Demou, 2019) as they influenced and even shaped police officers' decision making when interacting with persons who have a mental illness in their neighborhoods.

Community Decision-Making Factors

Finally, community factors have been found to include neighborhood characteristics and community political contexts (Sherman, 1980); socioeconomic status, racial composition, and neighborhood crime rate (Engel et al., 2018); and community mental health spending as well as community preferences (e. g., baseline of disorder accepted, extent of residential mobility, considerations of safety, extent of assertive community treatment) and community linkages to services reflected in formal and informal mandates that guide police organizations (Morabito, 2007). Limited research focused on community factors as they influenced police decision-making in general (Engel et al., 2018). The absence of research on community factors as they influenced police decision-making in encounters with mentally ill persons was only barely offset by

mentions of community factors such as the availability or lack of community resources and adequate community-based treatment alternatives (Decker et al., 2018; Shaffer et al., 2019; Wood & Watson, 2017). The personal attributional, persuasive, and dissuasive factors explained personal factors and gave an account of thinking, perceptions, and attitudes behind police in their encounters with individuals who have a mental illness.

Personal Attributional, Persuasive, and Dissuasive Factors

Decisions to invoke the criminal process (persuasive) or not to invoke the criminal process (dissuasive) (Dehaghani, 2019) and instead apply psychiatric first aid in gray zone encounters were by personal, attributional factors beyond those individual situational factors outlined above. While not a foundational theory for this study, Heider's (1958) attribution theory explained personal factors in general and the thinking, perceptions, and attitudes behind police in their encounters with persons who have a mental illness (Dorn, 2018). In addition, while several factors influenced attitude, a study of police decision-making and behavior will depend upon recognizing the power of attitude to influence behavior (Godfredson et al., 2010; Krameddine & Silverstone, 2015; Wooten, 2020). As Krameddine and Silverstone (2015) explained, there was a link between attitude and behavior expressed in terms of specific attitudes as they are linked to particular behaviors, individual differences, strength of conviction, and conformity and obedience. In the context of this study, for some, attitude was a function of traditional police culture (Silver et al., 2017). For others, police attitude was also influenced by the extent of mental health knowledge they possess, the extent to which they desired to impose social restrictions (on the mentally ill subject), the amount of social distance the

officer deemed acceptable, and the officer's approach to order maintenance and due process of law (Cooper et al., 2004; Wooten, 2020). However, for a few, the prevailing thought was that police attitudes heavily influenced their decision-making.

Cumulatively, the three sets of factors in police gray-zone decision-making were supported in the research and 1) arguments that included that officer perspective on mentally ill persons and subsequent use of discretion are integral to the decision-making process (Schulenberg, 2016) and 2) conclusions that police typically will be compelled to arrest when individual officer factors contribute to "criminalizing the manifestations of [the suspect's] illness as disorderly conduct and making arrests for relatively minor offenses" (Engel et al., 2018); but in 3) conclusive research controlling for legal and extralegal factors showing dissuasive factors and the likelihood that the police would not arrest individuals experiencing mental illness (Godfredson et al., 2010).

Literature Review Related to Key Variables and/or Concepts

This review of the literature focused on mental health and illness in the field of criminal justice, the generally perceived causes of mental illness in a criminal justice context, the stigma attached to mental illness by law enforcement, and the current and proposed alternatives for effective police-mentally ill person interaction. The literature that emerged fit two overview categories and four different categories that provide themes for this study. Following a review of the literature covered for a) a historical overview of policing, criminal justice, and the mentally ill and b) the prevalence of the mentally ill in jails or prisons is the literature covering c) the history of deinstitutionalization. Another theme in the literature focused on d) the mental hygiene

movement, outcomes of which were reflected in the mental health continuum model. More specific literature on mental health and illness in the field of criminal justice was then reviewed, which is followed by research literature on e) the current and proposed alternatives for effective police-mentally ill person interaction.

Historical Overview of Policing, Criminal Justice, and the Mentally Ill

From asylum to deinstitutionalization to shifts in law enforcement, the phenomenon of police interaction with the mentally ill has taken many shapes and has undergone several shifts. Understanding the phenomenon required an overview of mental illness, further discussion of the deinstitutionalization of the mentally ill, and an overview of general budgetary concerns paralleled with general police perceptions.

Mental Illness

Mental illness was referred to as a medical disease carrying connotations of instability, a lack of control, and odd behavior to such an extent that it generated apprehension in those experiencing and encountering it (Hector & Khey, 2018). Mental illness was often perceived as extreme, with little consideration given to the wide range of illnesses associated with mental states (Leff, 2001a). To distinguish between mental health and illness was to question normality's broader perceptions (Fernando, 1991). To understand mental illness, one must place it within a cultural context. However, for matters of interpretation, one must also acknowledge that how one culture determined mental illness was not necessarily transferable to other cultures.

Hector and Khey (2018) believed that mental illness cannot be seen in isolation from mental health and notions of normality. An important point was the inclusion of the

individual in broader society, with the various social norms and displays of appropriate behavior. This kind of society will determine the type of mental illness, its response to the 'abnormality,' and the overall perception of mental health. Questions around the construction of deviance and abnormality centered on how we defined what was permissible and what was not. Whether the behavior was seen as 'rule breaking' or, more sympathetically, as a manifestation of distress influences how that behavior was managed. The effect of this labeling was influential for both society and individuals alike (Gibbs, 2017).

Mental illnesses or disorders most commonly appearing in criminal justice scenarios that start with police interaction included schizophrenia and other psychosis disorders (Magee et al., 2021; Schumann et al., 2017; Wittmann et al., 2021); major depression (Bowleg et al., 2020; Goldberg et al., 2019), post-traumatic stress disorder (PTSD) (Goldberg et al., 2019; Oh et al., 2017), and bipolar disorder (Frederick et al., 2018; Magee et al., 2021; Roesch & Goossens, 2022); panic disorder, obsessive-compulsive disorder, and other anxiety disorders (Oh et al., 2017); and attention-deficit/ hyperactivity disorder (ADHD) and other disruptive behavior disorders or personality disorders (Magee et al., 2021; Retz et al., 2020; Salerno, 2017).

While data was complex to find regarding each of these disorders and prevalence in police interactions, police had been reportedly called to service for cases of schizophrenia or other psychosis disorders, whereby it was found that psychosis was more prevalent among people in prison than people within the general population (Chowdhury et al., 2019). A psychosis diagnosis was found by Magee et al. (2021) to

have a higher odd of repeat arrest than a diagnosis of anxiety, personality disorder, disruptive behavior disorder, or bipolar disorder, respectively. Fragassi (2018) writes, "The social stigma that schizophrenic patients are more violent and unpredictable has led to a climate in which they are more likely to be subjected to interaction with police due to concern by others for what they could possibly do" (p. 20). Aside from healthcare providers, police have reportedly seen more cases of major depression than any other professionals (Olson & Wasilewski, 2016).

In a study with 1,543 adult males in 10 diverse Chicago communities, it was found that those reporting a high number of lifetime police stops have three times greater odds of current PTSD symptoms than men who did not report high lifetime police stops (Hirschtick et al., 2020). Among those with repeat arrests—those who had most commonly been charged with nuisance crimes or substance-related offenses or who had warrant arrests—there was found a higher prevalence of psychosis, conduct disorder, personality disorder, and bipolar diagnoses among black individuals and a higher prevalence of depression and anxiety disorders among white individuals (Magee et al., 2021).

Police have reportedly been called to service in cases of panic disorder, obsessive-compulsive disorder, or other anxiety disorders. According to Oh et al. (2017), police mistreatment or abuse was more prevalent among respondents with psychiatric disorders. It was associated with greater odds of having 12-month mood disorders, anxiety disorders, and posttraumatic stress disorder. Police have been reportedly called to service for cases of attention-deficit/ hyperactivity disorder (ADHD) or other disruptive behavior

disorders or personality disorders that, in one study with a sample of 200 individuals in police custody, resulted in 23.5% being screened positive for ADHD (Salerno, 2017).

When police are called to respond to incidents, they are guided to identify and distinguish between mental illnesses in terms of four types of vulnerability: 1) mental disorder, including mental illness, learning disability, and personality disorder; 2) abnormal mental states, including anxiety, phobias, bereavement, intoxication, withdrawal, and mood disturbance; 3) intellectual functioning and 4) personality (Dehaghani, 2021). To provide an individual with a psychiatric diagnosis and prognosis was to make a subjective social judgment rather than an objective medical assessment of their condition (Clark et al., 2017; Voss & Das, 2021). As there was no definitive formal physiological measure of mental illness, any conclusions and determinants of illnesses are achieved through descriptions and judgments. Attempts to minimize the internalized procedure of diagnosis, provide a semblance of scientific objectification in mental illness diagnosis, and initiate a sustainable and transparent system that resulted in universal identification schemes.

Current Prevalence of the Mentally Ill in Jails and Prisons

The latest statistics included those on the prevalence of the mentally ill incarcerated in prisons and jails. According to PrisonPolicy.org (2021), a total of 37% of people in state and federal prisons had been diagnosed with a mental disorder, and a total of 44% of people in local run jails had been diagnosed with a mental disorder. Also, in local jails, one in four are experiencing severe psychological distress. In addition, a total of 27% of persons imprisoned or jailed three or more times in one year reported having a

moderate to severe mental disorder. Chowdhury et al. (2019) found that of these numbers, and of those diagnosed with psychosis for the first time, 1.7 % occurred in prison. With deinstitutionalization and incarceration, combined with the lack of other treatment options, the implications are significant for this population to end up incarcerated and, as a result, for correctional facilities that "…have become the de facto source for mental health services" (Lyon, 2019, para. 1). In turn, the costs of criminalizing mental illness (Bliss, 2020; Dvoskin et al., 2020) and caring for the prisoners who have a mental illness are high (Bliss, 2020; Lyon, 2019). In America alone, the costs amount to $15 billion annually (Bliss, 2020). Thus, efforts to save costs via deinstitutionalization had merely resulted in a transfer of burden.

Deinstitutionalization and Society

One must recognize that mental illness should be understood within a social context and a historical framework (Clark et al., 2017; Fernando, 1995; Hector & Khey, 2018). The history of mental health institutions and treatments prescribed are examples of these changing perceptions. The closure of psychiatric hospitals and care in the community were recent advancements in mental health practice. Walsh et al. (2020) believed the combination of ideologies, culture, and history causes difficulties in establishing a constant understanding and definition of mental illness and mental health. The contrast between mental illness and mental health was challenging to determine but involved subjective definitions of normality. Mental health, by definition, determines mental illness (Fernando, 1991; Walsh et al., 2020). The correlation of these two notions attempted to assess how optimum health can be achieved and maintained.

The increase in individuals with a mental illness residing in the community was attributed to three significant developments or policy changes in the mental health system. These developments included the emphasis on deinstitutionalization within the mental health field, including downsizing or closing of state and county psychiatric hospitals; the expansion of legal constraints regarding psychiatric treatment, such as stricter criteria for civil commitment; the extension of legal guidelines designed to protect the patient's right to refuse treatment, and the right to receive treatment in the least restrictive setting; and the constant decline in available funding for mental health programs (Teplin, 1984; Cooke, 2017).

The number of cases and patients in state psychiatric hospitals within the United States peaked by the 1950s. At that time, nearly five hundred thousand individuals were in hospitals in state mental facilities out of a total United States population of one hundred sixty-five million (Lamb & Weinberger, 1998). In the 1960s, following five years of research, the Joint Commission on Mental Illness and Health in the United States published a report demonstrating that the mentally ill were not being treated effectively within institutions (Murphy, 1986). This report, combined with calls for mental health care improvements, produced the Mental Retardation Facilities and Mental Health Centers Construction Act of 1963. The Act began making federal funds available for comprehensive mental health services, which were to be provided by community mental health centers rather than state hospitals (Murphy, 1986).

Also, in the 1960s and 1970s, deinstitutionalization policies combined with the discovery of antipsychotic medications, which had beginnings in the 1950s, resulted in

the release of hundreds of thousands of mentally ill individuals. So, by 1998, the number of hospitalized persons in state mental health facilities had decreased to approximately seventy thousand persons out of a total United States population of more than two hundred fifty million (Lamb & Weinberger, 1998). As diagnosed but now untreated persons were reentering the community, and of these, several began to engage in behaviors that made them part of the criminal justice system.

Over these past decades, as the shift in mental health care had become apparent, so has law enforcement undergone a shift away from a traditional reactive model to a model of community-oriented policing (Gelles et al., 2021). Community-oriented policing policy underpins the practices of most policing agencies, and primary principles of problem-solving and the creation of partnerships with local stakeholders make for an underbelly of policing practices, strategies, and techniques for responding in potentially harmful situations where police are in direct contact with individuals who had mental illness or who police have termed mental/emotionally disturbed persons or M/EDPs (Dibeler, 2021; Moribito et al., 2018; Watson et al., 2014). A study by Moribito et al. (2018) found that of 681,546 calls for service responded to by Boston police in 2017, 5,953 calls (0.87 %) specifically involved M/EDPs. However, in a study by Dibeler (2021) of 127 officers that revealed how many days per week they respond to an M/EDP call, the average was three days. According to Weaver (2018), although reliable data is complex to find on rates of M/EDP police encounters, as there was an apparent lack of a standardized framework for the collection of such data, if police agencies collect this data at all, an understanding of the rates of police encounters with EDPs "…is an important

first step in understanding the pattern of police officers' involvement with EDPs...[alongside] a review of rates of mental illness in society [and] a discussion of the possible reasons for apparent increases in such encounters" (Weaver, 2018 p. 4).

The original intent of the Community Mental Health Centers Act of 1963 was to transfer people with mental illness out of prolonged confinement in overcrowded state institutions and into voluntary treatment at community mental health centers (Impact of Mentally III, 2000c). However, Congress failed to fund the Act, so thousands of individuals with mental illness were released from state hospitals and put into communities that did not have the appropriate services or infrastructure to receive them. Some researchers believe that the deinstitutionalization movement resulted in trans-institutionalization, with an enormous number of individuals with mental illness diverted from the mental health system to the criminal justice system (Impact of Mentally III, 2000c). Reductions in mental health funding and the lack of available resources in many communities continue to impact access to treatment significantly. Many jurisdictions do not provide the wide range of mental health services needed to serve the community's mentally ill individuals. In addition to reducing the number of available inpatient beds, many communities lack appropriate case management and outreach services.

Mental Health and Illness in the Field of Criminal Justice

The criminal justice field had been reconsidered to address issues concerning citizens' mental health and well-being (Jones & Day, 2011; Sugie & Turney, 2017; Watson et al., 2008). In addition, criminal justice had been re-conceptualized to accommodate the study of interactions between police and persons who have a mental

illness (Johnston, 2019; Pettus et al., 2021). A generous amount of literature reflected both perspectives of focus in this study. However, according to several authorities (e.g., Bonfine et al., 2019; Williams, 2015), criminal justice was confronted at systems levels with significant challenges relevant to the mental health needs of the people they serve. The systems interception included five points: *Intercept 1* involved interactions with law enforcement and the crisis response system; *Intercept 2* involved initial detention and initial hearings; *Intercept 3* involved jail and courts after initial hearings; *Intercept 4* involved reentry from jail, prison, or a forensic hospital; and *Intercept 5* involved community corrections and community support (Bonfine et al., 2019, p. 356).

While other intercept points were served at legislative levels, whereby policymakers consider policy and legislators enact policies to enhance access to mental health services at various stages in the criminal justice system (Hector & Khey, 2018; Williams, 2015), intercept 1, interactions with law enforcement and the crisis response system regarding mental illness, was relevant to this study. Next, we will look at how mental illness and police perceptions came about.

Mental Illness and Police Perceptions

From the 1950s up to the 1960s, people diagnosed with mental illnesses were often socially rejected as having a mental illness, and the mentally ill were associated with being feared, distrusted, and disliked (Link & Stuart, 2017; Rössler, 2016). In the 1970s, law enforcement's primary reasons for mental illness's unpredictability were fear of misunderstandings of the mentally ill, the mentally ill being treated inappropriately, and lack of accountability of the mentally ill (Hinshaw & Cicchetti, 2000). In the 1990s,

there was a continued desire for social distance from the mentally ill and police perception that mentally ill people tended to be that they were dangerous (Hinshaw & Cicchetti, 2000). From 2000 to the present, some studies exist about the perceptions police have of the mentally ill, but not enough information yet exists on this topic (Hinshaw & Cicchetti, 2000). Hinshaw and Cicchetti suggested that a change in current law enforcement educational programs and campaigns and new program development might help issues associated with the mentally ill population.

Watson et al. (2018) indicated a greater emphasis on quick-fix crime-fighting solutions and policing initiatives. The emphasis was primarily on what law enforcement officers were mandated to do instead of practical applications underscored by systematic hindrances to professional practice. Watson et al. (2018) also noted that research initiatives were designed to help law enforcement agencies recruit, employ, preserve, and promote law enforcement officers to reflect the diversity of their communities. Recognizing that increasing diversity in law enforcement agencies alone cannot solve the innumerable challenges in policing or address every concern about public trust in law enforcement and improving diversity had to be part of the discussion about improving relations between law enforcement and communities where mentally ill individuals live (Watson et al., 2018).

Law enforcement officers performed a wide range of complex tasks. As a part of the criminal justice system, law enforcement officers are looked upon to report crimes and maintain and ensure the community's safety (Tataro et al., 2021). Law enforcement officers' significant responsibilities and duties included the following: enforcing the law,

maintaining order, and providing services (Wilson & Kelling, 2017). An analysis of the research literature revealed several interesting developments concerning law enforcement's perception of people with mental illness. Negative interactions have resulted in numerous consequences, including death (McLeod et al., 2020; Rohrer, 2021; Saleh et al., 2018). Wellborn (1999) stated early on that "…an important source of complaints appears to be how law enforcement officers treat the mentally ill when the two come into contact" (p. 105).

In 2020, the Department of Mental Health (2020) wrote that law enforcement participates in policing endeavors to provide mentally ill people with some direction that may go past order and safety and request for enforcement. Law enforcement officers were first-line responders, middle people, advisors, reference specialists, wrongdoing avoidance entertainers, youth coaches, and substantially more who work nonstop (Department of Mental Health, 2020). As the list of responsibilities grows for law enforcement, so does the need to respond to individuals with mental illness efficiently (Council of State Governments, 2019; Lepore, 2020). All too often, individuals inadequately mistreat mentally ill individuals, and it manifests in ways as they encounter law enforcement, sometimes ending with tragic results (Hauck, 2020). Deciding how police officers respond to and perceive mentally ill individuals can impact encounters. Police insights and activities regularly determine whether individuals can discover the required treatment to enter the criminal equity framework or proceed in their present circumstances (Lepore, 2020; Frierson, 2013).

According to Bernstein (2016) and Schulenberg (2016), experienced law enforcement officers recognize they needed to prepare to react productively to thought-provoking calls thoughtfully. Professionals who worked in the mental health field offer subjective support, while policymakers, on the other hand, required more than police personal experiences. Policymakers required data that states the degree of the issue and the nature of submitting assets and resources to a potential police reaction. Bernstein's (2016) and Schulenberg's (2016) research highlighted the availability of addressing this need by exploring the scale and scope of police officers' encounters and perceptions of mentally ill individuals.

Law enforcement's perceptions and experiences in policing the mentally ill may impact how they perceive mentally sick individuals. According to Bernstein (2016) and Schulenberg (2016), age was a strong predictor of an officer's perception of mental illnesses. They discovered that longer-tenured law enforcement in this study might have more exposure and experience while policing individuals who have a mental illness. Johnson et al. (2019) also demonstrated that law enforcement had a higher level of empathy when working with a mentally ill person. The perceptions of law enforcement officers about the mentally ill may influence their capability to help the people they are assisting (Council of State Government, 2019). Little was known about law enforcement's experience of this process (Soares & Pinta da Coasta, 2019). This proposed study was necessary because police officers are the link and security for people with mental illness.

Taniguchi and Salvatore (2018) believed mental illnesses vary by their symptoms and the individual. An officer's ability to understand the signs of mental disorder may influence calls involving individuals with these illnesses. Jines (2013) believed law enforcement's perception of a mentally ill individual would likely have the officer adjust their response to fit the call. For example, an individual with a mental illness associated with schizophrenia or bipolar disorder may be less likely to understand the officer's commands than someone with anxiety (American Psychiatric Association, 2013).

In 1981, the legislature established the Law Enforcement Officers Training Program (LEOTP) Act, establishing criteria for hiring, training, and education (Department of Public Safety: Mississippi, 2021). The Board on Law Enforcement Officer Standards and Training (BLEOST) was formed to execute the legislation, with the Criminal Justice Planning Commission providing administrative and monetary assistance. The Board ensured law enforcement officers had the necessary skills and knowledge for societal demands (Department of Public Safety: Mississippi, 2021).

The President's Task Force on 21st Century Police (2015) outlined its recommendations for effective police strategies. The report was divided into six categories: Building Trust and Legitimacy, Policy and Oversight, Technology and Social Media, Community Policing and Crime Reduction, Officer Training and Education, and Officer Safety and Wellness. The recommendation was to form a National Crime and Justice Task Force to investigate the criminal justice system and propose improvements. The task force endorsed a holistic approach to community-based programs tackling poverty, education, and health and safety issues. The report included a compilation of

session witnesses, biographical information, and written evidence from various stakeholders (President's Task Force on 21st Century Police, 2015).

Also, the Crisis Intervention Team (CIT) coalition (2013) recognized that the significance of training for law enforcement was crucial. According to Rogers et al. (2019), CIT had been implemented on both national and international bases. Petersen and Densley (2017) added that police departments operate about 1,000 CIT programs in 49 states. The CIT training will show that it is essential in providing a beneficial outcome for individuals with mental illness. Tataro et al. (2021) and Gur (2010) demonstrated that officers using the CIT model were significantly more likely to use intervention services.

However, according to Gur's and Tataro's study, people with a mental illness who lived in communities with insufficient intervention services often find police resources strained, as law enforcement became the default method for handling this population. Police officers needed to help people with mental illnesses while noting the benefits of using intervention services that lead to decreased crime levels (Tataro et al., 2021; Watson et al., 2017). Also, reducing financial stressors on the police department minimized the severity and overall dangerousness of calls when police officers responded. The researcher will seek to understand whether law enforcement's perception, empathy, education, experience, and mental health training are related to police officers' attitudes toward people who have a mental illness.

The Stigma Attached to Mental Illness by Law Enforcement

Stigmatic perceptions of mental illness had been found in law enforcement (Lockwood et al., 2021; Wise et al., 2021). While perceptions of mental illness have

overall been positive, some law enforcement officers from urban and rural settings alike have been found to have attitudes toward mental illness that precipitated the need for further training (Brooks III, 2018; Campbell et al., 2017; Haigh et al., 2020; Lockwood et al., 2021; Wise et al., 2021). Also, studies have shown that police attitudes play a role in their handling of situations involving people who have a mental illness (Tartaro et al., 2021). Soares and Pinto da Costa (2019) found that while officers acknowledged that their encounters with the mentally ill were an integral part of police work, they did not believe that it was a proper task for them and found it to be an undesirable and challenging aspect of their job. After a review of the literature, Murphy (1986) found that the reasons most frequently cited for the above beliefs included (a) uncertainty as to where law enforcement ends and social service tasks begin, (b) a lack of training in techniques for managing this population, (c) questions regarding the effectiveness of the mental health system in general, (d) feelings of futility and lack of control over the situation, (e) difficulty separating personal and professional feelings, and the feeling that cases involving the mentally ill took away from real police work. Additional dimensions informed these beliefs included the conscious or subconscious stigma attached to mental illness by law enforcement (Haigh et al., 2020; Soomro & Yanos, 2019; Tomar et al., 2017).

Haigh et al. (2020) suggested seven sub-dimensions of mental illness stigma: 1) interpersonal anxiety, 2) relationship disruption, 3) poor hygiene, 4) visibility, 5) treatability, 6) professional efficacy, and 7) recovery. Interpersonal anxiety reflected feelings of anxiousness, nervousness, uneasiness, fear of physical harm, and general

danger when around [individuals with mental illness]. Relationship disruption included feelings about mental illness impairing meaningful relationships and typically measures whether an individual believes they can have a normal and healthy relationship with an [an individual with mental illness]. Although this may reflect a belief that [an individual with mental illness] cannot maintain meaningful relationships, it can likewise reflect an individual's sense that they cannot keep a personal relationship with an [individual with mental illness]. Poor hygiene reflects stereotypes about the physical appearance of [individuals with mental illness], including a perceived lack of ability among [individuals with mental illness] to care for themselves. Visibility reflected an individual's belief that they can discern mental illness in others through the recognition of visual clues. Treatability demonstrated an individual's beliefs about whether mental illness can be treated. Professional efficacy concerns the belief that mental health professionals had appropriate skills and are effective at the treatment of mental illnesses. Recovery reflects beliefs that [individuals with mental illness] had the potential to recover from their mental illness (p. 47).

As Parnas (2017) noted, a study of police involvement with the mentally ill focuses on several factors, which included psychiatric concerns and the frequency of occurrence, the level at which involvement occurred, and how law enforcement dealt with mentally ill individuals. From a law enforcement perspective, an additional area of concern must be the severe type of mental illness they were required to assess and deal with (Kane et al., 2018b) based on their beliefs as well as their knowledge about mental illness in criminal contexts. The Council of State Governments (2019) believed that when

law enforcement dealt with the mentally ill, they were required to examine a variety of issues that compound an individual's mental illness. These issues concerned not only their practice as individual officers but also broader organizational issues. Also, the Council of State Governments (2019) believed that the police subsequently resolved these dilemmas in the face of demands on their time, expertise, and resources, depending on their perception of the identified "problems." Equally, police organizations were responsible for providing an answer to the demands of this particular social problem.

While the formal approach provided one context, the police generally use their existing powers and resources to manage the mentally ill in the community. Questions concerning the function of law enforcement remained despite the proliferation of formal procedures and schemes. The main question was, what was the role of law enforcement, and how do they manage individuals with a mental illness? As a social institution, law enforcement possessed specific attributes and generated assumptions surrounding both its function and practice (Hick, 1997a; Manning, 2014). These changed in response to social, political, and historical developments. These factors have led to an often-evolving image of the police service. Manning (2014) wrote that law enforcement services fulfilled several functions in society, and these responsibilities covered a range of social aspects, including protection, welfare, and community support. There was a mismatch between the public desire and acknowledgment for the police to be visible and 'on the beat' and the need for increased efficiency and cost-effectiveness in police performance (Hick, 1997a). The dichotomy between these two elements meant that law enforcement struggled to prioritize and fulfill their roles and tasks.

Law enforcement was no longer sure about their role (Haigh et al., 2020). Their response to this uncertainty had been implementing organizational changes, such as emphasizing crime prevention and implementing organizational systems at regional and national levels. While they have displayed increased levels of professionalism, the main argument surrounding the central role of the police in society has not been resolved. Haigh et al. (2020) believed the apparent lack of common morals or values in post-modern society had placed law enforcement officers in a difficult position because they remain an integral part of the construction of social behavior and norms.

By recognizing certain behaviors and actions as unlawful, they reaffirmed these acts as deviant and illegal, thereby maintaining the acceptable standard of social order. McLaughlin and Muncie (1996) argued that law enforcement had considerable power and influence, affecting their work content, and determining their development. The changing focus of practice had ensured that law enforcement faced various demands on their skills, resources, and time (Haigh et al., 2020). This reliance had contributed to police work's apparent defusing and complex nature and difficulty defining the boundaries of law enforcement roles and tasks. With the changing objectives of the police and the emphasis on efficiency and effectiveness, it may not be easy to assess the diverse roles of the police and the functions they currently fulfill in society (Haigh et al., 2020). For officers, the dual expectations of order maintenance and law enforcement incorporate possible conflicting responsibilities and approaches (Muncie & McLaughlin, 1996).

DeLint (2003) questioned the role and interpretations of the role of modern policing. The author recognized the core perspectives on police work developed over the

past forty years. In sum, the arguments suggested that the role of law enforcement officers was seen as either coercive authorities or knowledge workers. Where law enforcement officers were seen as "coercive authorities" (De Lint, 1998, p. 380), the predominant issue focused on applying force in maintaining order. Here, the police were defined by their function. This perspective recognized that police authority, morality, and working personality all contributed to the 'framing' of coercive action. Equally, it identified specific attributes as core, self-reliance, individual interpretation, and the reactive skills of the police officer. A critique of the approach was its limitation in defining the police role. The police did more than merely use force.

Where law enforcement officers were seen as "knowledge workers" (De Lint, 1998, p. 383) defined knowledge as police knowledge in criminal investigation, handling police informants, political policing, and counterterrorism. The essential elements included information processing that allowed the police to detect and present cases. Through communication systems and schedules of the organization, the officer acquired information and knowledge that was used as a "means to an end" in achieving law enforcement goals within the context of a society dominated by risk. As De Lint (2003) argues, questions needed to be raised, including 'for whom' this role is fulfilled. The police here 'penetrate the viability of targeted populations, gathered certain kinds of information, and used it to support political aid (DeLint, 2003, p. 386).

De Lint (2003) argued that these two definitions or descriptions are necessary for re-examination and discussion. The debate continued as to the role of the police in modern society. Waddington (1993) provided one interpretation of police work. The

author identified explicitly the ‘order maintenance role.’ It is a role that the public felt most comfortable with. Order maintenance, or ‘peacekeeping,’ required different interpretative levels and involved interpreting the law, labeling, assigning blame, and determining the appropriate level of conduct. Order maintenance also led to initiating police action, whether it was ‘citizen invoked’ or the police had initiated the action themselves (Singh, 2017). As Waddington (1993) stated early on, these distinctions effectively d the law-abiding from the lawbreakers. It was an area by which law enforcement was judged and challenging to evaluate. It also was an area where the police had the least control.

Specific issues transpired concerning the order maintenance role, most notably the extent and type of order imposed. The usual perception of the police as controlling crime was unrealistic. Policing methods and presence do not necessarily influence crime levels, and the factors behind a criminal act were innumerable. While the police developed specific strategies, such as the increased use of technology, controlling extralegal factors raised issues concerning the extent of police influence. Possible variables such as social deprivation, unemployment, the moral and social climate, and the standing of social norms may all contribute to the enactment of crime. As one of the numerous social agencies, law enforcement was equally affected by these demographic and cultural factors (Van Ness, 2018). Key roles emerged when detailing the actual work and practice of the police. The police fulfill seemingly contradictory roles: order manager, law enforcer, and public servant (Van Ness, 2018). Each carried specific connotations, such

as law enforcement, maintaining social order, and provided humanitarian and community service (Pugh, 1986; Van Ness, 2018).

Van Ness (2018) wrote that one problem that emerged from multiple roles was the expectations of individual law enforcement officers and the various internal personas that provide predicaments and conflict. The police required mechanisms to identify and form solutions, both internally and externally (Lum & Koper, 2017). What was of specific relevance for the police officer was the notion of the "internalized self," which manifested itself in the tendency for the individual to include part of themselves within the particular role they fulfill, incorporating a definitive manner or style (Pugh, 1986). Outcomes for law enforcement involved the concept of policing, which interplayed with their role in the performance of tasks. Their choices and priorities were dependent on their perception and perspective of policing. In situations that emphasized the law enforcement aspects with clearly defined boundaries, the notion of policing and police work was straightforward. When situations arose that required numerous roles, conflicts emerged, such as domestic violence and mental illness. In simple and defined cases, the police officer clearly understood the action to take (Pugh, 1986; Lum & Koper, 2017). In more ambiguous occurrences, additional factors were prevalent, including the ideology and principles of law enforcement officers, their concept of policing, and the details of each case.

In 2020, definitions of law enforcement practice suggested that, regardless of their inclination to be mainly crime fighters, most of their work centers on the wide-ranging service role comprised of law enforcement, peacekeeping, and crime control (Bittner,

1970; Cortright et al., 2020). It was in this capacity that law enforcement can be seen as working with people with mental illness. However, police often viewed this service function negatively. As Waddington (1993) asserted, "The problem lies in law enforcement attitude to such demands for assistance. Officers, most of whom regarded their role as 'crime fighters, often regard such calls as 'rubbish' on which they were reluctant to spend time and effort." (Waddington, 1993, page 6). Attached to this service dimension was realizing the 'caring' aspect of policing (Queirós et al., 2020). The distinction between the service ideology and the more authoritative law enforcement presentation was apparent within their dealings with people who have a mental illness (Lum & Koper, 2017). It was difficult to distinguish between the caring actions of the police towards the mentally ill and the more controlling aspects established within the police role, which call for the maintenance of order and stability. The apparent contradiction in roles further hindered the police in clearly defining their practice.

Overall, the police tasks were "'means orientated' rather than 'goal orientated'" (Waddington, 1993, p. 175)—both the level of resources and the consent of the public influenced the role of the police. The police, to some extent, were acting with the permission of broader society. Further examination of this seemed to point to the police fulfilling tasks and roles because 'that is what they had always done' (Waddington, 1993, p. 175; Lum & Koper, 2017). The roles of law enforcement were determined partially by their history, expectations of their actions, and justification of their presence. Whether they were maintaining the social order or fighting crime, behind their role was the

dependence on a working culture to help law enforcement define what they do and why they could do it.

Law enforcement officers operated with various legal and governmental objectives, including consideration of police resources, both legally and materially. Equally, the broader policy context had relevance for the authority and responsibility of law enforcement within the mental health arena. In addition to the legislative framework, non-related policy influences impacted the work of law enforcement (Tobin, 2019). Within other law enforcement work areas, such as child protection, the police confronted situations that extend the remit of their everyday work. Tobin (2019) wrote that there was an acceptance of police involvement in society's many dilemmas and social problems; therefore, the policy dictating the mentally ill's treatment affects law enforcement's experience. Law enforcement had a policy framework in which their interactions with the mentally ill were influenced and determined.

The closure of psychiatric hospitals, the concept of social integration of the mentally ill within the community, the shortfall between these expectations, and the problems of cross-organizational work have all placed limitations on community care. Agencies have experienced complications, reorganization, and challenges in implementing reasonable care. Individuals experiencing mental illness or mental health problems have witnessed varying levels of care, leaving some isolated. For law enforcement as a social agency, these occurrences had presented them with further challenges.

Law enforcement had an established and accepted role in dealing with social dilemmas. Their practice can be seen as gatekeepers between the mental health and criminal justice systems (Tobin, 2019). When dealing with the mentally ill, law enforcement will call upon their practice and skills, including assessment, discretion, quick decision-making, and the necessity for multi-agency work (Tobin, 2019). Their role in dealing with mentally ill individuals raised questions about responsibility, appropriateness, and compatibility with their overall function. They have often been seen as a secret social service, bridging the mentally ill and relevant agencies (Thomas, 1994). The starting point for this relationship was essential. As Thomas and Watson (2017) and Soomro and Yanos (2019) revealed, mentally ill individuals are more likely to contact the police during a crisis, especially when there was difficulty accessing other, more relevant services. Many fail to access more suitable treatment regimens (Birmingham, 2001).

Stephens and Becker (1994) claimed earlier that the mentally ill were exposed to instability and ostentatious behavior generally, with their visibility in public places escalating the probability of police contact. It acknowledged that the number of mentally ill coming to law enforcement's attention was increasing more frequently (Community Care, 1997; Roughton, 1994). So, the police were being called upon to deal with psychiatric patients who were both homeless and isolated (Brine et al., 2021; SAMHSA, 2020; Waddington, 1993). For many, the transition from institutionalized medical care to penal incarceration through law enforcement was quick and inevitable. Law enforcement constantly reacted to situations they did not initiate; however, how they did this was primarily determined by individual forces, their involvement in formal schemes, and the

police culture's existing philosophy. The involvement of the police as one of several public agencies should come as no surprise.

Stephens and Becker (1994) noted this prevalence. The process might involve repeated associations with the police for sections of the mentally ill, culminating in the 'revolving door syndrome' familiar phenomenon. Parker et al. (2018) stated that between 20% and 45% of policing time was spent interacting with persons with mental disorders, and Gottfried and Christopher (2017) surmised that 25% of these interactions had resulted in arrest. The fact that the police were acquainted with a significant minority raised some concerns regarding their use as a 'social care agency' and the type of care the mentally ill experience. Further, the sustained movement of the mentally ill from one agency to another characterized a low level of supervision in the community and inadequate treatment. Ward and Prasad (2021) discovered that those discharged from hospital to volunteer-administered homes have a higher rate of police involvement and re-admission to hospital. Watson and Wood (2017) reiterated that the police are routinely in contact with the same group of mentally ill. In interviews with the police, the researchers found a pattern they emphasized regarding the significant amount of time the police spent dealing with the same mentally ill. This complication made police recognize that these numbers make up only a fraction of all of the mentally ill in the community and propose alternatives for effective law enforcement/mentally ill individuals' interaction.

The Current and Proposed Alternatives for Effective Police-Mentally Ill Person Interaction

Furthermore, a study of current mental health and criminal justice concerns was only completed considering extant and proposed solutions. These included reducing police contact with persons who have a mental illness (Abramson, 2021; Beck et al., 2020; SAMHSA, 2020), improved interactions between police and the mentally ill (Krameddine & Silverstone, 2015), mental health training for police (Brooks III, 2018; Campbell et al., 2017; Scantlebury et al., 2017; Thomas & Watson, 2017), law enforcement-mental health collaborations (BJA & CSG, 2019; CSG, 2019; Kohrt et al., 2015; Parker et al., 2018), and police-based crisis intervention [CIT] (Compton et al., 2014; Johansen, 2017; Kane et al., 2018a; Rogers et al., 2019; Tartaro et al., 2021; Watson et al., 2017; Wood & Watson, 2017). In general, there was a suggestion by Mental Health America (MHA) (2021) to keep people with mental illness out of the juvenile and criminal justice systems, support people with appropriate and needed mental health services, and eliminate discriminatory practices and punishments. Keeping people with mental illness out of the juvenile and criminal justice systems required, first and foremost, timely and accurate mental health screening and evaluation developed by stakeholders with services that meet the needs of this population (MHA, 2021). These services, supported by significant increases in public investment, must be integrated across public and private agencies and must include individual treatment plans focused on consumer recovery and choice for mental and physical healthcare, case management, appropriate housing, supportive education, integrated substance abuse treatment, and

psychosocial services (MHA, 2021). It was further suggested that for youth, there were incentivized diversion practices coupled with early intervention efforts by school staff, planning teams, and community providers, among others (MHA, 2021).

According to the MHA (2021), supporting people with appropriate and needed mental health services will require advocates working to inform members of law enforcement and correctional groups, judges and attorneys, mental health professionals and advocates, prisoners and their families, and the community and the media on the significant numbers of persons with mental illnesses in prisons and jails as well as the difficulties and costs of providing appropriate mental health care. Educating, advocating, and developing effective strategies are then in order (MHA, 2021).

Also, according to MHA (2021), eliminating discriminatory practices and punishments will require collaboration by allies making efforts to appeal laws in states that permit a sentence of life without parole and making efforts to eliminate sentences of life imprisonment for juveniles and instead provide a complete insanity defense for defendants whose mental illnesses prevent them from understanding the wrongfulness of the act or prevent them from controlling their behavior. Suspension of such extreme criminal justice practices as the death penalty should be carried out until more just, accurate, and systematic ways of determining guilt and considering a defendant's mental status are developed (MHA, 2021). In this respect, the law enforcement agencies would be called upon. Moreover, where it is up to law enforcement to determine suspicion of guilt while taking into consideration mental status, training initiatives have begun, including those for strengthening community partnerships (Campbell et al., 2017), police-

mental health collaborations (BJA & CSG, 2019; CSG, 2019; Kohrt et al., 2015; Parker et al., 2018), mental health training for police (Brooks III, 2018; Campbell et al., 2017; Scantlebury et al., 2017; Thomas & Watson, 2017), and police-based crisis intervention [CIT] (Compton et al., 2014; Johansen, 2017; Kane et al., 2018a; Rogers et al., 2019; Tartaro et al., 2021; Watson et al., 2017; Wood & Watson, 2017).

The primary areas of training for police academies fall into several categories: operations, firearms, self-defense, use of force, self-improvement, legal education, and mental illness (Blumberg et al., 2019). However, in these areas, the number of hours of training was disproportionate. For instance, operations required 213 hours of training; firearms, self-defense, and use of force together require 168 hours of training; self-improvement requires 89 hours of training; and legal education requires 86 hours of training (Blumberg et al., 2019). However, mental illness only required 10 hours of training (Blumberg et al., 2019). Moreover, research suggested that many law enforcement officers did not feel adequately trained to respond to and assess mentally ill incidents competently (Campbell et al., 2017; Haigh et al., 2020).

Solutions for CIT training was one of the most popular and involved specialized training for law enforcement so that certified CIT officers can provide first response on every shift, and training for emergency dispatchers so that they can recognize a CIT call, ask appropriate questions, and dispatch a CIT officer" (Peterson & Densley, 2018, p. 522). With more than 1,000 CIT programs now in operation in 49 states and four countries (Peterson & Densley, 2018), the CIT training model "…aimed to reduce the risk of serious injury or death during an emergency interaction between persons with

mental illness and police officers" (Rogers et al., 2019, p. 414). While Peterson and Densley (2018) find criticism for CIT training effectiveness because of "…varying outcomes, a reliance on self-report data, lack of comparison or control groups, and inadequate follow-up data" (p. 521), others like Steadman and Morrissette (2016) believed CIT training would help law enforcement and perceptions to use different tactics that positively influence individuals and organizations, supporting the need for continued training for law enforcement to educate them on working with the mentally ill population.

The CIT model also included partnerships and collaboration between law enforcement and mental health service providers, including advocacy work, access to mobile crisis teams, and a 24/7, no-refusal drop-off facility (Peterson & Densley, 2018). This dimension of the CIT training model fed into the solutions for partnerships, collaboration, and training plus integration with mental health profession services, making up an urban co-response police-mental health team that would accomplish the aim of reducing the increasing number of persons with mental illness being incarcerated (Bailey et al., 2018). Together with policy, programs, and advocacy, the research literature to date seeks to achieve these goals, ultimately facilitating emergency response through law enforcement alone by linking patients to mental health resources rather than to the criminal justice system.

Summary and Conclusions

Addressing the needs of people with mental illness becomes a significant and overwhelming task that was handed over to law enforcement more and more to handle. Very little evidence supported the idea that this dynamic would change anytime soon,

especially when budgeting and funding issues were considered. Given this fact, coupled with such high instances of contact between law enforcement and individuals with a mental illness, it is imperative for both groups that law enforcement was provided with the necessary tools they needed, such as knowledge and education, to assist people with a mental illness effectively. This study may initiate more studies that attempt to explore reasons as to why many interactions are negative. The more information about what factors influence negative interactions, the more can be done to mitigate those factors and decrease negative interactions.

Literature suggested that the likelihood of interactions occurring continues to increase as the prison, jail, and death population grows. Interaction made it even more crucial that law enforcement officers have the education and training to interact positively or negatively with individuals with mental illnesses. There were various types of negative interactions, such as people who have a mental illness being denied access to treatment and care, horrible living conditions, verbal, and physical abuse, and even death. The literature also provided thoroughly researched information as to the factors such as changes in social policies, lack of other resources for mentally ill persons, and the criminalization of mental illness which have caused there to be such a high number of negative interactions between law enforcement and individuals with a mental illness.

Although the information on law enforcement training provided the frameworks for punitive, punishment, and military styles in which they were trained, it did not specify the perception and little on attitudes and behaviors law enforcement officers had regarding people with mental illness. However, what was known is what practical

training entails; therefore, we can explore through face-to-face interviews with law enforcement what perceptions, behaviors, attitudes, and decision-making they had and compare it to what the literature indicated as adequate knowledge needed to interact with the mentally ill population.

Next, in Chapter 3, I will discuss in detail the research methods for this study. The discussion will include an introduction, research design and rationale, role of the researcher, methodology, and specific procedures for participants. Also included will be the identification of recruitment and contact, ethical procedures, instrumentation, procedures for recruitment, participation and data collection of law enforcement, data analysis, trustworthiness, and summary and conclusion.

Chapter 3: Research Method

This generic qualitative study had two purposes. First, I sought to investigate and understand law enforcement officer's attitudes, perceptions, decision making, and behavior in interactions with individuals perceived to be mentally ill. Second, I explored, from a police perspective, what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. The research involved qualitative data collection using a single case study design.

The following research questions guided this study:

RQ1: How did police officers perceive their interactions with mentally ill individuals?

RQ2: From the perspective of police officers, in what ways should police officer training be altered to improve outcomes in dealing with community members with a mental illness?

Mental illness and society's response to its prevalence are laden with disagreements, difficulties, and challenges. Law enforcement officers' expert and trained responsibility ensures they developed mechanisms for dealing with distinct predicaments (Campbell et al., 2017). I focused on law enforcement's perception of the mentally ill as they deal with current issues in the community and how police training for interacting with the mentally ill individual may minimize the number of deaths that occur. This study's outcomes contribute to existing research and add to the understanding of how police officers perceive their interactions with mentally ill persons to improve future

training. Prior research was centered on mental health training effectiveness in terms of numerous variables on law enforcement after training was complete (see Campbell et al., 2017; Compton et al., 2014; Helfgott et al., 2016; Hoffman et al., 2016; Tomar et al., 2017). Researchers did not distinguish between law enforcement officers who had volunteered for training versus those assigned to training.

In this chapter I will discuss the research method used to complete the study. The generic qualitative study research design is described as the rationale for using this research design. Also, a discussion of my role of the researcher as observer, researcher, and interviewer includes a discussion of researcher biases. The methodology section provides coverage of the case agency demographics and details, the snowball sampling rationale for selecting participants, data collection instrumentation, procedures for carrying out the methodology, and efforts to avoid trustworthiness issues. I conclude the chapter with a summary.

Research Design and Rationale

I used a generic qualitative study research design for this study. A qualitative approach was considered necessary to answer the research questions and to help understand law enforcement officers' perceptions of their interactions with mentally ill individuals and whether the attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. A generic qualitative approach was chosen to leverage the benefits of qualitative data collection to increase understanding of the complexities of a particular social world (see Edmonds & Kennedy, 2017). Within the study of social interactions, using a qualitative

design to focus on statistics and facts rather than the meanings, perceptions, and interpretations was to limit the picture that could be drawn after gathering information, perspectives, perceptions, and beliefs for data that can enrich the understanding of the phenomenon (see Rudestam & Newton, 2015). The advantage of taking a generic qualitative approach was in increasing awareness of the phenomenon under study and doing so using a rich amount of data that was natural and not artificial (see Flynn, 2021). With this approach, I aimed to provide a view of what was occurring for law enforcement at a particular period and concerning the social context of mental illness.

As opposed to the use of a quantitative research approach and design, the use of generic qualitative research here, particularly in examining law enforcement, was not just to establish the basic facts of their encounters, such as the frequency and number of contacts with the mentally ill, but to also capture perceptions and expressions of the phenomenon in context (see Edmonds & Kennedy, 2017). Official statistics reflect more about the organization than the actual social encounters. In the police-mentally ill process, the lack of substantial official figures on the type and level of involvement illustrated the difficulties in categorizing these incidents. It also highlighted the police belief that implies that this area is not within their usual domain (Edmonds & Kennedy, 2017; Ritzer, 1992).

The generic qualitative study design was most suitable for my study because it afforded several advantages that lent to a robust study of a particular phenomenon in social science contexts (see Baxter & Jack, 2008; Yin, 2018). The generic qualitative study allows a researcher to focus in-depth on a case—learning what of the case and how

it functioned or interacted with its "real-world contextual environment" (Yin, 2018, p. 5)—and to gain its holistic or real-world perspective (Yin, 2018). Moreover, because it allows for both confirmatory (deductive) as well as explanatory (inductive) findings (Baskarada, 2014; Yin, 2018), the generic qualitative study design helped me align my study with the theoretical propositions inherent in the literature (see Baxter & Jack, 2008) and to the theory (see Baskarada, 2014; Donmoyer, 2009; Yin, 2018).

Role of the Researcher

I adopted many roles in completing this study. Merriam et al. (2002) presented several fundamental roles the researcher can have in conducting research. Merriam et al. stated that "the researcher investigates or inquires, listens actively, searched and explored, compared, verified and confirmed, composites all the information, and evaluates" in the study (p. 1). As I conduct my study, I will attempt to access the feelings and thoughts of the participants in my research to gain an understanding of their experiences.

Role as Observer

My role as the researcher within the overall process was vital as it influenced the responses received and the findings presented. The social practice of individuals cannot be fully understood until the practice of the observer or researcher has been scrutinized (Schapp, 2021). Specific researcher roles included "exploring law enforcement participants' perception; understanding, knowledge and what factors influenced their perception; and understanding and knowledge of law enforcement (Schapp, 2021)".

Schapp (2021) believed these skills will assist in building rapport and trust, which is part of the interview process and is essential to increasing the credibility of the findings.

Role as Interviewer

My role as the researcher in interviewing law enforcement participants was a crucial factor in the success of this study. The researcher was considered an instrument in qualitative studies (Chenail, 2011a). Approaches and abilities needed to be implemented by the researcher, such as responding empathically, having knowledge and skills, having multi-cultural awareness, and being reflective to interview the participant effectively (Leake, 2019). Therefore, I actively attempted to generate memories and opportunities for the participants to reflect and be willing to discuss.

I adjusted to each participant's style to be highly involved in the interviewee's experiences. This assisted in establishing and maintaining a good rapport with the interviewee. In this study, establishing rapport helped foster positive relationships, which would help make law enforcement officers more comfortable and open to sharing their experiences, perceptions, and thoughts. This provided me with richer data for the study. I took the position of seeing the participants as the experts regarding their own experiences (see Leake, 2019).

Personal and Professional Relationships

My experience as a support coordinator and resident supervisor of an intermittent care facility who worked with mentally ill persons had a slight advantage in completing this study. Being close to the mentally ill population provided me familiarity with this specific population's mental health aspects. Familiarity contributed to better formulation

of the interview questions and helped conduct the actual interviews. My prior professional experience was also beneficial, as it provided an opportunity to observe first-hand interactions between a person with a mental illness and law enforcement officers. I had the chance to learn about the mentally ill culture from an intimate environment, professionally and personally. Mentally ill culture provided an increased understanding level. However, it did not increase my involvement to the type of bias that could present itself if I were an actual law enforcement officer or mentally ill individual. These previous experiences and observations can be meaningful in providing a foundation for developing relative and appropriate interview questions.

Researcher Biases

As I worked in a profession that treats the mentally ill population, researcher biases and opinions based on my personal experiences were thoroughly addressed using interpersonal process recall and discussing biases with committee members (see Chenail, 2011b; Meyers, 2015;). Caution was exercised by not selecting any participants for this study with whom I have worked closely, which could compromise the quality of the study. This process required me to reflect on personal thoughts, feelings, and beliefs that arise during the entire research process to mitigate bias (see Meyers, 2015). Additionally, much bias can be alleviated by implementing "precautions required by the study's design, such as processing feelings and thoughts, with the chair and committee" to reduce countertransference (Meyers, 2015, p.89). I used such precautions in the completion of this research.

Ethical Issues

As previously stated, one of the most critical factors in ethical issues was that a researcher must acknowledge and be mindful of biases throughout the study's implementation (Baskarada, 2014; Yin, 2015). While working as a supervisor in a mental health facility, being unbiased and not allowing personal feelings, beliefs, and opinions to impact the interview process was a skill that I exercised daily. Being impartial or preventing personal feelings from becoming overwhelming or intrusive was beneficial in conducting this study. It made interviewing and analyzing responses easier, especially when presenting credible research results. The extensive experience of working objectively without bias helped me interview law enforcement officers about their interactions with mentally ill people. Also helpful was conducting interviews using effective communication, rapport building, and emphatic listening, skills with which I had significant experience and were vital in the data collection (see Qu & Dumay, 2011).

Methodology

Participant Selection Logic

Snowball sampling was done to select recruited participants who are currently or formerly employees of Police Departments. Snowball sampling is a nonprobability sampling strategy that is conducted to meet purposes relevant to the study and is often used for case studies (Yin, 2003). By using snowball sampling, I was able to research the perceptions, attitudes, and decision making of law enforcement officers who have had at least one encounter with a mentally ill individual. Law enforcement may be on active duty or retired. The intended sample size is 10 participants. In purely qualitative research,

the sample size should be between a minimum of 30 and a maximum of 500 (Vasileiou et al., 2018), and in qualitative research alone, the sample size is necessary only to ensure data saturation, the point where no new information will emerge or no additional themes emerge from the data collected, provided the sample is representative. Ten participants should suffice the sample size, which was specifically chosen to meet the criterion of reaching data saturation, so I sought 10 study participants to reach data saturation.

The sample included (a) police officers who have or had 1 or more years on the force; (b) officers who have completed mental health training that law enforcement officers have, whether formal or informal, or have an interest in mental health training; (c) officers that were familiar with assisting people who have a mental illness; and 9d) officers that had knowledge of or interest in any de-escalation tactics in working with the mental health community. To recruit active-duty police officers, I asked permission from police chiefs to advertise for participants in the study. The advertisement calling for active-duty officer participants explained the purpose of the study, included the criteria for participation, and provided contact information for potential retired police officer participants to email, call, or Facebook message me. To recruit retired police officers, I asked police chiefs for permission to access retiree rosters. If this was not possible, I posted a call for study participants who are retired officers using the Facebook pages. The call for participants also explained the purpose of the study, including the criteria for participation, and provide contact information for potential retired police officer participants to email, call, or Facebook message me (Appendix A- approved # 08-22-23-0762868). Potential participants were asked to note whether they had received any mental

health policing training to screen for potential participants at the recruitment stage. The yes/no question was: “Have you received additional training on serving people diagnosed with a mental illness?” [“If no, are you interested in mental health training?”] For those with a yes response to having received training, a contingency question will be asked of respondents to indicate when and where they received training focused on mental illness. Another question was: “Have you ever transported an individual following a mental illness episode to a hospital or residential setting?” A contingency question was asked of respondents to estimate how many times in the past year. The next question was, “Have you answered any calls involving people who have been diagnosed with a mental illness?” The contingency question was asked of them to estimate how many times. The last question asked: “Has your mental health training, thus far, been adequate?” The contingency question was asked, “If answered no, what information do you think would benefit your work as a law enforcement officer?”

Procedures for Recruitment and Participation Criteria

I contacted the Police Department management for tentative approval pending institutional review board (IRB) approval permission to publicize participants for this study. Tentative permission was granted verbally. Once IRB approval was given, I again asked permission (or confirm tentative permission as permission to proceed) via email asking for permission for my recruitment flyer (Appendix A using approved number 08-22-23-0762868) to be sent out to all law enforcement officers in their department through a mass email. I had the flyers and informed consent forms delivered through my email and the police department’s email addresses.

Also, onsite recruiting was considered in combination with recruiting through social media. By doing onsite recruiting, the goal was to get permissions for and make arrangements with the police chiefs, the precinct sergeants, and the training coordinator officers to have a flyer present so any currently working law enforcement officer who would be interested can approach me about participating in the research study. By recruiting through social media platforms such as Facebook and Twitter, retired police officers interested in participating could also approach me. The respective flyers explained the purpose of the study and the call for participants. Law enforcement interested in participating was given the link to the online preliminary interview questionnaire with instructions for completing the questionnaire. I believed this approach to my research study allowed face-to-face interaction with anyone interested in contributing (Roghanizad & Bohns, 2017). Using the snowball sampling technique also helped recruit additional participants from my initial pool of participants.

The Rationale for the Number of Participants

I planned to recruit samples of law enforcement participants until I had at least 10 potential participants. Demographic information was gathered and presented in the study narrative. The information included age, gender, race, years of service, and law enforcement's encounter with individuals with mental illness outside of their employment (if any). It also included the number of times the officer has responded to calls involving an individual with a mental illness and any past mental health training the officer has had. The recruiting process for retired law enforcement consisted of advertising and word of mouth from active-duty law enforcement. The advertisement would include posting the

announcement for any retired law enforcement interested in the research. I explained that they will be kept anonymous. They were issued an informed consent form (Appendix E), which was read and signed by all retired law enforcement participants before the interview.

Specific Procedures for Participant Identification, Recruitment, and Contact

All participation was optional, with implied consent and information presented on the first page of the participant interview questionnaire. All law enforcement participants read and signed the informed consent form (Appendix E) before the interview. Since this was an anonymous interview, acceptance of the consent form was recorded based on the number of returned interview questions. A version of the results will be sent to the administration of the participating officers.

If the outcomes prove helpful, this may be valuable information that could be significant with grant writing for law enforcement departments while providing interest in the study, particularly with legislation about law enforcement training qualifications. Informed consent was offered, and if the police officer "taps" continue on the PC, it suggested their agreement with the anonymous research study. I continued to collect data until I reached 10 participants and equal sample sizes while disrupting the departments and training as little as possible. During communication with the department's management through email, it was conveyed that interviews will be conducted when it is convenient for the law enforcement officers.

Approaching training leaders and getting permission to send out a mass quantity email of the study flyer or if they would permit me to be present at training and stand at a

table to promote my research study would be instrumental (Roghanizad & Bohns, 2017). I was also available during shift changes and before and after training to explain the interviewing and the benefits of participation from law enforcement before proceeding to the interview itself.

Sampling Strategy and Saturation Size

Snowball sampling was used for this generic qualitative study. It is a nonprobability sampling strategy conducted by recruiting participants and then expanding the number of participants. The initial sample of people was asked to identify other people interested in volunteering for the study (Yin, 2003). Snowball sampling allowed me to research the perception, attitudes, and decision-making of law enforcement officers who have had at least one encounter with a mentally ill individual. Law enforcement may be on active duty or retired. The sample size will be 10 participants. In purely qualitative research, the sample size should be between a minimum of 30 and a maximum of 500 (Vasileiou, K et al., 2018), and in qualitative research, the sample size was necessary only to ensure data saturation, the point where no new information will emerge or no additional themes emerge from the data collected, provided the sample is representative. Ten participants should suffice the sample size, which was specifically chosen to meet the criterion of reaching data saturation, so the researcher thinks that collecting the data and relevant information from 10 study participants will serve to reach data saturation.

The sample inclusion was 1) police officers that have or had one or more years on a police force, 2) officers that had completed mental health training that law enforcement officers had, whether formal or informal, or had an interest in mental health training 3)

officers that were familiar with assisting people who have a mental illness, and 4) officers that had knowledge of or interest in any de-escalation tactics in working with the mental health community. To recruit active-duty police officers, I asked permission from police chiefs to advertise for participants in the study. The advertisement called for active-duty officer participants explaining the purpose of the study, which included the criteria for participation, and provided contact information for potential retired police officer participants to email, call, or Facebook message me. To recruit retired police officers, I asked police chiefs for permission to access retiree rosters. If this was not possible, I will post a call for study participants who were retired officers using Facebook (https://www.facebook.com/jacksonmspd). The call for participants also explained the purpose of the study, including the criteria for participation, and provided contact information for potential retired police officer participants to email, call, or Facebook message me (Appendix D). Potential participants were asked to note whether they had received any mental health policing training to screen for potential participants at the recruitment stage. The yes/no question will be: "Have you received additional training on serving people diagnosed with a mental illness?" ["If no, are you interested in mental health training?"] For those with a yes response to having received training, a contingency question will ask respondents to indicate when and where they received training focused on mental illness. Another question was: "Have you ever transported an individual following a mental illness episode to a hospital or residential setting?" A contingency question asked respondents to estimate how many times in the past year. The next question was, "Have you answered any calls involving people who have been

diagnosed with a mental illness?" The contingency question asked them to estimate how many times. The last question asked: "Has your mental health training, thus far, been adequate?" The contingency question asked, "If you answered no, what information do you think would benefit your work as a law enforcement officer?

Instrumentation

For data collection, interviews were often used and relied upon multiple evidence sources (Yin, 2018). The researcher developed a data collection interview protocol based on prior literature and the knowledge she had procured. Both semi-structured and structured interviews were conducted on the Zoom platform and audio recorded. The interviews included semi-structured interviews with operational law enforcement officers and structured interviews with managerial police officers of rank who were either responsible for the mental health policy of the force or had a particular interest in documents and archival records of the police policies, procedures, and guidelines for dealing with the mentally ill in the community.

Structured and Semi-Structured Interviews

The methods of data collection included semi-structured interviews with operational law enforcement officers and structured interviews with managerial police officers of rank who were either responsible for the mental health policy of the force or had a particular interest. All interviews were conducted online using the Zoom platform to audio record them and will also be recorded by a tape recorder as a backup in case of technical difficulties. As each interview was completed, I transcribed them using the

Trint (2022) website or other similar technology to ensure the accuracy of the transcription.

Structured interviews were conducted with a managerial police officer of rank who were either responsible for the mental health policy of the force or had a particular interest. According to Yin (2015), structured interviews were strictly scripted with a list of questions the interviewer faithfully follows. (The protocol for the structured interviews is included in Appendix I.) In addition, structured interviews were typically briefer than unstructured ones, and this format appeared to be more conducive to interviewing the police headquarters chief, who may have limited time to participate. For the chief and other managerial officers, the questions will focus more on the policy and developing an organizational response to the mentally ill. The semi-structured questionnaire used in these police interviews examined the following areas:

- The police involvement with the mentally ill, including questions around the implications of mental health policy on law enforcement and any estimates as to the numbers of mentally ill who encountered the police.
- The department's policy for dealing with the mentally ill and developing schemes, including PD headquarters directives and locally organized schemes. This section recognized any changes to the policy.
- The practical implementation of policy and the perceived effectiveness. This will include law enforcement managers' expectations and policy transition into practice.

The benefit of interviewing both operational and managerial officers was that it is hoped that an organizational and operational view can emerge in recognizing the role of everyday practice and the policy governing that practice, so a broader picture of the management of mental illness by law enforcement may be achieved (Roghanizad & Bohns, 2017).

Semi-structured interviews were conducted with operational law enforcement officers. According to Yin (2015), semi-structured interview protocols may be longer than structured ones, which will enable the collection of as much information as is needed to answer the research questions for this study. The semi-structured format was also more conversational, allowing open-ended questions and prompts to get that information. (The protocol for the semi-structured interview protocols was included in Appendix J). The interviews with law enforcement officers were conducted using a semi-structured interview protocol. The semi-structured interview protocol for law enforcement officers were categorized in such a way as to reflect the process of police interaction with the mentally ill. As Nolen et al. (2020) acknowledged, such a procedure was seen as "forward-looking," anticipating the research outcome instead of a retrospective look at the data. It was anticipated that the social features and factors within law enforcement encounters with the mentally ill will be revealed. In developing the relevant areas for research, several processes were instigated to ensure significant areas. Nolen et al. (2020) believed the process included obtaining information from an overview of previous research into law enforcement officers' encounters generally, with specific reference to law enforcement and individuals with a mental illness, and from informal

discussions with managerial officers. The semi-structured interview protocol (Appendix J) covered the following:

- The context and initiation of the encounter and how the interviewee experienced law enforcement's encounter with the subject
- The ability of law enforcement to identify mental illness and their mechanisms of determining the presence of mental illness.
- The factors prioritized and the reasoning behind such action. The main focus was on what law enforcement did when faced with an individual with mental illness and the factors considered. This will show police methods of dealing with the mentally ill and the skills employed.
- Law enforcement perceptions and examination of the dilemmas they faced as police officers. These will include care and control issues. Within possible solutions to how law enforcement would manage the mentally ill community if given a choice, the community may also be addressed.

Documents and Archival Records

Documents and archival records of police policies, procedures, and guidelines for dealing with the mentally ill in the community was also be examined. Permission was obtained to access the records documenting procedures, policies on diversion, joint procedures on mental health issues, training packages, and other salient research documents.

For the examination of the various documentation, several concerns were relevant and may include the following:

- Date of the document - when it was produced, i.e., concerning fundamental policy changes in the field
- Was the document's source completed on an organizational level or an indication of individual interest or impetus?
- The extent of guidelines and procedures- practical implementation of the guidelines

In addition, because the researcher was mindful of the nature of reviewing documents that may not always be accurate in their reflection of the phenomenon under study, as they may be out of date, incomplete, or not easily accessed (Yin, 2018), archival records will be used wherever possible. This is based on the understanding that archival records were "arguably more reliable, as they were usually used for record keeping purposes" (Baskarada, 2014, p. 7). Such considerations will be made to ascertain, as accurately as possible, the extent and type of police involvement with the mentally ill in the community. Examination of these relevant, study-specific documents enabled an efficient and effective collection of information (Bowen, 2009) of which the interviewees may not have the knowledge and will substantiate and corroborate evidence needed for a rich exploration of the study topic and evidence that can be used for data triangulation-- a combination of methodologies that corroborate and further validated the study findings (Bowen, 2009).

Background of Researcher

My employment at an Interment Care Facility and Mental Health Center influenced the research process on several levels. As a mental health worker, and support

coordinator, several personal factors may affect the research topic and the process. While it can provide me with some insight into mental illness issues, the potential difficulties for law enforcement remained. There was an awareness of bias in selecting questions and interpreting findings. Recognizing the dilemmas law enforcement posed and how they developed management methods was essential. Why law enforcement officers behaved as they did and maintained their "status quo" in light of the difficulties presented becomes a vital consideration. These aspects further instigated my interest in law enforcement's perception role when involved with the mentally ill population.

There were additional ethical dilemmas remaining in the process. As outlined previously, observing social actors within a particular environment was open to interpretation, and the communication procedure involved was equally open to differing meanings, as was the interview process itself (Wilson & Walsh, 2019). Through my familiarity with the mental health population and being familiar with some law enforcement procedures, the interpretative process may be more accessible. However, I acknowledged the danger of making assumptions, as Becker (1996) reiterated regarding the process and outcomes witnessed. Being familiar with the setting may imply a bias to anticipated responses of both the subjects and the process observed.

Choosing these methods additionally emphasized the possibility that bias may result. The limitation of examining law enforcement practice by interview rather than direct observation acknowledges the reliance on asking the 'right' questions. Additionally, studying and detailing responses were open to interpretation. Making

conjectures about law enforcement practice did not necessarily equate to law enforcement practice in reality (Wilson & Walsh, 2019).

Bourdieu (1977) called for participant objectification and a research process that "steps into the subjects" shoes, but such positions, in reality, proved challenging to formulate and maintain. Wilson and Walsh (2019) noted several limitations becoming apparent, notably in terms of the "outside" observer being accepted into the world of the subject. Additionally, personal and professional considerations deterred participants from observing and interacting altogether. Wilson and Walsh (2019 believed the researcher's position in response to the subject, especially if examining structures that entail a different culture, albeit an organizational one and the apparent distancing between the two effects may establish a boundary.

The research process's apparent factors and features influenced the collection and collation of results. In addition to requiring law enforcement permission to access their police officers, the differences in interviews, surveys, or Zoom meeting processes can raise issues. The law enforcement canteen culture often distinguished officers from outsiders and others in the law enforcement profession. Much has been said regarding law enforcement culture (Aarset & Glomseth, 2019; Albrecht, 2019; Waddington, 1993) because it was often seen as a subverting force, corrupting the flow of policy into practice by overtly applying its own rules and agendas. Therefore, any research into the law enforcement culture had to consider the individual and collective law enforcement culture of police officers. It aided in how they perceived and acted within their role (Aarset &

Glomseth, 2019; Albrecht, 2019). This was particularly pertinent when conducting interviews individually and gathering the resulting information.

Gender Issues

When discussing the role of researchers and their impact on the research process, gender issues had relevance. This was the case in terms of my role when examining the practice of the police. Gurney (1985) illustrated the concept of isolation in the case of the female researcher within a male-dominated setting and the various roles encompassed within such situations. Noting the lack of reference to the specific experience of the female researcher, possible issues that may occur were signified. Gurney (1985) also believed the devaluing of the female researcher, the classification and establishment of subservient roles, and the expectation of a non-threatening demeanor all contributed to the subjects' perceptions involved in the research process. However, the possible effect of gender and attitudes on the research findings was difficult to ascertain.

Methods to alleviate bias included avoiding personal involvement and maintaining professional boundaries (USA, DOJ 2001; USA, DOJ 2009). This method encompassed the consistency of researchers applying their objectivity and research that concerned the status of the observer. These issues needed to be affirmed within other demographic groups and the experiences of other researchers. Gurney (1985) noted that the difficulties experienced by female researchers may be standard features for all and existed in the working environment of various settings.

These aspects were particularly evident when examining an organization such as law enforcement. The nature of law enforcement as a closed institution with an

established culture and set of working beliefs provided particular research dilemmas and potential difficulties. Goodman-Delahunty et al. (2020) emphasized the need for the researcher to develop negotiation skills, especially when working with law enforcement. In understanding the hierarchical nature of law enforcement and the potential for difficulties resulting from top-level consent for research, the researcher must acknowledge the prerequisite of establishing trust and rapport with the subjects. Goodman-Delahunty et al. (2020) believed the need for informal access will often arise despite the acquisition of formal consent from law enforcement managers.

The belief that law enforcement officers generally are suspicious affected the level of participation in the research process, coupled with officers' identification linked with higher management. The achievement of this informal consent by the research subjects took various forms. The acceptance of the researcher within a law enforcement organization was dependent on several strategies, such as the adoption of a non-threatening role, a semblance of credibility, and a recognition of the contribution made within the research field by law enforcement (Wilson & Walsh, 2019; Albrecht, 2019). Referring again to my professional background, it was evident that this may assist in gaining access to the officers.

Wilson and Walsh (2019) wrote that there needs to be an allowance for the development of rapport so that as law enforcement officers are interviewed, interest may be further heightened. Additionally, areas of concern around mentally ill and personality disorders, officers' perception, experience, knowledge, and understanding of the concept

enabled an exchange of information. It may also signal to law enforcement officers a level of awareness of police issued in their encounters.

During the interviews, similarities between public image and the related experiences of the police in maintaining a positive image in light of criticism became apparent. Comparisons can also be made concerning culture. These cultural similarities can include the shared belief in supporting one's safety till the end of the shift and the use of "black humor" as a coping mechanism. A recognition might develop between the similarities of the two working environments, including the assumptions attached to each and the effect of these cultural factors on the workforce.

As noted earlier, gender issues may also be attributed to a non-threatening role at the onset, and the gender issue may be acknowledged by others researching male-dominated settings. Albrecht (2019) noted, concerning research, that the attachment of this role involves demonstrating support for law enforcement officers, empathizing concerning their experiences in dealing with the mentally ill and placing oneself at the lower end of the hierarchy. These factors helped establish a level of understanding and rapport, allowing for some exploration of critical areas within the police-mentally ill interaction process. The area of mental illness was equally open to interpretation, whether one considers mental illness to be a social construct or not. Individuals have their perception of the nature and extent of mental illness, which made it difficult to qualify how others perceive events and interactions (Albrecht, 2019).

The Setting for Interviewing

Interviews with managerial and operational law enforcement officers were conducted on Zoom. While a preliminary examination into the formal schemes involving law enforcement and other agencies was helpful, it became apparent that the police environment was more important. This was primarily in trying to understand the practice and perception of law enforcement police rather than their interactions with other professionals and agencies.

The Setting

The target population for this study were sworn retired and licensed active-duty law enforcement officers of Police Departments. Since this population consisted of 1,214,000 active sworn officers (Gardner & Scott, 2022), this provided sufficient participants. The number of retired officers is unknown. The methods attempted had been determined by the affinity between the perspective, methodology, and a preference for a qualitative approach. At the same time, the generic qualitative case study design adopted was guided by practical constraints. Permission and access to respondents, the practical restrictions of the setting, problems directly observing law enforcement, and the referral and choice of individuals for the interviews all influenced the research process.

Procedures for Recruitment, Participation and Data Collection of Law Enforcement

Several considerations may occur when choosing active law enforcement officers to examine. The type and location, access, and availability of law enforcement officers were all involved in the research process. The restrictions in researching a social agency such as the police, its closed nature, and the practicalities of direct observation of

interactions all affect the type of participants, the numbers involved, and the research progress.

At the start of the research process, permission from managers and law enforcement officers were sought (Roghanizad & Bohns, 2017). The aim was to provide diverse forces from urban and rural locations with their differing experiences of encounters with the mentally ill. The participants were contacted via a letter outlining the research's rationale and aims. Phone contact, arranged meetings, and the provision of copies of the interview questions followed this.

Roghanizad and Bohns (2017) wrote that gaining access to a group of officers involved formally applying for permission to law enforcement headquarters, outlining the research's aim, and ensuring law enforcement understands the process to be undertaken. This process was time-consuming and took 30 to 45 minutes, depending on the officer's question(s). Two groups of law enforcement officers were identified from this process: those managerial officers responsible for policy and groups of operational officers based at police stations. In obtaining access to the organizational/ or administrative officers, it was hoped that a view of the broader response of the police perception of mental illness can be provided.

Interviewing hierarchically distinct law enforcement officers allowed the researcher to distinguish between the "official answers" or "official response" and the reality of law enforcement in everyday practice. Officers of the rank of Chief or Lieutenant may need to be interviewed to ascertain the official position of law enforcement towards the mentally ill in the community.

Law enforcement officers involved in the study will have participated directly in the response to the mentally ill problem in the community through the development of schemes with other agencies or through instigating research and training in their special forces. In other words, the managerial officers interviewed all have been assigned responsibility for the police guidelines, procedures, and systems for dealing with the mentally ill. The final chapter will find the combination of the operational and administrative or managerial officer groups.

However, as previous research has testified, the divergence between what should be done and what is done in practice is notable (McDaniel, 2018; Shore & Lavoie, 2019). Throughout the process, I continued to rely on law enforcement's willingness to let me into their environment, and the participants selected were at the discretion of the police managers. The dependence on the police themselves to choose and refer individuals may mean that the police could influence the research by selecting those they consider suitable. This may not prove as problematic as anticipated if law enforcement allowed me a certain level of freedom, especially regarding the questions posed and with no restrictions on the type of areas to be covered.

Sample of Operational Officers

I hoped to be allowed access to the staff and guided, to some extent, towards law enforcement officers who had relevant experience with the mentally ill and will be available. Therefore, the group of law enforcement officers selected might result from police managers' interpretation and their availability.

Law enforcement officers were interviewed individually. It was anticipated that all accounts will be recorded and later transcribed using Trint or other similar technology while following the directions on the website (Trint, 2022). The account scripts may also be written in the presence of the officers. A tape recorder, Internet, and phone recording helped the process by diminishing the risk of losing information and hopefully not proving too tricky on both practical and ethical grounds. However, there remained a concern about the reluctance of law enforcement to allow the use of a tape/phone recorder. Ethically, it may also generate suspicion and lessen the development of rapport and, by implication, the likelihood of establishing the police's understanding of their practice.

However, it had to be equally acknowledged that writing responses in the presence of officers also had limitations and problems, which included the development of trust and the reversal of role for police officers. While they were used to obtaining information, they were now assigned the interviewee's role in recording their responses. In some respects, this may limit their openness to providing accounts of their experience and may involve an initial wariness to the research itself. However, through issues highlighted by Wilson & Walsh (2019), Albrecht (2020), and the techniques stated by Schaffer & Evans (2018), I attempted to develop and maintain rapport with law enforcement officers through the perceived everyday experiences and through listening to their expenses.

The reliance, therefore, was on "the writing of the accounts" while conducting the interviews and immediately after. This involved creating and using an interview protocol

as a guideline and detailing the replies in relevant sections. It also included constant clarification by officers to ensure that the response recorded was accurate to them. However, it will not diminish the disadvantages of relying on an interview process as opposed to directly observing the police interaction with the mentally ill poses. It accentuated my ability as an observer and researcher to interpret the main features of the police account and to avoid distorting the remarks of the officers interviewed, placing my bias, subjectivity, and understanding of the situation above that of the officer.

There was also a limitation in recording the responses, a recurring danger that 'something will be missed.' While the method used allowed for the development of insight into certain aspects of the police world, it may not compensate for prolonged access and observation of the practice and actions of the police. The research methods, therefore, will have to be designed to account for the actualities of the arena and the participants under view.

Data Analysis

Document Analysis

Analysis of the relevant documentation from the police force were undertaken, and the documents included the following:

- Monitoring of the forms
- Joint working and procedure guidelines
- Training packages
- Research documents carried out by police forces.

Analysis of the relevant documentation from the police force involved content analysis, which consisted of skimming, reading through, examining, and interpreting the content of supplementary research information (Bowen, 2009). I proceeded by a) conducting a first-pass document review, identifying meaningful and relevant data (Bowen, 2009); b) organizing document information into categories based on themes relevant to the research questions; and c) interpreting the findings as they contributed to understanding police attitudes/perceptions, decision making, and behaviors regarding interactions with the mentally ill. Document analysis involved looking at the policies state and how they intend to be implemented. This may be seen in conjunction with the information obtained from the interviews with managerial officers. The documents identified the organizational response to the mentally ill and the application of schemes that aimed to serve the interests of those involved. The findings from the documents will be included in Chapter Five and the Appendices (Appendix K).

Interview Data Analysis

The analysis of the interview data involved qualitative thematic analysis techniques. This process is maintained as the research progresses. Several themes may be identified due to this process, and certain limitations may become evident due to the data collection method. However, it can ensure some level of consistency.

The data collected via the individual interviews with all operational and managerial police officers were transcribed after each interview was completed, as a delay in transcribing could jeopardize the accuracy of the transcription. The documents and transcripts were read first to note differences or similarities and identify patterns. The

consistencies and patterns were identified and organized as themes that were contained in, and that can be used to answer the research questions guiding this study.

Interview transcripts were thematically analyzed using CAQDAS (computer-aided qualitative data analysis software). This advanced tool provided support for data collection and organization using "bins" that "facilitated the recording of source detail, the time and date of the data collection, storage, and search capabilities…all [of which] were important when developing a case study database" (Baxter & Jack, 2008, p. 554). The specific tools of CAQDAS were found in over 25 programs (Evers et al., 2020). I made use of MAXQDA 2022 and its powerful tools, which included the transcription tool, the coding tool, the content searching tool, and the summarizing and paraphrasing tools, which were crucial to the analysis and write-up of findings. All findings and interviews were kept under lock and key each day to protect law enforcement officer's responses to the interview questions.

Interpreting written documentation for relevance and meaning carried the same obstacles as interpreting oral accounts (Schaffer & Evans, 2018). These included some of the issues previously highlighted, such as the timing of the document production. For this study, this examination and analysis of documents were attempted in order not only to expand on the assumption of the recourse to "official answers" and to understand the "official' response," but also to acknowledge the deviation between the procedures as outlined in documents and the practice of the individuals interviewed. One example of this deviation concerned the development of schemes and policy guidelines on the use of diversion projects, which aimed to place the mentally ill in the health system. In research,

operational officers appeared reluctant to use such schemes regularly. Law enforcement officers can also consider the various practicalities involved in accessing the schemes and not rely on their methods of policing to manage the mentally ill. This variation highlighted the importance of examining the process from both the organizational viewpoint and the officers' experience.

Threats to Validity

Questions of reliability and validity may arise, particularly when acknowledging the varying consistency of the individual and collective accounts and meanings. However, an underlying consideration centered on guiding or directing the subjects into areas instead of allowing them to provide their accounts. The importance of "not anticipating" responses was significant, according to Becker (1996), such as assuming the answers before the given account can limit the information obtained and overlooking certain aspects that were important in understanding the process. For, "the observation which required less inference and fewer assumptions were more likely to be accurate, although the accuracy produced might not be worth bothering with" (Becker, 1996, p. 64).

Issues of Trustworthiness

During the research process, there were prolonged contact with law enforcement officers, so I needed to establish credibility and ensure that the study's outcome was realistic from a law enforcement perspective. The results had to be accurate, valid, and as legitimate as possible before completing the research. Utilizing extended participation meant putting in sufficient time to test for false information and build trust as I repeated

the research process. Because some circumstances may have continuous observation, I needed to ensure I had enough time to look for specific characteristics within the research study. Triangulation was an excellent way to confirm the material of my research. Triangulation used confirmation from other sources, such as the literature review, so I can become used to the occurrence and help the reader comprehend the information's meaning.

I utilized past sources to see other attitudes and behaviors from law enforcement to ensure no biased information using member checking was in the study. Member checking ensured that research information was credible and valid for the study and assisted the researcher in proving that law enforcement participants would answer the interview questions honestly.

I believed using a "thick description" worked best for this generic qualitative study allowed me to clarify any situation and provide a thorough description of the research. At the same time, external validity looked at the concept to see if the study results might predict the same outcome if it included a more significant community population. Collecting data occurred during the officer's working hours for active law enforcement and anytime for retired law enforcement. With active law enforcement, anything could come up to stop the interview process, so I needed to be prepared to set up another interview or reschedule for another day. I also used that time to see if I could interview a retired law enforcement officer if needed.

It benefited the researcher to have audit trails throughout the interviewing process so you can go back and listen to the interviews several times to ensure the information

was accurate. First, using audit trails verified, tracked, and established the credibility of the qualitative nature of the study while double-checking any information each law enforcement officer gave to see if they missed anything from the other times as I listen to the audio. Second, audit trails helped me ensure that there was no biased information within the research study and created a detailed process of all analysis, collecting the data, and any clarification. A crucial aspect of the research involved dependability related to the consistency of the findings, which was the degree to which the outcome in another study of the same perspective was conformable. Another benefit was using an audit strategy as a guideline. The guideline audit strategy kept my audio and a paper trail of each law enforcement interview, allowing me to go back and listen to the information and ensure all the details are in the documents.

Triangulation helped prove conformability. Comparing past research was another way to see if answers were similar. Reflexivity was an appropriate technique to ensure no biased feelings or behaviors in the study. It helped maintain transcripts before the research and ensure that information came from law enforcement participants only for their integrity. Inter-coder reliability's primary purpose ensured the information was accurate from the participants and helped me to go back, in memory, to remember facial expressions as law enforcement participants explained the rationale behind their perception to ensure the information was adequate.

I took the time to go back and review the transcripts taken on the days of the interviews and ensured the information was correct for the research. I ensured that there was no biased information in the study other than law enforcement participants'

information. Something that may be useful to a researcher was keeping a daily journal. It allowed me to pick up where I left off in the research process, kept me on track when reviewing the information, and ensured the information and answers were precise and truthful to law enforcement participants.

Ethical Procedures

The assumptions in interpreting any interaction between the subject and researcher were various. This appraisal included an awareness that some information was limited, wrong meanings or interpretations may be given, or the subject may change their responses and meanings depending on the circumstances. As Bourdieu (1977) commented in his discussion of methodology, a range of data-gathering techniques exist. Each method will, therefore, be reflected in the research findings. This was in addition to the dual role expected from the researcher as insider and outsider.

Questions of reliability and validity arose, particularly when acknowledging the varying consistency of the individual and collective accounts and meanings. However, an underlying consideration centered on guiding or directing the subjects into areas instead of allowing them to provide their accounts. The importance of "not anticipating" responses was significant, according to Becker (1996), such as assuming the answers before the given account can limit the information obtained and overlooking certain aspects that are important in understanding the process. For, "the observation which required less inference and fewer assumptions are more likely to be accurate, although the accuracy produced might not be worth bothering with" (Becker, 1996, p. 64).

I had to develop an understanding and awareness of their practice and its impact on their research. In the process, I was described as the "receiver" of the actor's viewpoint in recounting their social environment. The regulation of assumptions required the researcher's impartiality and the desire to 'prove' a social encounter to be ignored. The subjects could describe how they shaped and determined their social world by recounting events.

The issue of interpretation was essential, especially when recalling events and formalizing the process; the subjects, including law enforcement officers, may not necessarily be providing a "true" account (Albrecht, 2019; Waddington, 1993; Walsh & Evans, 2019). Instead, the notion of figurative language assumed that their accounts, be it in repeated mythical terms or as an illustration, provided insight into the police worldview; what they excluded becomes as important as what is included. The "truth" emerged based on the internalized or subjective approach to appropriate action and placed within an externalized context of understanding the social world of law enforcement operations.

The dilemmas of subjectivity and objectivity affect understanding the answers given and differentiating between the two. Bourdieu (1977) argued that it is difficult to distinguish between the two. Bourdieu (1977) describes the social world from distinct viewpoints. The difficulties arose when asking respondents about their subjective meaning before objectifying their world, field, and habitus, leading to the resulting emphasis on official accounts subsequently and to an account with a limited foundation in practice (Bourdieu, 1977). Within this analysis, such a response described the state of

affairs, which should happen simply because the occasion inspired them to justify their behavior instead of recounting it. The accounts that law enforcement produces are official accounts (Brown & Coulter, 1983). Therefore, within the reality of law enforcement, a tendency may exist to embellish accounts with reasons for such actions further. With the discovery of the recourse to official answers being a recurring limitation, it should be recognized that examining the law enforcement world also involved understanding the basis of their practice.

Examining law enforcement documents as policy and guidance also raised specific issues, so framing how the answers were within the interview arena can be equally applied to the documentation study. Why and how such procedures and guidelines were formed was as important as what they say. Documents may become distorted to reflect the organizations and society's needs and requirements. As illustrated within the examination of the organizational context, formal guidelines can be seen as an attempt to control officers' actions by curtailing discretion. The underlying impetus for the development of policy and procedure had to be acknowledged, both positively and negatively, to understand its place within the context of law enforcement interaction with the mentally ill.

Nolen et al. (2020) also stated that there was a risk when using semi-structured interview questions. This concerned the guiding of the subjects into the required responses. The direction element cannot be ignored, even in open-ended semi-structured interviews (Nolen et al., 2020). In distinguishing the areas to be examined, there was a possibility of ignoring other social determinants that may influence the behavior of law

enforcement. It was hoped that law enforcement officers referring to their experience, collectively and individually, highlighted their main perceptions, experiences, and meanings of the encounter(s). The specificity of questions was limited to the critical areas of the interaction process and maintained throughout the interview process. The key features highlighted within the findings were confirmed and reiterated throughout the interviews by law enforcement officers. The development of this particular process also recognized the time limitations of access to law enforcement officers for interviews. While a complete discussion took place in all the groups, an awareness of the reality of law enforcement officers in their place of work may mean that they are restricted in how much time they have available.

Equally relevant within this approach were the questions posed by the observer and the subsequent interpretation of the subjects. Methodological issues were posed within this approach, notably the observer's reliance on the subjects' understanding of their practice. The generalized nature of the discussion and interpretation hid more detailed actions of practice, with the questions reflecting this standardized and rationalized view.

What was apparent was that such a process impinged on bias, subjectivity, and dilemmas that may affect the research. As Workman-Stark (2020) pointed out, the police culture and the emphasis on masculinity within the police force had implications for "outsiders" both in an organizational sense and gender. Additional factors also contributed to the research process and influenced how that research was subsequently presented.

Summary

Previous work has highlighted the need to see law enforcement as fulfilling a variety of roles and, significantly, as assisting people who have a mental illness. This research aimed to reaffirm such beliefs in the role of law enforcement in society. While recognizing the work of previous studies, this study used the perceptions, attitudes, decision-making, and current reactions of law enforcement to a particular social problem, its impact on their practice, and the broader considerations of law enforcement service as its scope. The study's objective was to provide a depiction of relationships and practices. By doing so, it did not make claims to provide all the answers to law enforcement's interpretation of people with a mental illness and their encounters with this specific group. The complexity of the law enforcement officer's world and the expectations on and off law enforcement combined to produce a study whose claim can only offer a limited perspective into specific law enforcement forces' encounters, experiences, perceptions, and interactions.

The focus was concentrated on the subject area and the subjects interviewed. The research will deal with a particular group of law enforcement officers subject to individual beliefs and experiences. This may prove difficult to translate to other law enforcement forces. However, the research may draw attention to one particular dilemma and raise questions that may be further examined and hopefully prove relevant to the law enforcement world of mental illness and social encounters.

This research study examined several components of law enforcement's reaction to the mentally ill by reviewing the police's perceptions, decision-making, attitudes,

priorities, and solutions to the dilemmas posed. It must be acknowledged that some actions occur within an organizational setting containing a form of social structure. The research, therefore, will recognize this by looking at both the policy and practice of law enforcement.

It became essential to reiterate that this study was primarily concerned with law enforcement perceptions, attitudes of the mentally ill, and decision-making at a given time. Future developments influenced law enforcement practice on a broader level. The findings suggested particular dilemmas faced by law enforcement officers dealing with and managing people with mental illness in the community within the context of modern policing and a fluid mental health policy. Numerous themes emerged from these interviews, surveys, or Zoom meetings with law enforcement officers, which included examples of the following:

- The informal management of the mentally ill, with the use of discretion and the problems of solving a social problem within a policing framework.
- The issues around the care and control of the mentally ill, the dilemmas surrounding their vulnerability, and the police perception of the risk of violence.
- The policy response by the police forces and the variation in practice, which attempts to influence officers' behavior.

It could be argued that these themes influenced and determined the development of law enforcement "habitus." Themes identified by law enforcement officers played a crucial role in their encounters with a person who has a mental illness. Themes can be

seen as the main factor influencing law enforcement behavior and action towards the mentally ill; by acknowledging the practice of individuals in the habitus, their ability to make decisions results from their dispositions. Any choice made and action decided resulted from these core characteristics, which have been developed over time. At a basic level, "the habitus disposes actors to do certain things. The habitus of law enforcement facilitates their practice towards individuals with a mental illness by identifying what key options they have available. This might be achieved through experience rather than through learning or teaching.

Background information on the study and the research design were provided in Chapter 3. It included why a generic qualitative approach using a generic qualitative study interview data would be the best choice for the research question(s) on law enforcement's perception of individuals who have a mental illness. Chapter 3 focused on the methodology, which included sampling and sampling techniques, the recruitment process, and the information (data analysis) law enforcement plan. Chapter 3 addressed internal and external rationality concerns that could come up with any ethical apprehensions, research participation, and procedures for law enforcement contributors.

Chapter 3 talked about interviewing law enforcement participants on their perception of people who have a mental illness. The security of the data was to ensure that it was secure and in a locked area. Each law enforcement participant was aware that the interviews are strictly voluntary and that they were free to leave or stop the interview at any time. I was responsible for ensuring everyone was aware of their rights and his/her right to keep all information confidential. Assigning the participant agency numbers was

for my paperwork only and supports efforts not to try to identify anyone since I will be using all police department agencies. If the numbers pose a problem, I will leave them out.

Because of the sensitive nature of the interviewing for meetings of law enforcement perceptions, it became essential to understand how the individual(s) felt and if anyone was uncomfortable. If there was uncomfortableness, the interview would pause until they were ready to continue. One of the advantages of capturing the situation on video was that someone could not falsely accuse someone. It was a way to protect law enforcement officers and citizens that the situation did happen, but knowing when someone wanted to remain anonymous, they had that right.

In Chapter 4, I took responsibility for taking an in-depth look at the research study results and the demographic facts of law enforcement participants accessible. Chapter 4 also detailed the interviews of law enforcement, the data analysis, evidence of trustworthiness, and the participants' collection of results. Maintaining unbiased behavior from law enforcement and myself was essential to this research project. It supported the data with each finding to show that all information was accurate. The data collection and analysis addressed each research question and looked for similar patterns. These processes were necessary for a topic and target population worthy of study: law enforcement officers.

Chapter 4: Results

In this generic qualitative study, the purpose was twofold: (a) to investigate and understand law enforcement officer attitude, decision making, and behavior in interactions with individuals perceived to be mentally ill; and (b) to explore, from a police perspective, what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. The following research questions guided this study:

RQ1: How did police officers perceive their interactions with mentally ill individuals?

RQ2: From the perspective of police officers, in what ways should police officer training be altered to improve outcomes in dealing with community members with a mental illness?

The purpose of this chapter is to present the findings that emerged from conducting the data collection and data analysis procedures described in Chapter 3. The findings served as the basis for the discussion, conclusions, and recommendations presented in Chapter 5. This chapter included the following sections: (a) setting, (b) demographics, (c) data collection, (d) data analysis, (e) evidence of trustworthiness, (f) results, and (g) summary.

Setting

The setting of data collection was online, through the Zoom videoconferencing platform. The videoconference calls were end-to-end encrypted. A link to access the call was emailed to the participant within 24 hours before the call. No one could access the call without the link, so the participant was advised not to share the link with anyone, to

maintain the confidentiality of their identity. The participants were invited to join the call from a safe, comfortable location where they would have reliable internet access, privacy, and few distractions. I joined the call from a locked office where the call would not be overheard. There were no organizational or other conditions at the time of study that would affect the interpretation of the findings.

Demographics

The participants were 10 sworn and licensed active-duty law enforcement officers of Police Departments. Table 1 indicates the relevant demographic characteristics of the individual study participants.

Table 1

Participant Demographics

Participant	Gender	Years of experience in law enforcement
P1	Male	12
P2	Male	8
P3	Male	7
P4	Female	15
P5	Male	4
P6	Male	18
P7	Female	3
P8	Male	14
P9	Male	6
P10	Male	22

Data Collection

One semi structured interview was conducted online via Zoom with each of the 10 participants. The interviews were audio-recorded with the participants' permission using Zoom's integrated audio-recording feature. The average duration of the interviews

was 45 minutes. No unexpected circumstances were encountered during data collection, and there were no deviations from the data collection procedure described in Chapter 3.

Data Analysis

The verbatim transcripts of the interviews were imported as source files into MAXQDA computer-assisted qualitative data analysis software. I analyzed the data using the inductive, thematic procedure recommended by Braun and Clarke (2022). The following sections indicated how the analysis procedure was applied to the data.

Step 1: Gaining Familiarity with the Data

Familiarity with the data was gained by reading and rereading the data in full. The purpose of this step was to understand the breadth and depth of the data to begin to identify patterns of meaning that could serve as the basis for identifying initial codes in the following step of the analysis. Handwritten notes were made about repeated words, phrases, and ideas.

Step 2: Generating Initial Codes

The second step of generating the initial codes began with my breaking the data down into its smallest meaningful parts. Each of the resulting text segments consisted of one phrase or group of consecutive phrases that expressed a single idea relevant to addressing one of the research questions in this study. An example of a relevant text segment was the following statement from P4, who said, “The major challenge was the fear associated with dealing with mentally ill individuals.” This text segment was relevant to addressing RQ1, because it indicated one of the participant’s perceptions of

their interactions with mentally ill individuals. Overall, 122 relevant text segments were identified across the 10 transcripts.

The relevant text segments were then assigned to initial codes. Each text segment was labeled with a descriptive phrase that summarized its meaning. For example, the text segment just quoted from P4 was assigned to a code labeled, *fear of the mentally ill.* When different text segments from the same transcript or from different transcripts expressed similar meanings, they were assigned to the same code. For example, P7 stated, "I believe that fear plays a part in how cops deal with emotionally disturbed persons." This statement expressed a meaning similar to that of the previously quoted statement from P4, so it was assigned to the same initial code. Overall, the 122 relevant text segments were clustered into 19 initial codes. Table 2 indicates the initial codes and the number of text segments assigned to them.

Table 2

Initial Codes

Initial code (alphabetical)	*n* of participants contributing (*N*=10)	*n* of text segments assigned
Assistance of fellow officers	4	4
Collaboration with providers	7	7
Community forums	3	3
Community policing	5	5
Demonstrating empathy	2	2
Dispatcher assistance	9	15
Enhanced training for accountability	3	3
Fear of the mentally ill	3	3
Include input from providers	3	3
Lack of knowledge of disabilities	6	6
Lack of policies and training	3	3
Learning from previous encounters	4	4
Limited education on disabilities	9	10
Mental health training is highly beneficial	8	8
More frequent training needed	5	5
Need for more training	10	21
Need for trained assistance	5	5
Training to shift officer perceptions of the disabled	1	1
Verbal communication	9	14

Step 3: Searching for Themes

Themes were developed by clustering related initial codes to identify a smaller number of major ideas, or overarching concepts, that would serve as the main findings in the study. Table 3 indicated how the related codes were clustered.

Step 4: Reviewing the Themes

Each theme was compared to the data in the transcripts to ensure that it represented patterns of meaning in the participants' original responses. Each of the three themes passed this test. The three themes were then compared to one another to ensure

that they were sufficiently distinct to justify their separate presentation. Given that all three of the themes referred to distinct concepts, the themes all met this standard. Each theme was then evaluated separated to ensure that it was sufficiently cohesive that it should be presented as a single theme, rather than broken up into two or more smaller themes. Each theme met this standard, as well.

Step 5: Naming the Themes

First, each theme was compared to the research questions to identify which question it was most relevant to addressing. The data assigned to each theme was then reviewed to assess its meaning as an answer to the question it was relevant to addressing. Each theme was then assigned a finalized name to clarify its significance as an answer addressing its research question. Table 4 indicated the finalized names assigned to the preliminary themes.

Table 3 indicates Clustering of Related Initial Codes into Preliminary Themes

Table 3

Clustering of Related Initial Codes into Preliminary Themes

Preliminary theme Initial code grouped to form preliminary theme	*n* of participants contributing (*N*=10)	*n* of text segments assigned
Preliminary theme 1: Codes related to facilitators of interactions with mentally ill individuals	10	54
Assistance of fellow officers		
Collaboration with providers		
Community forums		
Community policing		
Demonstrating empathy		
Dispatcher assistance		
Learning from previous encounters		
Verbal communication		
Preliminary theme 2: Codes related to barriers to interactions with mentally ill individuals	10	48
Fear of the mentally ill		
Lack of knowledge of disabilities		
Lack of policies and training		
Need for more training		
Need for trained assistance		
Preliminary theme 3: Codes related to ways police officer training should be altered to improve outcomes	10	20
Enhanced training for accountability		
Include input from providers		
Mental health training is highly beneficial		
More frequent training needed		
Training to shift officer perceptions of the disabled		

Table four indicates the Assignment of Finalized Names to Preliminary Themes

Table 4

Assignment of Finalized Names to Preliminary Themes

Preliminary theme label		Finalized theme name
Facilitators of interactions with mentally ill individuals	→	Theme 1: Facilitators of interactions with mentally ill individuals
Barriers to interactions with mentally ill individuals	→	Theme 2: Barriers to interactions with mentally ill individuals
Ways police officer training should be altered to improve outcomes	→	Theme 3: Training should be provided more frequently and in greater depth

Evidence of Trustworthiness

During the research process, there was prolonged contact with law enforcement officers, so I needed to make sure to establish credibility and ensure that the outcome of the study was realistic from law enforcement's perspective. The results had to be accurate and as legitimate as possible before completing the research. By using extended participation, it meant putting in sufficient time so I could test for false information and build trust as I repeated the research process. Using triangulation was a good way to confirm the material of my research. Triangulation uses confirmation from other sources, such as the literature review, to help the reader to comprehend the meaning behind the information (Delve & Limpaecher, 2023c).

I also used past sources in order to see other attitudes and behaviors from law enforcement to ensure no biased information was in the study using member checking. Member checking ensured research information was credible and valid to the study, and

it assisted me to prove law enforcement participants gave honest answers to the interview questions.

Using thick descriptions worked for this generic qualitative study as it allowed me to get clarifications of any situation and a thorough description of the research. I used external validity to look at the concept to see if the study results might predict the same outcome if it included a larger population of the community. Collecting data took place during the officers' working hours for active law enforcement. With active law enforcement, anything could come up to stop the interview process, so I needed to be prepared to set up another interview or reschedule for another day.

It benefited the research to have audit trails throughout the interviewing process so I could go back and listen to the interviews several times to make sure the information was accurate. First, using audit trails verified, tracked, and established the credibility of the qualitative nature of the study while double checking any information each law enforcement officer gave as I listened to the audio. Second, audit trails helped me make sure that there was no biased information within the research study and to create a detailed process of analysis, of collecting the data, and any clarification. A crucial aspect of the research involved dependability related to the consistency of the findings, which is the degree to which the outcome in another study of the same perspective is replicable (Carcary, 2020). Another benefit was using the audit trail strategy as a guideline. The guideline audit strategy helped me keep my audio and a paper trail of each law enforcement officer's interview, which allowed me to go back and listen to the information and ensure all the details were in the documents.

Using reflexivity was an appropriate technique to ensure there were no biased feelings or behaviors in the research. Something that was useful to me was keeping a daily journal. It allowed me to pick up where I left off in the research process, kept me on track when reviewing the information, and made sure the information and answers are precise and truthful from law enforcement participants. The main purpose of my field notes was to ensure the information from the participants was accurate and to help me remember facial expressions as law enforcement participants explained their rationale behind their perception to ensure the information was effective.

Results

This presentation of the results was organized by research question. Table 5 is a preliminary overview of how the emergent themes were presented to address the research questions. A more detailed presentation follows.

Table 5

Alignment of Emergent Themes with Research Questions

Research question	Theme(s) presented to address question
RQ1: How do police officers perceive their interactions with mentally ill individuals?	Theme 1: Facilitators of peaceful interactions with mentally ill individuals Theme 2: Barriers to peaceful interactions with mentally ill individuals
RQ2: From the perspective of police officers, in what ways should police officer training be altered to improve outcomes in dealing with community members with a mental illness?	Theme 3: Training should be provided more frequently and in greater depth

Research Question One

RQ1 was "How did police officers perceive their interactions with mentally ill individuals?" The findings indicated that the participants perceived their interactions with mentally ill individuals as influenced by *facilitators* and *barriers*. Accordingly, two themes emerged during data analysis to address this research question. Theme 1 was "facilitators of peaceful interactions with mentally ill individuals" and Theme 2 was "barriers to peaceful interactions with mentally ill individuals." The following sections were more detailed presentations of these themes and their respective subthemes.

Theme 1: Facilitators of Peaceful Interactions with Mentally Ill Individuals

All 10 participants contributed data to this theme. This theme addressed RQ1 because the participants reported that they perceived their interactions with mentally ill individuals as influenced in part by facilitators of peaceful interactions, or interactions that did not involve the use of force. The findings associated with this theme indicated six significant facilitators of peaceful interactions, including (a) dispatcher assistance, (b) verbal communication, (c) collaboration with providers, (d) community policing, (e) assistance of fellow officers, and (f) learning from previous encounters. Each of these facilitators is addressed as a separate subtheme.

Facilitator Subtheme 1: Dispatcher Assistance. Nine of the participants indicated that dispatcher assistance was a facilitator of peaceful interactions with mentally ill individuals. Dispatchers, the participants indicated, would receive a call from a member of the community about an ongoing incident that needed officer attention. The dispatcher would normally inquire whether the person or persons involved was or were

mentally ill. The dispatcher would then begin to de-escalate the situation before officers even arrived on the scene. P1 explained:

> Dispatchers play a crucial role in handling 911 calls involving individuals with mental illness. When a call comes in, dispatchers gather information from the caller and assess the situation to determine the appropriate response. Dispatchers offer guidance and support to callers to help them manage the situation until help arrives. They may provide instructions on how to ensure personal safety, give advice on how to de-escalate the situation or offer reassurance to the caller.

Thus, according to P1, dispatchers would begin to facilitate officers' effective interactions with the mentally ill individual before the officer even reached the scene, by contributing to de-escalating the situation to which the officer would be responding. Asked if dispatchers typically asked callers whether the person or persons involved in an incident had a mental illness, P3 answered in the affirmative and added, "This was a very important step in dispatch. Officers need all the necessary information about a mentally ill person in a challenging situation so as to know how best to approach them," confirming that dispatchers contributed to officers' effective interaction with mentally ill individuals by preparing the officers for the interaction in advance. P3 clarified, "While the specific questions asked by dispatchers may vary based on agency protocols and the nature of the call, it is common for dispatchers to inquire about any mental illness or disabilities involved in the situation." P4 explained how information-gathering by dispatchers translated into more effective preparation by responding officers:

> They [dispatchers] collect relevant details about the situation and convey them clearly to the officers who will be responding. This allowed the officers to prepare and approach the situation with a more comprehensive understanding and employ relevant tactics when interacting with individuals facing mental health issues. Proper communication from dispatchers enables officers to make more informed and effective decisions for better outcomes when dealing with individuals in mental distress.

P4 therefore indicated that responding officers would use information from dispatchers to determine their tactics when approaching a scene. Information from dispatchers about individuals suffering from mental illnesses would enable officers to respond more appropriately.

Facilitator Sub-theme 2: Verbal Communication. Nine of the participants indicated that verbal communication, as an alternative to the use of force, was a facilitator of peaceful interactions with mentally ill individuals. P8 explained,

> From the training I received, I learned de-escalation tactics and communication skills, which enabled me to dissuade a disabled individual without drawing a weapon. When handling a mentally ill person with threatening behavior, one should calm them down while maintaining a safe distance and communicating to the individual using language that doesn't confront them.

P8 therefore indicated that maintaining a safe distance while speaking calmly and non-confrontationally was an effective alternative to escalating to the use of force in encounters with mentally ill individuals who appeared aggressive. P5 agreed, saying,

"Conversation, distraction, and identifying with the person can prevent the use of a weapon." It may be noted in P5's response that "identifying with the person" suggested the use of empathy, and "distraction" suggested diverting the distressed person's attention from the cause of their distress. P4 said,

> Engaging in a dialogue to understand the underlying causes of agitation can enable officers to address the situation correctly and find alternative means of calming the situation. This method allowed officers to explore alternative strategies for de-escalation and calming the situation rather than applying force immediately. Effective communication through dialogue enabled officers to resolve conflicts peacefully and ensure the safety and well-being of everyone involved.

For P4, then, ensuring a safe interaction involved defusing the situation by engaging the mentally ill individual in a dialogue to identify the cause of distress and identify a peaceful means of resolution. P3 agreed, saying that in an interaction with a distressed mentally ill individual, an officer should try to, "Talk him down. Effective communication is an important asset in interacting with mentally ill individuals." P2 also said, "Trying to reason and solve the problem with the affected people is a viable option. Dialogue is a powerful tool and strategy when trying to dissuade a disabled person from a violent act." Thus, the participants considered engaging mentally ill individuals in conversation to defuse, distract, empathize, and ultimately de-escalate to be an effective alternative to the use of force and an effective facilitator of peaceful interactions.

Facilitator Sub-theme 3: Collaboration with Providers. Seven of the participants reported that collaboration with mental health providers was a facilitator of peaceful interactions with mentally ill individuals. The participants identified three ways in which this collaboration could assist officers in facilitating peaceful interactions. First, as P1 noted, collaboration with a specific mentally ill individual's provider could help officers to assist that individual, if that individual was repeatedly involved in incidents that required police responses:

> Collaboration with mental health providers can really help the officers understand how to respond to a recurring case. The collaboration may provide the officers with the required expertise in handling cases involving people with mental health problems, thus helping them avoid a further repeat of the same case.

Thus, according to P1, if officers found themselves repeatedly responding to calls involving the same mentally ill individual, collaborating with that individual's provider might help them find a way to mitigate the situation without the need for further officer responses, or at least without the risk of escalation to force. Officers could also mitigate the need for responding repeatedly to calls involving the same mentally ill individual by referring that individual to a provider, P3 indicated: "Ensure that officers are knowledgeable of available mental health resources in the community and can effectively refer individuals to appropriate services. Connecting individuals with ongoing mental health support can help prevent future crises and promote long-term stability." As a third form of collaboration, officers could receive training from mental health providers in how to interact effectively with mentally ill individuals, according to P10: "I think that having

training conducted by a psychiatrist who specializes in people with violent behaviors is beneficial." Thus, the participants identified three modes of collaboration with mental healthcare providers that facilitated peaceful interactions with mentally ill individuals, including obtaining a provider's advice on a specific case, referring an individual for mental health treatment, and obtaining general training from mental health providers.

Facilitator Sub-theme 4: Community Policing. Five of the participants stated that community policing was a facilitator of peaceful interactions with mentally ill individuals. P7 expressed why they perceived community policing as creating conditions that would be beneficial when tense situations arose: "I'd have cops do more community policing and talk and get to know people in their precinct. Kindness goes a long way, and when people see cops as non-threatening and human, it helps when things are tense and unpleasant." Thus, when police made members of the community familiar and comfortable with them, tense situations were less likely to escalate, P7 suggested. P9 agreed, saying,

> We didn't have time to simply talk to people. I worked in a very active precinct. I think police should have more opportunities to work with kids and families. The goal is to make cops less scary to people, so putting them in schools and community centers to establish a rapport with members of the community would make law enforcement less negatively perceived.

If law enforcement were perceived more positively, P9 was suggesting, tense situations would not be aggravated by a background of antagonism between the police and the

community. De-escalation and peaceful resolution of tense situations would then be more likely, whether the community member was mentally ill or not. P4 also said,

> To address the issue of shootings involving emotionally disturbed persons, my priority would be to emphasize community policing and foster strong relationships and trust within the communities we serve. It would be essential to provide training and facilitate open discussions within the community. By involving the community in these discussions and training, we can work together to find effective, humane, and nonviolent ways of handling similar incidents involving individuals in crisis in the future.

Thus, the participants believed that increasing open, positive communication between the police and the community in general would create an environment and a culture in which peaceful resolutions of tense situations involving any community members—mentally ill or not—would be more likely.

Facilitator Sub-theme 5: Assistance of Fellow Officers. Four of the participants reported that the assistance of fellow officers was a facilitator of peaceful interactions with mentally ill individuals. P4 explained: "It is usually good for several officers to respond to a call involving a mentally ill person because this allows for better assessment of the situation, collaborative decision-making, and a higher probability of de-escalating without using force." Thus, according to P4, multiple officers responding to the call could collaborate effectively to bring about a peaceful resolution, while a single officer responding alone might be more likely to resort to force. P9 noted that multiple officers

were needed to ensure that if force was needed, only the minimum amount of force would be used:

> We didn't deal with people alone. There were always a lot of guys on calls for EDPs [emotionally disturbed persons] because of the nature of the situation. It could pop off in a heartbeat, and you'd need people to subdue the perp.

P9 was noting that when multiple officers responded to the call, they could restrain ("subdue") an aggressive mentally ill individual, rather than needing to rely on a more harmful form of force to ensure their own safety and the safety of bystanders.

Facilitator Sub-theme 6: Learning from Previous Encounters. Four of the participants stated that learning from previous encounters with mentally ill individuals was a facilitator of peaceful interactions with such individuals. P4 said, "Officers can avoid problematic situations from recurring through experience and learning from previous encounters. As the officers handle mental illness situations, they can develop strategies for handling and calm people mentally ill people rather than arresting them." Thus, experience was a valuable guide for officers, and they learned from encounters with mentally ill individuals how to handle such encounters more effectively in the future. P5 said,

> If the same group of cops responds to that call, potential problems can be minimized. We were able to avoid problems in large part because we had a grip on who in our precinct had problems and how to deal with them. It got to the point where having the person see us was enough to calm them down.

P5 was observing that when certain mentally ill individuals were the occasions for recurring calls, officers could become more effective at dealing with those specific individuals. Officers could even build relationships with mentally ill individuals who frequently occasioned police responses, such that merely seeing the officers might be enough to defuse the situation, P5 indicated. P7 agreed, saying, "Experience is the best teacher. If you handle similar calls with people in your precinct, you will learn how to work through the situation and hopefully calm everyone down to avoid an arrest." Use of force would likewise be avoided, P7 implied. Thus, officers could learn from experience both how to interact peacefully with mentally ill individuals in general, and how to work with specific mentally ill individuals who recurrently triggered police responses.

Theme 2: Barriers to Peaceful Interactions with Mentally Ill Individuals

All 10 participants contributed data to this theme. This theme addressed RQ1 because the participants reported that they perceived their interactions with mentally ill individuals as influenced in part by barriers to peaceful interactions, or interactions that did not involve the use of force. The findings associated with this theme indicated three significant barriers to peaceful interactions, including: (a) need for more training, (b) lack of knowledge of disabilities, and (c) need for trained assistance. Each of these barriers is addressed as a separate sub-theme.

Barrier Sub-theme 1: Need for More Training. All 10 participants indicated that the need for more training on how to manage interactions with mentally ill individuals was a barrier to peaceful interactions. P2 noted some of the gaps that needed to be filled in officers' current training:

> Trained officers would gain the knowledge and competency required to attend to people with mental illness. Adequate training will help officers maintain safety during their interactions and peacefully alleviate and dissuade any challenging or violent situation. Training in mental health challenges intervention could also enhance collaboration between law enforcement and mental health professionals for effective handling of cases involving mentally challenged people.

P2 therefore believed further training was needed to facilitate collaboration with providers and verbal communication with mentally ill individuals when responding to calls. P3 cited other benefits that might accrue from additional training:

> Training can help discourage stereotypes and reduce the stigma surrounding mental illnesses within law enforcement agencies and the community at large. By increasing officers' understanding of mental health and promoting a compassionate approach, it can contribute to a more supportive environment for individuals with mental illnesses. Mental health training for officers should be continuous.

Thus, training for officers could reduce fear and stigma about mental illness that could lead officers to resort to force unnecessarily during interactions with mentally ill individuals. Regarding the amount of training officers received on mental illness, P5 affirmed, "I wasn't really trained as much as I paid attention to what other guys were doing . . . The biggest gap was not knowing how to approach people with mental problems without resorting to some physical action." P6 noted the relationship between lack of training and the unnecessary use of force in encounters between officers and

mentally ill individuals: "We received little training on how to handle people with mental illnesses, and there were many cases where cops used force to handle these people." P8 reported, "When I was in service, a lot of people with disabilities were killed by police officers just because they [the officers] didn't know how to communicate with them [the people with disabilities]." Thus, the need for training was a serious barrier to peaceful interactions between law enforcement and mentally ill individuals. Inadequate training for officers in facilitators of peaceful interaction such as verbal communication and collaborating with providers could result in unnecessary uses of force, including lethal force, according to the participants.

Barrier Sub-theme 2: Lack of Knowledge of Disabilities. All 10 participants indicated that lack of knowledge of disabilities, or mental illnesses, was a barrier to peaceful interactions with mentally ill individuals. This finding was closely related to the finding of a need for more training, given that training was officers' most likely source of knowledge about mental illnesses. P1 noted one way in which a lack of knowledge could create barriers to peaceful communication:

> I think many officers harbor assumptions and stereotypes about people living with disabilities. These assumptions and stereotypes, such as people's disabilities being a nuisance to law enforcement, have created a gap that keeps on widening each day. Stereotypes can create barriers to communication between police officers and the public, which may hinder service provision.

P1 indicated that without adequate knowledge of disabilities, officers might "harbor stereotypes" that could cause them to have antagonistic feelings toward mentally ill

individuals, perceiving them as "nuisances to law enforcement." This antagonism could, in turn, become a barrier to peaceful interaction. P6 said, "Many officers have little knowledge of the types of disabilities; thus, handling people with disabilities becomes a big challenge for them." As an example, P6 cited, "Someone [a suspect] was assumed guilty because they [the officers] thought he was rude and didn't want to respond, not knowing that he was an individual with a disability [i.e., he could not respond]." P8 agreed, saying,

> I feel the biggest gap between an officer and a disabled person is communication and understanding. Police officers may not be aware of the different disabilities or mental illnesses and how to handle them properly. On the other hand, mentally ill or disabled individuals may be unable to communicate with officers and express themselves. Officers should be trained to communicate with disabled or emotionally disturbed individuals and fully understand them.

In P8's response, it may be seen how the finding of lacking knowledge tied in with the finding of lacking adequate training, given that P8 recommended more training to address the lack of knowledge. P8 observed that officers who lacked knowledge of how to communicate with individuals with a disabling mental illness—and who might even be unaware that the individual with whom they were dealing was suffering from an involuntary impairment rather than a willful refusal to cooperate—faced a significant barrier in pursuing a peaceful resolution.

Barrier Sub-theme 3: Need for Trained Assistance. Five of the participants indicated that a need for (and lack of) the assistance of personnel who were trained to work with mentally ill individuals was a barrier to peaceful interactions. P2 said,

> I would advocate for cooperation between officers and mental healthcare providers. Having contact with local mental healthcare providers would help me have a comprehensive interaction with a person with mental illness. If I am unable to handle the case, then the contacts on standby would help me.

According to P2, the mental healthcare provider did not necessarily need to be on the scene, they only needed to be in contact and able to provide guidance. P3 said,

> I would enjoy having assistance beside me. Enlisting the help of mental health professionals is imperative in de-escalating cases. Mental health professionals are trained in communication techniques specific to individuals experiencing mental health crises. Their expertise can help establish rapport, de-escalate tense situations, and facilitate a more productive dialogue. Their presence can contribute to a more positive and constructive interaction, potentially reducing the need for physical intervention.

P3's response appeared to suggest a desire to have the mental healthcare provider present at the scene ("beside me"), although P3 did not clarify whether the provider's physical presence was perceived as essential. P6 said,

> I would feel better if I had advanced support when dealing with a mentally challenged person. Most of the time, you can't know to what degree the damage

> is, hence becoming challenging to deal with them. Having a mental health professional when receiving calls seems a better experience to me.

Like P1 and P3, P6 indicated that the advice of a trained provider would be welcome, but that it was lacking at time of study when officers encountered mentally ill individuals, leaving first responders at a disadvantage when trying to arrive at peaceful resolutions.

Research Question Two

RQ2 was: From the perspective of police officers, in what ways should police officer training be altered to improve outcomes in dealing with community members with a mental illness? One theme emerged during data analysis to address this research question. The theme was:

Theme 3: Training Should Be Provided More Frequently and in Greater Depth

All 10 of the participants contributed data to this theme. The findings indicated that police officer training should be altered to improve outcomes in dealing with community members with a mental illness by treating the topic of mental illness and how to interact peacefully with mentally ill individuals more frequently and in greater depth. The participants indicated that the training should be regular and recurring, that it should involve elements such as role-playing and workshops and collaborating with mental healthcare providers. P1 suggested,

> Regular and ongoing mental health training is crucial. Ideally, departments should provide more frequent and in-depth training sessions to reinforce knowledge and skills. This could include scenario-based training, role-playing exercises, and interactive workshops to enhance practical application.

Thus, P1 cited a need for regular, hands-on training for officers. P4 said,

> Officers need to undergo in-service training in interacting with people with disabilities and mental illnesses. The training can involve identifying different types of disabilities, recognizing the signs and symptoms associated with mental illnesses, de-escalation methods, crisis intervention training, and strategies for enhancing positive interactions.

P4 therefore noted a need for training in recognizing signs of mental illness, as well as a need for training in communication and de-escalation techniques. P7 said, "I'd like to see cops look at videos objectively and see if there were alternatives that could have been implemented before a situation resulted in a cop or civilian being shot or injured," indicating that viewing camera footage and gaming out alternatives to scenarios in which inappropriate actions had been taken might be beneficial. P5 said,

> I think it is important that all police officers receive training in handling cases involving people with mental illness. The reasoning behind that is to improve the safety of both parties involved and also foster a culture of empathy and understanding by the police officers to prevent harm and violent encounters.

P5 therefore noted that the goal of training was to ensure safety, and that safety could be ensured in part by building empathy and communication. P2 noted,

> Trained officers will gain the knowledge and competency required to attend to people with mental illness. Adequate training will help officers maintain safety during their interactions and peacefully alleviate and dissuade any challenging or violent situation. Training in mental health challenges intervention can also

> enhance collaboration between law enforcement and mental health professionals for effective handling of cases involving mentally challenged people.

Thus, like P5, P2 also noted that training could improve safety both for officers and for members of the community. P2 also indicated that training could increase effective collaboration between officers and mental healthcare providers. P8 agreed, saying,

> Law officers should be trained to handle people with mental illness. After being trained, they should be able to recognize symptoms and use de-escalation strategies to handle individuals with mental disabilities. They should also be able to consult and collaborate with mental health professionals whenever they encounter complex situations. Officers who have been trained acquire skills that ensure public safety, whereby they avoid the unnecessary use of force.

Thus, the participants indicated that training in interacting with individuals with mental illnesses should be regular and recurring, should involve hands-on and in-service elements, and should teach facilitators of peaceful interactions such collaborating with mental healthcare providers and verbal communication as an effective alternative to use of force.

Summary

Two research questions guided this study. RQ1 was: How did police officers perceive their interactions with mentally ill individuals? The findings indicated that the participants perceived their interactions with mentally ill individuals as influenced by *facilitators* and *barriers*. Accordingly, the first RQ1 theme was: facilitators of peaceful interactions with mentally ill individuals. All 10 participants contributed data to this

theme. This theme addressed RQ1 because the participants reported that they perceived their interactions with mentally ill individuals as influenced in part by facilitators of peaceful interactions, or interactions that did not involve the use of force. The findings associated with this theme indicated six significant facilitators of peaceful interactions, including: (a) dispatcher assistance, (b) verbal communication, (c) collaboration with providers, (d) community policing, (e) assistance of fellow officers, and (f) learning from previous encounters.

The second RQ1 theme was: barriers to peaceful interactions with mentally ill individuals. All 10 participants contributed data to this theme. This theme addressed RQ1 because the participants reported that they perceived their interactions with mentally ill individuals as influenced in part by barriers to peaceful interactions. The findings associated with this theme indicated three significant barriers to peaceful interactions, including: (a) need for more training, (b) lack of knowledge of disabilities, and (c) need for trained assistance.

RQ2 was: From the perspective of police officers, in what ways should police officer training be altered to improve outcomes in dealing with community members with a mental illness? One theme emerged during data analysis to address this research question. The theme was: training should be provided more frequently and in greater depth. All 10 of the participants contributed data to this theme. The findings indicated that police officer training should be altered to improve outcomes in dealing with community members with a mental illness by treating the topic of mental illness and how to interact peacefully with mentally ill individuals more frequently and in greater depth.

The participants indicated that the training should be regular and recurring, that it should involve elements such as role-playing and workshops and collaborating with mental healthcare providers. Chapter 5 includes discussion, interpretation, and recommendations derived from these findings.

Chapter 5: Discussion, Conclusions, and Recommendations

Offering little to no support to people with mental illness contributes to depriving them of their dignity and discriminating them against the rest of the community (Chappell & O'Brien, 2019). Law enforcement encounters with mentally ill persons has continued to worsen, leading to poor treatment of mentally ill individuals. The need to understand the person with mental illness calls for the need for a CIT for law enforcement officers (Schulenberg, 2015). The lack of literature exploring the perceptions, decision making, and efforts of law enforcement officers regarding their interactions with mentally ill persons encouraged me to address this research gap (see Oxburgh et al., 2016; Soares & Pinto da Costa, 2019; Watson et al., 2017). I sought to investigate and understand law enforcement officer attitudes, decision making, and behavior in interactions with persons perceived to be mentally ill. Additionally, this study also sought to explore from a police perspective, the attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training.

The purpose of this generic qualitative study was to investigate and understand law enforcement officer attitudes, perceptions, decision making, and behavior in interactions with individuals perceived to be mentally ill and to explore from a policy perspective, what attitudes, decision making, and behaviors applied by police in interactions with mentally ill individuals might be improved with alternative training. The sample population for this study consisted of 10 current and retired members of the Police Department who had 1 or more years on the force, had completed training on

mental health, were familiar with handling individuals with mental illness, and had interest or knowledge with de-escalation tactics by working with community mental health.

Data was gathered using semi structured interviews via Zoom platform with law enforcement officers either currently working or retired from the Police Department. The collected data was analyzed using qualitative thematic analysis techniques. Three themes emerged where Themes 1 and 2 answered RQ1 and the third theme answered RQ2. Theme 1 addressed RQ1 by identifying the facilitators of peaceful interactions with mentally ill individuals. The results indicated that law enforcement officers perceive that their interactions with individuals with mental illness are influenced by various facilitators of peaceful interactions that did not require the use of force. The facilitators of peaceful interactions were classified into six different subthemes which were identified to be dispatcher assistance, verbal communication, collaboration with providers, community policing, the assistance of fellow officers, and learning from previous encounters.

The second theme addressed RQ1 by identifying the barriers to peaceful interactions with mentally ill individuals. The law enforcement officers perceived that their interactions with persons with mental illness are influenced in a given portion by the barriers to peaceful interactions. These barriers were identified and classified into three subthemes as need for more training, lack of knowledge of disabilities, and need for trained assistance. RQ2 was addressed by the third theme which was training should be provided more frequently and in greater depth. The findings indicated that the law enforcement officers' training ought to be altered to accommodate their dealings with

individuals with mental illness within the community and this is achievable by including topics on mental health illness within their constant training.

Interpretation of Findings

In this section, I discussed the findings in an in-depth manner and showed their relationship with the study research questions as well as the extent they confirm, disconfirm, or extend their relations to the extent of literature reviews. The conceptual framework developed in this study was the pillar in analyzing key findings.

Theme 1: Facilitators of Peaceful Interactions with Mentally Ill Individuals

One of the key findings that emerged from data analysis was that the law enforcement officers perceived their interactions with individuals with mental illness to be influenced in part by facilitators of peaceful interactions. According to this theme, any peaceful interactions of law enforcement with mentally ill individuals were influenced by several factors that shape it making it to be perceived as peaceful interactions. These findings were similar to Watson et al. (2018) findings establishing that law enforcement officer's ought to improve relations with members of the community from which persons with mental illness live which enhanced the building of public trust. Gaining community trust will help law enforcement officers to have a good collaboration which will enhance their interactions, especially in a scenario where they encounter mentally ill individuals. Law enforcement insights when encountering mentally ill individuals reveal their perceptions when discovering the best alternative to accord of either offer treatment assistance or proceed with criminal persuasions (Frierson, 2013; Lepore, 2020).

Findings by Bernstein (2016) and Schulenberg (2016) matched my research findings as they revealed that the perception of law enforcement officers is influenced by their tenure of service in policing as they gained vast experiences and exposure in dealing with mentally ill individuals. Officers with many years of experience had positive perceptions when interacting with persons with mental illness as opposed to younger officers. A greater level of empathy was exhibited by experienced officers when dealing with mentally ill individuals (Johnson et al., 2019). The level of understanding of mental disorder signs and symptoms by individual law enforcement determined response to calls and engagement with mentally ill individuals (Jines, 2013). Law enforcement officers with a better understanding of signs of mental health disorders had positive perceptions when communicating with mentally ill persons either in calls or face-to-face.

Subtheme 1: Dispatcher Assistance

One of the facilitators of peace interactions with a mentally ill individual was a dispatcher assistant who contributes to de-escalating the situation after receiving a call from the community members during an incident when before the arrival of law enforcement officers. Many participants reported that dispatchers assisted not only in handling calls but also in gathering necessary information which assists police officers in handling situations involving mentally ill individuals. They offer guidance to help the caller to manage the situation as they await assistance from relevant personnel. The information gathered by the dispatcher assistant helped in psychologically preparing the law enforcement officer to handle a situation by equipping them will relevant information in advance. Some participants reported that proper communication from the dispatcher

enables law enforcement to handle mentally ill individuals' better manner as it aids in their decision-making. These findings are supported by Bernstein's (2016) and Schulenberg's (2016) findings which emphasized on preparation need for law enforcement officers to respond to provoking calls productively.

Subtheme 2: Verbal Communication

Verbal communication was identified as a facilitator of peaceful interactions with mentally ill individuals as an alternative use of force. Some participants reported that the communication skills they gained in their training assisted in the de-escalation of threatening situations with mentally ill persons. Identification with mentally ill individuals and engaging them in a conversation helped in distracting them and avoiding the use of weapons. Mentally ill individuals need to be shown empathy which assists in shifting their attention from distressing acts. Many participants emphasized the use of effective communication as a strategy for calming the situations which helps in establishing a peaceful environment making it engage with persons with mental illness.

Communication as an alternative mechanism to the use of force among law enforcement officers and as an effective facilitator of peaceful interactions contributed to defusing, distracting, de-escalating situations, as well as empathizing with mentally ill individuals. Many participants valued the power of engaging in a dialogue as a mechanism for de-escalating violent actions. Studies indicated that understanding the signs and symptoms of law enforcement officers enhances their communication ability especially when responding to calls involving mentally ill individuals (Taniguchi & Salvatore, 2018).

Subtheme 3: Collaboration with Providers

Collaboration with mental health providers was reported by many participants as a facilitator of peaceful interactions when dealing with mentally ill individuals. Collaboration with mental health providers assisted law enforcement officers in assisting mentally ill individuals involved in repeated incidents. It also assisted law enforcement officers in responding to and understanding recurring cases. Law enforcement officers gained expertise in dealing with mental health cases. Some participants reported that continuous collaboration of law enforcement officers and mental health providers helped to de-escalate the use of force by providing an alternative mitigation strategy. Law enforcement officers when they collaborated with mental health providers were knowledgeable of the existence of community resources that were meant to assist mental health individuals by offering appropriate services.

Some participants reported that future crises involving mental health individuals can be prevented and achievement of long-term stability by connecting mental health individuals with relevant support. Collaboration with mental health providers can assist law enforcement officers in gaining appropriate training which equips them with knowledge of handling mentally ill individuals, as reported by some respondents. Through collaborative training law enforcement officers gain a better understanding of responding to violent behaviors caused by mentally ill individuals. Law enforcement officers in collaboration with mental health providers can offer treatment to mental health individuals. Tartaro et al. (2021) and Watson et al. (2017) underscored the benefit of a

CIT in helping to reduce the severity of a crisis which is an important aid to police officers to assist them in managing such situations with ease.

Subtheme 4: Community Policing

Participants identified community policing as another facilitator of peace interaction with persons with mental illness. Some participants identified community policing to be a mechanism of creating law enforcement officers' familiarity with the community members which helped in de-escalating tension in a threatening situation. Through community policing, police get an opportunity to interact with community members, creating a comfortable environment. Law enforcement engagement with community members contributes to creating a rapport making members of the public perceive them as friendly and kind persons (Peyton, K et al, 2019). Most participants valued community policing to contribute to a peaceful resolution during tense incidents involving mentally ill individuals. Few participants advocated for community policing to earn community trust and build a better relationship which is essential in resolving tense situations.

Handling incidents in a nonviolent manner requires community training and open discussion that creates effectiveness in de-escalating such situations as reported by some participants. Past literature supports these study findings indicating that issues affecting public trust should be addressed to better the relations and improve the diversity of officers in serving communities where individuals with mental illness are living (see Watson et al., 2018). A community-oriented policing model has been achieved in recent decades by the shift of law enforcement officers from the traditional reactive model when

dealing with mental health care (Gelles et al., 2021). This new model focuses on engaging local community stakeholders through an active partnership to develop better decision-making techniques and strategies when handling dangerous situations involving law enforcement officers and mentally ill individuals ((Dibeler, 2021; Morabito et al., 2018; Watson et al., 2018).

Subtheme 5: Assistance of Fellow Officers

Another facilitator of peaceful interaction that some participants identified was the assistance of fellow officers when dealing with mentally ill individuals. Some participants encouraged response to a situation involving mentally ill individuals in a large number of officers. This helped in increasing the probability of using minimal force, collaborative decision making, and better assessment of the nature of the incident. Collaborative efforts were achieved when multiple officers responded to the call resulting in a peaceful resolution of incidents. Few participants reported that multiple officers use less force in a scenario where mentally ill individuals were aggressive which was opposed to a single officer responding to such a situation as they will be forced to use aggressive force. The assistance of fellow officers when responding to a call guarantees the safety of the offender, bystanders as well and the officers involved in a situation where the mentally ill individual was violent. The findings of this study were similar to previous findings indicating that police work in collaboration with their colleagues to assist in managing harmful situations where the involved persons are deemed to be violent and engagement by several officers could help in managing such crises (see BJA & CSG, 2019; CSG, 2019; Kohrt et al., 2015; Parker et al., 2018).

Subtheme 6: Learning from Previous Encounters

Some participants reported that learning from previous encounters with persons with mental illness was a facilitator of peaceful interaction. Experience gained by law enforcement officers helps them to avoid problematic situations. Additionally, learned experience from encountering mentally ill individuals contributes to law enforcement officers gaining appropriate strategies to handle and resolve tense incidents. Experience gained by law enforcement officers responding to calls equipped them with skills and knowledge to calm situations in advance and avoid the use of force as observed by some participants. Most of the participants indicated that learning from previous encounters was necessary to assist law enforcement officers in handling repeated cases peacefully and equipping them with responses that trigger the de-escalation of situations. Bernstein's (2016) and Schulenberg's (2016) findings were similar to this study's findings indicating that longer tenure of service offered better experience and exposure to law enforcement officers making them able to serve mentally ill individuals well.

Theme 2: Barriers to peaceful interactions with mentally ill individuals

Perceptions of interaction were reported by all participants to be influenced in part by barriers to peaceful interaction or interaction that did not involve the use of force when dealing with mentally ill individuals. The perception of law enforcement officers was that there exist barriers hindering them from having a peaceful interaction when engaging with mentally ill individuals.

Subtheme 1: Need for More Training

The need for more training on how to manage interaction was identified by all participants as a barrier to peaceful interaction with mentally ill individuals. Some participants argued that training police officers will equip them with knowledge and competence when dealing with mental illness individuals, maintain safe interactions, as well as enhance collaboration with mental health professionals. On the other hand, other participants noted that additional training will help build understanding, discourage stereotypes, and reduce stigma by creating a more supportive environment for mentally ill individuals. Training law enforcement officers reduced their fear and stigma when interacting with mentally ill individuals as it enhanced their positive relations which helped in avoiding the use of unnecessary force. Inadequate training of law enforcement officers increased their possibility of using excessive force when dealing with mentally ill individuals.

The findings of this study concurred with the existing literature as reported by Hinshaw and Cicchetti (2000) noting that the unpredictability of law enforcement officers in dealing with mentally ill individuals emanated from fear of misunderstanding and lack of accountability. The attitudes of law enforcement officers have shown their need for additional training on mental illness (Brooks III, 2018; Campbell et al., 2017; Haigh et al., 2020; Lockwood et al., 2021; Wise et al., 2021). Law enforcement felt the need for training to gain appropriate competency in dealing with mental problems incidents (Campbell et al., 2017; Haigh et al., 2020).

Subtheme 2: Lack of Knowledge of Disabilities

Lack of knowledge of disabilities or mental illness was identified by all participants as a barrier to peaceful interaction with mentally ill individuals. Some participants had assumptions and stereotypes when relating to and dealing with individuals with disabilities. These assumptions and stereotypes were barriers to law enforcement officers when providing services to individuals with mental illness. Inadequate knowledge of disabilities among law enforcement officers created antagonistic feelings as they were likely to perceive mentally ill individuals to be a nuisance to law enforcement. Lack of understanding of different disabilities by law enforcement officers and the inability to communicate properly by people with mental illness created a barrier when assisting them. Some participants recommend the need for training to equip law enforcement officers with knowledge and increase their willingness to assist people with disabilities. Past studies have shown that police officers have a fear of misunderstanding mentally ill individuals which contributed to their ill-treatment and failure in accountable for them (Hinshaw & Cicchetti, 2000).

Subtheme 3: Need for Trained Assistance

Most participants identified the need for trained assistance to work with mentally ill individuals as a barrier to peaceful interaction. Cooperation with mental health professionals was required to maintain a comprehensive interaction with mental health individuals as advocated by some participants. Mental health professionals had specialized communication techniques in handling mental health crisis and their services were important in the escalating cases involving mental health individuals. Some

participants acknowledged the presence of mental health professionals would help in achieving positive rapport achieve a productive dialogue and build more constructive interactions that would de-escalate the tense situation. The lack of presence of a trained mental health professional continued to disadvantage law enforcement officers in establishing a peaceful interaction with mental health individuals. Law enforcement officers' collaboration with mental health providers has been identified in the previous literature study as a crucial element (BJA & CSG, 2019; CSG, 2019; Kohrt et al., 2015; Parker et al., 2018).

Theme 3: Training Should Be Provided More Frequently and in Greater Depth

The participants indicated the need for altering police officer training to improve their ability to deal with community members with mental illness. Topics on mental illness and peaceful interaction strategies should be covered more frequently and in greater depth to help police officers interact peacefully with mentally ill individuals. Regular training should be conducted such as workshops and role-playing as well as collaboration with mental health providers as suggested by all participants (Peterson & Densley, 2018; Steadman and Morrissette (2016). Some participants suggested that in-depth training sessions are necessary to equip law enforcement officers with knowledge and skills. Hands-on training for officers should be conducted to better their skills when interacting with individuals with mental health problems and other disabilities. Such training should be structured in a manner that covers areas such as types of disabilities, signs, and symptoms related to mental health illness, methods of de-escalation, crisis

interventions, and strategies for enhancing better interaction. Some participants noted the need for training on effective communication to help in achieving de-escalations.

Frequent and in-depth training of law enforcement officers helped improve safety during tense situations by enhancing understanding and empathy. Few participants indicated the need for training law enforcement officers to equip them with knowledge and competence in dealing with mentally ill individuals. Some participants noted the need for training to enhance safety for community members as well as police officers. Additionally, some participants suggested that collaboration between mental health professionals and law enforcement officers can be enhanced through training as it increases the chances of solving complex cases. Training officers played a crucial role in creating public safety and avoiding of usage of unnecessary force. Hinshaw and Cicchetti's (2000) findings supported the current study findings suggesting the need for change in education programs and campaigns for police officers to help build better relations with mentally ill individuals. Training of police officers increased their ability to determine the level of individuals with mental illness guilty of committing crime (Brooks III, 2018; Campbell et al., 2017; Scantlebury et al., 2017; Thomas & Watson, 2017).

Limitations of the Study

The limitation of this study was that it was conducted among law enforcement officers in the South where a small sample size of only ten participants which limits the transferability of these study findings as the perceptions of interactions, attitudes, and decision-making may vary with officers from different locations. Even though this study provided an in-depth review of law enforcement officers' interactions, attitudes, and

decision-making with mentally ill individuals, the adoption of a mixed-method approach and the use of a greater sample size could have yielded dependable and transferable results.

The second limitation of this study was the criteria for selecting the study participants, especially seeking officers with more than one year in the workforce or retired. The involvement of junior officers with limited experience in dealing with individuals with mental illness could have contributed to gaining their perceptions, attitudes, and decision-making when encountering mentally ill individuals. The inclusion of junior officers as participants could have added to the value of the study findings. Data collection was conducted through Zoom which could have limited the researcher's ability to observe participant's nonverbal communication which could have contributed to a better interpretation of results.

Recommendations

The current study was limited to a small sample size of a single geographical location of the Southern Police Department limiting the transferability of the study findings. This study was a generic qualitative study that limited the study's ability to provide comparative results from different participants from various geographical locations therefore further study could be conducted using mixed methods or a quantitative approach to broaden the scope of this study's results by evaluating law enforcement officers' perceptions, attitudes, and decision-making with mentally ill individuals. No studies have been conducted in the literature review, specifically focusing

attention on the perception of interactions, attitudes, and decision-making of junior officers who have served for less than a year with mentally ill individuals.

The leaders of law enforcement officers should develop policies aimed at offering frequent and in-depth training to law enforcement officers on handling situations involving mentally Ill individuals. The leaders should design ongoing training of law enforcement officers, which is likely to equip them with knowledge and skills in containing mentally ill individuals, which in turn reduces their chances of using excess force (Campbell et al., 2017; Haigh et al., 2020). The leaders should develop policies to build positive community trust, increasing collaboration with the entire community. This collaboration is likely to increase community members' participation in the de-escalation of situations involving mentally ill individuals and law enforcement officers. Additionally, building community trust will increase the likelihood of members of the community participating in community policing, which will help in mitigating various incidents such as those involving mentally ill individuals (Dibeler, 2021; Morabito et al., 2018). The leaders should create strategies to increase the law enforcement officers' collaboration with mental health professionals who are likely to assist them in the management of situations involving mentally ill individuals within the societies of their operations (; Watson et al., 2017). This study recommended further study to understand the perception of junior officers in interactions, attitudes, and decision-making with mentally ill individuals.

Implications

The findings of this study contributed to adding to the existing gap by improving the perception of law enforcement officers' interactions, attitudes, and decision-making with mentally ill individuals. The findings suggested the perception of law enforcement officers was influenced by facilitators and barriers and the need for frequent and in-depth training. The findings contributed to adding value to the current literature by suggesting possible solutions for handling mentally ill individuals from police officers' perspectives. The knowledge gained from this study may assist in change perceptions of law enforcement from negative to positive when interacting with mentally ill individuals. Another positive social change was the change in law enforcement officers' training curriculum which will enable the newly employed officers to cover comprehensive topics on areas such as types of disabilities, methods, and strategies for dealing with persons with mental health problems. Mental health policies can be improved to accommodate the assistance of mentally ill individuals and intervention programs of mental health professionals in situations where mentally ill individuals are in crisis which involved in interactions with law enforcement officer. The implementation of these programs is likely to increase the acceptability level of mentally ill individuals by law enforcement officers with zero stigmatization or penalty.

Conclusion

The purpose of this twofold generic qualitative study was to investigate and understand law enforcement officers' attitudes, decision-making, and behaviors in interactions with mentally ill individuals; to explore from the police perspective, what

attitudes, decision-making, and behaviors applied by police officers in interactions with mentally ill individuals might be improved through training. The researcher established that law enforcement officers perceived facilitators and barriers that influenced their interactions with mentally ill individuals. Facilitators that contributed to peaceful interaction among mentally ill individuals with law enforcement officers were found to be dispatcher assistance, verbal communications, assistance from fellow officers, community policing, collaboration with mental health providers, and learning from previous experiences. The barriers to peaceful interactions of law enforcement officers with mentally ill individuals were established to be the need for more training, lack of knowledge of disabilities, and need for trained assistance. Other key findings indicated that police officers' training should be provided frequently and more in-depth to enhance their knowledge and skills in dealing with and interacting with mentally ill individuals. Training should be on a regular and frequent basis and with collaborative assistance from mental health professionals (BJA & CSG, 2019; CSG, 2019; Kohrt et al., 2015; Parker et al., 2018). There was a possibility that implementing this study's findings by the Mississippi Police Department may result in improved relations and decrease negative perceptions of police officers toward mentally ill individuals.

References

Aarset M. V., Glomseth R. (2019). Police leadership during challenging times. In J. Albrecht, G. den Heyer, & P. Stanislas (Eds.), *Policing and minority communities*. Springer. https://doi.org/10.1007/978-3-030-19182-5_3

Abi Doumit, C., Haddad, C., Sacre, H., Salameh, P., Akel, M., Obeid, S., Akiki, M., Mattar, E., Hilal, N., Haliit, S., & Soufia, M. (2019). Knowledge, attitude and behaviors towards patients with mental illness: Results from a national Lebanese study. *PLoS One, 14*(9), Article e0222172. https://doi.org/10.1371/journal.pone.0222172

Abramson, A. (2021). Building mental health into emergency responses. *American Psychological Association, 52*(5), 30.

Albrecht J. F. (2019). Evaluating police-community relations globally. In J. Albrecht, G. den Heyer, & P. Stanislas P. (Eds.), *Policing and minority communities*. Springer. https://doi.org/10.1007/978-3-030-19182-5_1

Allison, P. D. (1999). *Multiple regression: A primer*. Pine Forge Press.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing, Inc. https://doi.org/10.1176/appi.books.9780890425596

Azen, R., & Budescu, D. (2003). The dominance analysis approach for comparing predictors in multiple regression. *Psychological Methods, 8*(2), 129–148. https://doi.org/10.1037/1082-989X.8.2.129

Bailey, K., Paquet, S. R., Ray, B. R., Grommon, E., Lowder, E. M., & Sightes, E. (2018). Barriers and facilitators to implementing an urban co-responding police-mental health team. *Health & Justice, 6*(1), 1–12. https://doi.org/10.1186/s40352-018-0079-0

Balnaves, M., & Caputi, P. (2001). *Introduction to quantitative research methods: An investigative approach*. Sage.

Baskarada, S. (2014). Qualitative case study guidelines. *Qualitative Report, 19*(40), 1–25. https://doi.org/10.46743/2160-3715/2014.1008

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *Qualitative Report, 13*(4), 544–559.

Beck, J., Reuland, M., & Pope, L. (2020). *Behavioral health crisis alternatives: Shifting from police to community responses*. Vera Institute.

Becker, H. (1996). The epistemology of qualitative research. In R. Jessor, A. Colby, & R. Sweder (Eds.), *Ethnography and human development: Context and meaning in social inquiry* (pp. 53–71). University of Chicago Press.

Bell, M. (2017). Police reform and the dismantling of legal estrangement. *Yale Law Journal, 126*, 2054–150.

Bell, S., & Palmer-Conn, S. (2018). Suspicious minds: Police attitudes to mental ill health. *International Journal of Law and Public Administration, 1*(2), 25–40. https://doi.org/10.11114/ijlpa.v1i2.3878

Ben-Moshe, L. (2020). *Decarcerating disability: Deinstitutionalization and prison abolition*. University of Minnesota Press.

Bernstein, S. (2016, September 29). *California shooting show police ill-equipped to handle mentally ill*. Chicago Tribune. http://www.reuters.com/article/us-usa-police-training-idUSKCN11Z14T

Bittner, E. (1970). *The functions of the police in modern society: A review of background factors, current practices, and possible role models*. National Institute of Mental Health. https://doi.org/10.2307/2063988

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

Bliss, K. (2020). Mental health and prison systems in major need of reform. Prison Legal News. https://www.prisonlegalnews.org/news/2020/oct/1/mental-health-and-prison-systems-major-need-reform/

Blumberg, D. M., Schlosser, M. D., Papazoglou, K., Creighton, S., & Kaye, C. C. (2019). New directions in police academy training: A call to action. *International Journal of Environmental Research and Public Health*, *16*(24), Article 4941. https://doi.org/10.3390/ijerph16244941

Bohrman, C., Blank Wilson, A., Watson, A., & Draine, J. (2018). How police officers assess for mental illnesses. *Victims & Offenders*, *13*(8), 1077–1092.

Bonfine, N., Wilson, A. B., & Munetz, M. R. (2020). Meeting the needs of justice-involved people with serious mental illness within community behavioral health

systems. *Psychiatric Services, 71*(4), 355–363. https://doi.org/10.1176/appi.ps.201900453

Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge University Press.

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27–40. https://doi.org/10.3316/QRJ0902027

Bowleg, L., Maria Del Río-González, A., Mbaba, M., Boone, C. A., & Holt, S. L. (2020). Negative police encounters and police avoidance as pathways to depressive symptoms among US Black men, 2015–2016. *American Journal of Public Health, 110*(S1), S160–S166. https://doi.org/10.2105/AJPH.2019.305460

Brine, K., Brine, L., & Roycroft, M. (2021). Police practice in dealing with severe addictions and/or mental illness: Treatment or arrest? In M. Roycroft & L. Brine (Eds.), *Modern police leadership* (pp. 199–220). Palgrave Macmillan.

Brooks III, W. G. (2018). *Police need more mental health training*. https://thehill.com/opinion/healthcare

Brown, K., & Coulter, P. B. (1983). Subjective and objective measures of police service delivery. *Public Administration Review, 43*(1), 50–58. https://doi.org/10.2307/975299

Bureau of Justice Assistance & Council of State Governments. (2019*). Police-mental health collaborations a framework for implementing effective law enforcement responses for people who have mental health needs.* https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf

Burkhardt, B. C., Akins, S., Sassaman, J., Jackson, S., Elwer, K., Lanfear, C., Amorim, M., & Stevens, K. (2017). University researcher and law enforcement collaboration: Lessons from a study of justice-involved persons with suspected mental illness. *International Journal of Offender Therapy and Comparative Criminology*, *61*(5), 508–525. https://doi.org/10.1177/0306624X15599393

Callahan, L., & Pinals, D. A. (2020). Challenges to reforming the competence to stand trial and competence restoration system. *Psychiatric Services*, *71*(7), 691–697. https://doi.org/10.1176/appi.ps.201900483

Campbell, J., Ahalt, C., Hagar, R., & Arroyo, W. (2017). Building on mental health training for law enforcement: strengthening community partnerships. *International Journal of Prisoner Health*, *13*(3/4), 207–212. https://doi.org/10.1108/IJPH-10-2016-0060

Canadian Department of National Defence. (2013). *The surgeon general's mental health strategy*. Department of National Defence.

Carcary, M. (2020). The Research Audit Trail: Methodological Guidance for Application in Practice. The Electronic Journal of Business Research Methods, 18(2), pp. 166-177, available online at www.ejbrm.com

Caruso, G. D. (2017). *Public health and safety: The social determinants of health and criminal behavior*. ResearchersLinks Books.

Chang, C., & Rubin, J. (2015, August 5). *After years of scandal, LA jails get federal oversight, sweeping reforms*. The Los Angeles Times.

http://www.latimes.com/local/lanow/la-me-ln-federal-jail-oversight-20150804-story.html

Chappell, D., & O'Brien, A. (2019). Police encounters with persons with a mental illness. In *Criminology* [Online]. Oxford University Press. https://doi.org/10.1093/obo/9780195396607-0259

Chenail, R. J. (2011a). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *Qualitative Report, 16*(1), 255–262. https://doi.org/10.46743/2160-3715/2011.1051

Chenail, R. J. (2011b). Ten steps for conceptualizing and conducting qualitative research studies in a pragmatically curious manner. *Qualitative Report, 16*(6), 1715–1732. https://doi.org/10.46743/2160-3715/2011.1324

Chowdhury, N. Z., Albalawi, O., Wand, H., Adily, A., Kariminia, A., Allnutt, S. & Butler, T. (2019). First diagnosis of psychosis in the prison: results from a data-linkage study. *BJPsych Open*, 5(6), Article e89. https://doi.org/10.1192/bjo.2019.74

Clarion Ledger. (2019). *Mentally ill too often put in jail in Mississippi: Resources lacking*. www.clarionledger.com

Clark, L. A., Cuthbert, B., Lewis-Fernández, R., Narrow, W. E., & Reed, G. M. (2017). Three approaches to understanding and classifying mental disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). *Psychological Science in the Public Interest,* 18(2), 72–145. https://doi.org/10.1177/1529100617727266

Coghlan, D., & Brydon-Miller, M. (2014). The SAGE encyclopedia of action research (Vols. 1–2). Sage Publications.

Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S. & Watson, A. C. (2014). The police-based crisis intervention team (CIT) model: I. Effects on officers' knowledge, attitudes, and skills. *Psychiatric Services (Washington, DC)*, 65(4), 517–522. https://doi.org/10.1176/appi.ps.201300107

Condra, M. (2013). *Mental health handbook prepared for the Council of Ontario Universities (COU) and the framework for post-secondary student mental health*. CACUSS. P.8-9.

Cooke, A.C. (2017.) Deinstitutionalization and the rise of the "Slasher". In Moral panics, mental illness stigma, and the deinstitutionalization movement in American popular culture. Palgrave Macmillan https://doi.org/10.1007/978-3-319-47979-8_3

Cooper, V. G., Mclearen, A. M., & Zapf, P. A. (2004). Dispositional decisions with the mentally ill: police perceptions and characteristics. Police Quarterly, 7(3), 295–310. https://doi.org/10.1177/1098611104267733

Cortright, C. E., McCann, W., Willits, D., Hemmens, C., & Stohr, M. K. (2020). An analysis of state statutes regarding the role of law enforcement. *Criminal Justice Policy Review, 31*(1), 103–132. https://doi.org/10.1177/0887403418806562

Corsaro, N., & Weisburd, D. (2018). Police interventions. In D. S. Nagin, F. T. Cullen, & C. Lero Jonson (Eds.), *Deterrence, choice, and crime: Contemporary perspectives* (pp. 239–268). Routledge.

Council of State Governments (CSG). (2019). Police-metal health collaborations: a framework for implementing effective law enforcement responses for people who have mental health needs. Council of State Governments Justice Center.

Criminal Justice USA. (2015). *How to become a police officer*. http://www.criminaljusticeusa.com/police-officer/

Cummins, I. (2020). Causal relationships or casual associations? Assessing the nature and character of mental illness/disorder and crime. *In Mental Health and Punishments* (pp. 33–44). Routledge.

DeAngelis, T. (2021). Mental illness and violence: debunking myths, addressing realities. *Monitor on Psychology*, 52(3), 31. https://www.apa.org/monitor/2021/04/ce-mental-illness

Decker, M. R., Wilcox, H. C., Holliday, C. N., & Webster, D. W. (2018). An integrated public health approach to interpersonal violence and suicide prevention and response. *Public Health Reports, 133*(1_suppl), 65S–79S. https://doi.org/10.1177/0033354918800019

Dehaghani, R. (2019). *Vulnerability in police custody: Police decision-making and the appropriate adult safeguard.* Routledge.

Dehaghani, R. (2021). Interrogating vulnerability: reframing the vulnerable suspect in police custody. *Social & Legal Studies*, *30*(2), 251–271. https://doi.org/10.1177/0964663920921921

Delice, A. (2010). The sampling issues in quantitative research. *Educational Sciences: Theory and Practice*, *10*(4), 2001-2018. https://eric.ed.gov/?id=EJ919871

Delve, Ho, L., & Limpaecher, A. (2023c, March 27). What Is Researcher Triangulation in Qualitative Analysis? https://delvetool.com/blog/researcher-triangulation

DeLint, W, (1998). Regulating autonomy: Police discretion as a problem for training, *Canadian Journal of Criminology, 40*(3), 277–304. https://www.ojp.gov/ncjrs/virtual-library/abstracts/regulating-autonomy-police-discretion-problem-training

DeLint, W. (2003). Keeping open windows: Police as access brokers. *British Journal of Criminology*, *43*(2), 379–397. https://doi.org/10.1093/bjc/43.2.379

Dempsey, C., Quanbeck, C., Bush, C., & Kruger, K. (2020). Decriminalizing mental illness: specialized policing responses. *CNS Spectrums*, *25*(2), 181–195. https://doi.org/10.1017/S1092852919001640

Department of Mental Health. (2020). *Mississippi department of mental health: Think Again* [Blog]. www.dmh.ms.gov/think-again

Department of Public Safety: Mississippi. (2021). *Board on law enforcement officer standards and training (BLEOST)*. https://www.dps.ms.gov/public-safety-planning/standards-and-training/BLEOST

Dibeler, C. (2021). *A quantitative approach to police and mental health training* [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies.

Donmoyer, R. (2009). Generalizability and the Single-Case Study. In R. Gomm, M. Hammersley, & P. Foster (Eds.), *Case study method*: *Key issues, key texts* (pp. 45–68). Sage Publications. https://dx.doi.org/10.4135/9780857024367.d7

Dorn, D. M. (2018). *Law enforcement decision making with suspects who are mentally ill: What is reasonable use of force?* [Doctoral dissertation, Philadelphia College of Osteopathic Medicine]. DigitalCommons@PCOM.

D'Souza, J. (2021). Homelessness, mental health afflictions, problematic substance use, and associated criminality: A transformative justice resolution. *In Global Perspectives on Reforming the Criminal Justice System* (pp. 258–287). IGI Global.

Dvoskin, J. A., Knoll, J. L., & Silva, M. (2020). A brief history of the criminalization of mental illness. *CNS Spectrums, 25*(5), 638–650. https://doi.org/10.1017/S1092852920000103

Edmonds, W., & Kennedy, T. (2017). *An applied guide to research designs quantitative, qualitative, and mixed designs* (2nd ed.). Sage Publications.

Elow, C. A. (2019). *Lived and remembered experiences: Policing to improve relations with communities of color* [Doctoral dissertation, Naval Postgraduate School]. https://www.hsaj.org/articles/15969

Engel, R. S., Worden, R. E., Corsaro, N., McManus, H. D., Reynolds, H., Cochran, H., & Cherkauskas, J. C. (2018). *Deconstructing the power to arrest: Lessons from research*. Center for Police Research and Policy (CPRP). https://www.theiacp.org/sites/default/files/2018-08/CPRP_Deconstructing%20the%20Power%20to%20Arrest_FINAL.PDF

Ethical Theory. (2014). In: A. C. Michalos (Ed.), *Encyclopedia of quality of life and well-being research*. Springer. https://doi.org/10.1007/978-94-007-0753-5_101240

Evans, A. C. (2013, 11 January). Mental health's great gray area [Op-Ed]. *Philadelphia Inquirer*. https://dbhids.org/news/mental-healths-great-gray-area-op-ed/

Evers, J., Caprioli, M. U., Nöst, S., & Wiedemann, G. (2020, May). What is the REFI-QDA standard: Experimenting with the transfer of analyzed research projects between QDA software. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *21*(2), 37. https://doi.org/10.17169/fqs-21.2.3439

Faturechi, R., & Leonard, J. (2012, September 28). *LA county jail violence sheriffs' fault, panel says*. The Los Angeles Times. http://articles.latimes.com/2012/sep/28/local/la-me-jails-20120929

Fekih-Romdhane, F., Saidi, M., Chaabane, M. A., & Cheour, M. (2021). Knowledge, attitude and behaviours toward people with mental illness among Tunisian nursing students and nonhealth care students: A cross-sectional study. *Collegian*, *29*(4), 500–509. https://doi.org/10.1016/j.colegn.2021.11.006

Fernando, S. (1991). *Mental health, race and culture*. MIND Publications/Macmillan.

Fernando, S. (1995). *Mental health in a multi ethnic society*. Routledge.

Feuerstein, S., Fortunati, F., Morgan, C. A., Coric, V., Temporini, H., & Southwick, S. (2005). Civil commitment: a power granted to physicians by society. *Psychiatry*, *2*(8), 53–54. https://pubmed.ncbi.nlm.nih.gov/21152172/

Flynn, S. (2021). *Research design for the behavioral sciences: An applied approach*. Springer Publishing Company.

Fragassi, C. (2018). *Schizophrenia and stigma: An outlook on the medical, legal, and social aspects of living with schizophrenia* [Master's thesis, Temple University]. Temple University ProQuest Dissertations Publishing.

Frankham, E. (2020). Victim or villain? Racial/ethnic differences in news portrayals of individuals with mental illness killed by police. *The Sociological Quarterly*, *61*(2), 231–253, https://doi.org/10.1080/00380253.2019.1593063

Frederick, T., O'Connor, C., & Koziarski, J. (2018). Police interactions with people perceived to have a mental health problem: A critical review of frames, terminology, and definitions. *Victims & Offenders*, *13*(8), 1037–1054, https://doi.org/10.1080/15564886.2018.1512024

Frierson, R. L. (2013). Commentary: Police officers and persons with mental illness. Journal of the American Academy of Psychiatry and the Law Online, 41(3), 356–358. http://jaapl.org/content/jaapl/41/3/356.full.pdf

Fuller Torrey, E. (1997). *Out of the shadows: Confronting America's mental illness crisis.* John Wiley & Sons.

Gardner, A. M., & Scott, K. M. (2022). *Census of state and local law enforcement agencies, 2018 – Statistical tables*. Bureau of Justice Statistics (No. 302187).

https://bjs.ojp.gov/library/publications/census-state-and-local-law-enforcement-agencies-2018-statistical-tables

Gelles, M., Mariani, J., & Mirkow, A. (2021). The future of law enforcement policing strategies to meet the challenges of evolving technology and a changing world. *Deloitte Insights* [Online]. https://www2.deloitte.com/us/en/insights/focus/defense-national-security/future-of-law-enforcement-ecosystem-of-policing.html

Gibbs, J. P. (2017). The sociology of deviance and social control. *In Social psychology* (pp. 483–522). Routledge.

Godfredson, J. W., Ogloff, J. R., Thomas, S. D., & Luebbers, S. (2010). Police discretion and encounters with people experiencing mental illness: The significant factors. *Criminal Justice and Behavior, 37*(12), 1392–1405. https://doi.org/10.1177/0093854810383662

Goldberg, V., White, C., & Weisburd, D. (2019). Perspectives of people with mental health problems at hot spots: Attitudes and perceptions of safety, crime, and the police. *Behavioral Sciences & The Law*, *37*(6), 650–664. https://doi.org/10.1002/bsl.2440

Goldstein, J. (1959). Police discretion not to invoke the criminal process; low-visibility decisions in the administration of justice. *The Yale Law Journal* 69(4), 543–594. https://doi.org/10.2307/794445

Gooding, P. (2017). *A new era for mental health law and policy: Supported decision-making and the UN Convention on the Rights of Persons with Disabilities*. Cambridge University Press.

Goodman-Delahunty, J., Martschuk, N., Hale, S.B., & Brandon, S.E. (2020). Interpreted Police Interviews: A Review of Contemporary Research. In M. K. Miller & B. H. Bornstein (Eds.), *Advances in Psychology and Law* (Vol. 5). Springer. https://doi.org/10.1007/978-3-030-54678-6_4

Gottfried, E. D., & Christopher, S. C. (2017). Mental disorders among criminal offenders: a review of the literature. *Journal of Correctional Health Care*, 23(3), 336–346. https://doi.org/10.1177/1078345817716180

Gurney, J.N. (1985). Not one of the guys: The female researcher in a male-dominated setting. *Qualitative Sociology, 8*, 42–62. https://doi.org/10.1007/BF00987013

Hagan, J., & Hans, V. (2017). Procedural justice theory and public policy: An exchange. *Annual Review of Law and Social Science*, *13*, 1–3. https://doi.org/10.1146/annurev-lawsocsci-121416-011426.

Haigh, C. B., Kringen, A. L., & Kringen, J. A. (2020). Mental illness stigma: Limitations of crisis intervention team training. *Criminal Justice Policy Review*, *31*(1), 42–57. https://doi.org/10.1177/0887403418804871

Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31(3), 498–501. https://doi.org/10.1093/humrep/dev334

Hammersley, M. (2004). Thick description. In M. S. Lewis-Beck, A. Bryman, & T. F. Liao (Eds.), *The SAGE encyclopedia of social science research methods* (Vol. 1, pp. 1124–1124). SAGE Publications, Inc. https://doi.org/10.4135/9781412950589.n1013

Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management, 11*, 535. https://doi.org/10.2147/PRBM.S175251

Hauck, G. (2020, September 18). Police have shot people experiencing a mental health crisis. Who should you call instead? *USA Today* [Online]. https://www.usatoday.com/story/news/nation/2020/09/

Heaton, R., Bryant, R., & Tong, S. (2019). Operational risk, omissions and liability in policing. *The Police Journal, 92*(2), 150–166. https://doi.org/10.1177/0032258X18777915

Hector, J., & Khey, D. (2018) Mental illness, then and now. In *Criminal justice and mental health.* Springer. https://doi.org/10.1007/978-3-319-76442-9_1

Heider, F. (1958). *The psychology of interpersonal relations*. Wiley. http://dx.doi.org/10.1037/10628-000

Helfgott, J. B., Hickman, M. J., & Labossiere, A. P. (2016). A descriptive evaluation of the Seattle Police Department's crisis response team officer/mental health professional partnership pilot program, *International Journal of Law and Psychiatry*, *44*, 109–122. https://doi.org/10.1016/j.ijlp.2015.08.038

Hinshaw, S., & Cicchetti, D. (2000). Stigma and mental disorder: Conceptions of illness, public attitudes, personal disclosure, and social policy. *Development and Psychopathology*, *12*(4), 555–598. https://doi.org/10.1017/S0954579400004028

Hirschi, M. (2021). Understanding the family perspective in police responses to individuals living with mental illness. *Social Work in Mental Health*, 1–21. https://doi.org/10.1080/15332985.2021.1992065

Hirschtick, J. L., Homan, S. M., Rauscher, G., Rubin, L. H., Johnson, T. P., Peterson, C. E., & Persky, V. W. (2020). Persistent and aggressive interactions with the police: Potential mental health implications. *Epidemiology and Psychiatric Sciences*, 29. https://doi.org/10.1017/S2045796019000015

Hoffman, D. D. (2016). The interface theory of perception. *Current Directions in Psychological Science*, *25*(3), 157–161. https://doi.org/10.1177/0963721416639702

Holley, H. L., & Arboleda-Florez, J. (1988). Criminalization of the mentally ill: Part I. Police perceptions. *The Canadian Journal of Psychiatry*, *33*(2), 81–86. https://doi.org/10.1177/070674378803300202

Hollin, I. L., Craig, B. M., Coast, J., Beusterien, K., Vass, C., DiSantostefano, R., & Peay, H. (2020). Reporting formative qualitative research to support the development of quantitative preference study protocols and corresponding survey instruments: guidelines for authors and reviewers. *The Patient-Patient-Centered Outcomes Research*, *13*(1), 121–136. https://doi.org/10.1007/s40271-019-00401

Impact of mentally ill offenders on the criminal justice system: Hearing before the Subcommittee on Crime of the Committee on the Judiciary, House of Representatives, 106th Cong., 2d Sess. (2000a) (testimony of Bernard K. Melekian).

Impact of mentally ill offenders on the criminal justice system: Hearing before the Subcommittee on Crime of the Committee on the Judiciary, House of Representatives, 106th Cong., 2d Sess. (2000b) (testimony of Steven S. Sharfstein).

Impact of mentally ill offenders on the criminal justice system: Hearing before the Subcommittee on Crime of the Committee on the Judiciary, House of Representatives, 106th Cong., 2d Sess. (2000c) (testimony of Ted Strickland).

Jamieson, S. (2004). Likert scales: how to (ab)use them? *Medical Education, 38*(12), 1217–1218. https://doi.org/10.1111/j.1365-2929.2004.02012.x

Jines, J. K. (2013, January 8). Crisis intervention teams: Responding to mental illness crisis calls. *FBI Law Enforcement Bulletin*. http://www.fbi.gov/stats-services/publications/la-enforcement-bullentin/crisis-intervention-teams-responding-tomental-illness-crisis-calls

Johansen, A. (2017). Future trends in historical research on policing: Towards global and interdisciplinary perspectives. *Crime, Histoire & Sociétés/Crime, History & Societies, 21*(2), 113–121. https://doi.org/10.4000/chs.1826

Johnson, O., Russo, C., & Papazoglou, K. (2019). Job exposure & occupational challenges: the importance of mindfulness for today's law enforcement

professional. *Crisis, Stress, and Human Resilience: An International Journal, 1*(3), 187–191. https://www.crisisjournal.org/article/11156-job-exposure-occupational-challenges-the-importance-of-mindfulness-for-today-s-law-enforcement-professional

Johnston, E. L. (2019). Reconceptualizing criminal justice reform for offenders with serious mental illness. *Florida Levin College of Law Rev*iew, *71*, 515. https://ssrn.com/abstract=3252203

Jones, R., & Day, A. (2011). Mental health, criminal justice and culture: some ways forward? *Australasian Psychiatry, 19*(4), 325–330. https://doi.org/10.3109/10398562.2011.579613

Kane, E., Evans, E., & Shokraneh, F. (2018a). Effectiveness of current policing-related mental health interventions: A systematic review. *Criminal Behaviour and Mental Health, 28*(2), 108–119. https://doi.org/10.1002/cbm.2058

Kane, E., Evans, E., Mitsch, J., Jilani, T., Quinlan, P., Cattell, J., & Khalifa, N. (2018b). Police interactions and interventions with suspects flagged as experiencing mental health problems. *Criminal Behaviour and Mental Health*, *28*(5), 424–432. https://doi.org/10.1002/cbm.2078

Kindy, K., & Elliott, K. (2015, December 26). 990 people were shot and killed by police this year: here's what we learned. *Washington Post.* https://www.washingtonpost.com/graphics/national/police-shootings-year-end

Kohrt, B. A., Blasingame, E., Compton, M. T., Dakana, S. F., Dossen, B., Lang, F., Strode, P., & Cooper, J. (2015). Adapting the Crisis Intervention Team (CIT)

model of police-mental health collaboration in a low-income, post-conflict country: Curriculum development in Liberia, West Africa. *American Journal of Public Health*, *105*(3), e73–e80. https://doi.org/10.2105/AJPH.2014.302394

Krameddine, Y. I., & Silverstone, P. H. (2015). How to improve interactions between police and the mentally ill. *Frontiers in Psychiatry*, *5*, 186. https://doi.org/10.3389/fpsyt.2014.00186

Kvale, S. (2007). *Doing interviews* (pp. 52–66). Sage Publications. https://dx.doi.org/10.4135/9781849208963.n5

La Fond, J., & Durham, M. (1992). *Back to the asylum*. Oxford University Press.

Lamb, R. H., & Weinberger, L. (1998). Persons with severe mental illness in jails and prisons: A review. *Psychiatric Services*, *49*(4), 483–492. https://doi.org/10.1176/ps.49.4.483

Lamb, H. R. (2017). Deinstitutionalization and the homeless mentally ill. In J. Erickson & C. Wilhelm (Eds.), *Housing the homeless* (pp. 262–278). Routledge.

Lane-McKinley, K., Tsungmey, T., & Roberts, L.W. (2018). The Deborah Danner story: Officer-involved deaths of people living with mental illness. *Academic Psychiatry 42*, 443. https://doi.org/10.1007/s40596-018-0945-z

Lavrakas, P. J. (2008). *Encyclopedia of survey research methods* (Vol. 1). Sage Publications, Inc. https://doi.org/10.4135/9781412963947

Leake E. (2019) Empathy as research methodology. In P. Liamputtong (Ed.) *Handbook of research methods in health social sciences.* Springer. https://doi.org/10.1007/978-981-10-5251-4_65

Leff, J. (2001a). *The unbalanced mind*. Weidenfeld and Nicolson.

Leff, J. (2001b). Why is care in the community perceived as a failure. *British Journal of Psychiatry, 179*(5), 381–383. https://doi.org/10.1192/bjp.179.5.381

Lepore, J. (2020). The Long Blue Line. *New Yorker*, 96(20), 64–69.

Leventhal, G. S. (1976). What should be done with equity theory? New approaches to the study of fairness. *Social Relationships in KJ*. https://doi.org/10.1007/978-1-4613-3087-5_2

Link, B. G., & Stuart, H. (2017). On revisiting some origins of the stigma concept as it applies to mental illnesses. In W. Gaebel, W. Rössler, & N. Sartorius (Eds.), *The stigma of mental illness — End of the story?* (pp. 3–28). Springer International Publishing. https://doi.org/10.1007/978-3-319-27839-1_1

Lockwood, A., Lizarraga, V., Kochanowski, S., & Mann, B. (2021). Stigma of mental illness: An exploration of rural law enforcement attitudes toward mental health in the heartland. *Journal of Police and Criminal Psychology*, *36*(2), 204–210. https://doi.org/10.1007/s11896-020-09392-0

Lum, C., & Koper, C. (2017). *Evidence-based policing: Translating research into practice*. Oxford University Press.

Lyon, E. (2019, February 4). Imprisoning America's mentally ill. *Prison Legal News*. https://www.prisonlegalnews.org/news/2019/feb/4/imprisoning-americas-mentally-ill/

Magee, L. A., Fortenberry, J. D., Rosenman, M., Aalsma, M. C., Gharbi, S., & Wiehe, S. E. (2021). Two-year prevalence rates of mental health and substance use disorder

diagnoses among repeat arrestees. *Health & Justice, 9*(1), 1–10. https://doi.org/10.1186/s40352-020-00126-2

Manning P.K. (2014) Role and Function of the Police. In G. Bruinsma, & D. Weisburd (Eds.), *Encyclopedia of criminology and criminal justice.* Springer. https://doi.org/10.1007/978-1-4614-5690-2_393

Marcus, J. (Host). (2019, December 12). Billy Grogan and Mickey H. Osterreicher. [Audio podcast episode]. In *Public recording of police: Considerations for law enforcement and communities.* Discover Policing. International Association of Chiefs of Police. https://www.discoverpolicing.org/wp-content/uploads/2020/05/PROP-Podast-Transcript.pdf

Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research*. Sage Publications.

Marshall-Lee, E. D., Hinger, C., Popovic, R., Miller Roberts, T. C., & Prempeh, L. (2020). Social justice advocacy in mental health services: Consumer, community, training, and policy perspectives. *Psychological Services*, *17*(S1), 12. https://doi.org/10.1037/ser0000349

McDaniel, J. L. (2019). Reconciling mental health, public policing and police accountability. *The Police Journal*, *92*(1), 72–94. https://doi.org/10.1177/0032258X18766372

McLaughlin, E., & Muncie, J. (1996). *Controlling crime*. Sage.

McLeod, M. N., Heller, D., Manze, M. G., & Echeverria, S. E. (2020). Police interactions and the mental health of Black Americans: a systematic review. *Journal of Racial*

and Ethnic Health Disparities, 7(1), 10–27. https://doi.org/10-27. 10.1007/s40615-019-00629-1

Mears, D. P., Craig, M. O., Stewart, E. A., & Warren, P. Y. (2017). Thinking fast, not slow: How cognitive biases may contribute to racial disparities in the use of force in police-citizen encounters. *Journal of Criminal Justice*, 53, 12–24. https://doi.org/10.1016/j.jcrimjus.2017.09.001

Menkel-Meadow C. (2007). Restorative justice: What is it and how does it work? *Annual Review of Law and Social Science, 3*, 161–87. https://scholarship.law.georgetown.edu/facpub/583

Mental Health America (MHA). (2021). *Mental health and criminal justice issues.* https://www.mhanational.org/issues/mental-health-and-criminal-justice-issues

Merriam, S. B., & Associates. (2002). *Qualitative research in practice: Examples for discussion and analysis*. Jossey-Bass.

Meyers W.R. (2015) A panoply of social science methods to illuminate the phenomena, reduce researcher bias, and permit disconfirmation. In *Social science methods for psychodynamic inquiry*. Palgrave Macmillan. https://doi.org/10.1057/9781137524904_6

Mills, S. D., Coffey, T., Newcomer, J. W., Proctor, S. L., Leifman, S., & Hassmiller Lich, K. (2020). The eleventh judicial circuit criminal mental health project: Improving access to mental health treatment in Miami-Dade county. *Psychiatric Services*, *71*(10), 1091–1094. –https://doi.org/10.1176/appi.ps.201900572

Mok, C., Weaver, C., Rosenthal, J., Pettis, T., & Wickham, R. (2018). Augmenting Veterans Affairs police mental health response: Piloting diversion to health care as risk reduction. *Journal of Threat Assessment and Management, 5*(4), 227. https://doi.org/10.1037/tam0000112

Morabito, M. S. (2007). Horizons of context: Understanding the police decision to arrest people with mental illness. *Psychiatric Services, 58*(12), 1582–1587. https://doi.org/10.1176/appi.ps.58.12.1582

Morabito, M. S., Savage, J., Sneider, L., & Wallace, K. (2018). Police response to people with mental illnesses in a major US city: The Boston experience with the co-responder model. *Victims & Offenders, 13*(8), 1093–1105. https://doi.org/10.1080/15564886.2018.1514340

Mulvey, P., & White, M. (2014). The potential for violence in arrests of persons with mental illness. *Policing: An International Journal of Police Strategies & Management, 37*(2), 404–419. https://doi.org/10.1108/PIJPSM-07-2013-0076

Murphy, G. R. (1986). *Special care: Improving the police response to the mentally disabled.* Police Executive Research Forum.

Nagin, D.S ,. Telep, C. W. (2017). Procedural justice and legal compliance. *Annual Review of Law and Social Science, 13*, 5–28. https://doi.org/10.1111/1745-9133.12499

National Alliance on Mental Illness. (2017). *Law enforcement and mental health*. NAMI. https://www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health

National Research Council. (2017). *Proactive policing: Effects on crime, communities, and civil liberties in the United States*. https://nap.nationalacademies.org/catalog/24928/proactive-policing-effects-on-crime-and-communities

Njingu, A. E., & Ndumu, L. K. (2019). Correlation of knowledge with attitudes and behaviors towards mentally ill people in South-West Cameroon. *PLoS One*, *14*(9), Article e0222172. https://doi.org/10.1371/journal.pone.0222172

Nolen, W. A., Van Meekeren, E., Voskuil, P., & Van Tilburg, W. (2020). New vision on the mental problems of Vincent van Gogh; results from a bottom-up approach using (semi-) structured diagnostic interviews. *International Journal of Bipolar Disorders*, *8*(1), 1–9. https://doi.org/10.1186/s40345-020-00196-z

Norwood, C. (2020, Jul. 23). Can use of force restrictions change police behavior? Here's what we know. *PBS News Hour* [Blog]. https://www.pbs.org/newshour/politics/can-use-of-force-restrictions-change-police-behavior-heres-what-we-know

Oh, H., DeVylder, J., & Hunt, G. (2017). Effect of police training and accountability on the mental health of African American adults. *American Journal of Public Health*, *107*(10), 1588–1590. https://doi.org/10.2105/AJPH.2017.304012

Olson, A., & Wasilewski, M. (2016, October 28). How cops can identify the symptoms of depression. *Police1/Cordico Health & Wellness*. https://www.police1.com/health-wellness/articles/how-cops-can-identify-the-symptoms-of-depression-Juy0l3TtOOvX7ZQD/

Oxburgh, L., Gabbert, F., Milne, R., & Cherryman, J. (2016). Police officers' perceptions and experiences with mentally disordered suspects. *International Journal of Law & Psychiatry, 49*, 138–146. https://doi-org.ezp.waldenulibrary.org/10.1016/j.ijlp.2016.08.008

Parker, A., Scantlebury, A., Booth, A., MacBryde, J. C., Scott, W. J., Wright, K., & McDaid, C. (2018). Interagency collaboration models for people with mental ill health in contact with the police: a systematic scoping review. *BMJ Open*, *8*(3), Article e019312. https://doi.org/10.1136/bmjopen-2017-019312

Parnas, J. (2017). Introduction to "On reification of mental illness: Historical and conceptual issues from Emil Kraepelin and Eugen Bleuler to DSM-5". *Philosophical Issues in Psychiatry IV: Psychiatric Nosology,* 105. https://doi.org/10.1093/med/9780198796022.001.0001

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage Publications

Parham, J. (2016). Why we do what we do. Linden, *NJ Police Department* http://www.linden-nj.org/Departments/police

Pearson, G. (1975). *The deviant imagination: Psychiatry, social work and social change*. Macmillan International Higher Education.

Peterson, J., & Densley, J. (2018). Is Crisis Intervention Team (CIT) training evidence-based practice? A systematic review. *Journal of Crime and Justice, 41*(5), 521–534. https://doi.org/10.1080/0735648X.2018.1484303

Pettus, C., Veeh, C. A., Renn, T. R., & Kennedy, S. C. (2021). The well-being development model: A theoretical model to improve outcomes among criminal justice system–involved individuals *Social Service Review*, *95*(3), 413–468. https://doi.org/10.1086/715852

Peyton K, Sierra-Arévalo M, Rand DG. A field experiment on community policing and police legitimacy. Proc Natl Acad Sci U S A. 2019 Oct 1;116(40):19894-19898. doi: 10.1073/pnas.1910157116. Epub 2019 Sep 16. Erratum in: Proc Natl Acad Sci U S A. 2023 Apr 18;120(16):e2304479120. doi: 10.1073/pnas.2304479120. PMID: 31527240; PMCID: PMC6778229.

Pinion-Whitt, M. (2013, March 14). Rialto police officer cleared in shooting. *The San Bernardino County Sun*. http://www.sbsun.com/article/ZZ/20130314/NEWS/130318424

Police Executive Research Forum (PERF). (2021). *Survey on police workforce trends*. PERF.

Pollack, H. A., & Humphreys, K. (2020). Reducing violent incidents between police officers and people with psychiatric or substance use disorders. *The ANNALS of the American Academy of Political and Social Science, 687*(1), 166–184. https://doi.org/10.1177/0002716219897057

PrisonPolicy.org. (2021, October 8). Mental health policies and practices surrounding mental health. https://www.prisonpolicy.org/research/mental_health/

Pugh, M. G. (1986). The good police officer: Qualities, roles and concepts, *Journal of Police Science and Administration*, *14*(1), 1–5. https://www.ojp.gov/ncjrs/virtual-library/abstracts/good-police-officer-qualities-roles-and-concepts

Purba, A., & Demou, E. (2019). The relationship between organisational stressors and mental wellbeing within police officers: a systematic review. *BMC Public Health*, *19*(1), 1–21. https://doi.org/10.1186/s12889-019-7609-0

Qu, S. Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative Research in Accounting & Management*, *8*(3), 238–264. https://doi.org/10.1108/11766091111162070

Queirós, C., Passos, F., Bártolo, A., Marques, A. J., da Silva, C. F., & Pereira, A. (2020). Burnout and stress measurement in police officers: Literature review and a study with the operational police stress questionnaire. *Frontiers in Psychology*, *11*, Article 587. https://doi.org/10.3389/fpsyg.2020.00587

Rawls, J. (1999). *A theory of justice* (Revised edition). Oxford University Press.

Retz, W., Ginsberg, Y., Turner, D., Barra, S., Retz-Junginger, P., Larsson, H., & Asherson, P. (2020). Attention-Deficit/Hyperactivity Disorder (ADHD), anti-sociality and delinquent behavior over the lifespan. *Neuroscience & Bio-Behavioral Reviews*. https://doi.org/10.1016/j.neubiorev.2020.11.025

Ritzer, G. (1992). *Sociological Theory*. McGraw-Hill.

Roesch, R., & Goossens, I. (2022). Improving police procedures for dealing with mental illness. *Police Psychology*, 173–188. https://doi.org/10.1016/B978-0-12-816544-7.00009-7

Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of police crisis intervention training programs. *Journal of American Academic Psychiatry Law*, *47*(4), 414–21. https://doi.org/10.29158/JAAPL.003863-19

Roghanizad, M. M., & Bohns, V. K. (2017). Ask in person: You're less persuasive than you think over email. *Journal of Experimental Social Psychology*, 69, 223–226. https://doi.org/10.1016/j.jesp.2016.10.002

Rohrer, A. J. (2021). Law Enforcement and Persons with Mental Illness: Responding Responsibly. *Journal of Police and Criminal Psychology*, 1–8. https://doi.org/10.1007/s11896-021-09441-2

Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO Reports*, *17*(9), 1250–1253. https://doi.org/10.15252/embr.201643041

Rossman, S. B., Willison, J. B., Mallik-Kane, K., Kim, K., Debus-Sherrill, S., & Downey, P. M. (2012). *Criminal justice interventions for offenders with mental illness: Evaluation of mental health courts in Bronx and Brooklyn, New York.* US Department of Justice, Office of Justice Programs.

Roughton, A. (1994). *An Investigation into the Operation of Section 136 of the Mental Health Act 1983 in the West Midlands*. Report to the West Midlands Police.

Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process* (4th ed.). SAGE Publications.

Saleh, A. Z., Appelbaum, P. S., Liu, X., Stroup, T. S., & 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.ijlp.2018.03.003

Salerno, A. C. (2017). *Police response to developmental disability* (Thesis). York University.

Salinas, C. R., & Webb, H. E. (2018). Occupational stress and coping mechanisms in crime scene personnel. *Occupational Medicine, 68*(4), 239–245. https://doi.org.ezp.waldenulibrary.org/10.1093/occmed/kqy030

Scantlebury, A., Fairhurst, C., Booth, A., McDaid, C., Moran, N., Parker, A. & Hewitt, C. (2017). Effectiveness of a training program for police officers who come into contact with people with mental health problems: a pragmatic randomized controlled trial. *PLoS One, 12*(9), Article e0184377. https://doi.org/10.1371/journal.pone.0184377

Schapp, D. (2021) Police trust-building strategies. A socio-institutional, comparative approach, *Policing and Society, 31*(3), 304–320, https://doi.org/10.1080/10439463.2020.1726345

Schulenberg, J. L. (2016). Police decision-making in the gray zone: The dynamics of police–citizen encounters with mentally ill persons. *Criminal Justice and Behavior, 43*(4), 459–482. https://doi.org/10.1177/0093854815606762

Schumann, C., Asmal, L., Chiliza, B., & Emsley, R. (2017). Prevalence and clinical correlates of police contact prior to a first diagnosis of schizophrenia. *Criminal Behaviour and Mental Health, 27*(1), 27–39. https://doi.org/10.1002/cbm.1975

Scull, A. (2021). "Community Care": Historical perspective on deinstitutionalization. *Perspectives in Biology and Medicine*, *64*(1), 70–81. https://doi.org/10.1353/pbm.2021.0006

Sederer, L. I. (2016). A prescription for mental health in America. *The Huffington Post.* http://www.huffingtonpost.com/lloyd-i-sederer-md/a-prescription-for-mental-health-in-america_b_7156966.html

Sewell, A. (2013, March 7). Court won't toss charges against ex-cop in Kelly Thomas death. *The Los Angeles Times.* http://latimesblogs.latimes.com/lanow/2013/03/kelly-thomas-officer-appeal-denied.html

Sewell, A. (2015, August 18). County supervisors to revisit jail plan after outcry over surprise vote. *The Los Angeles Times.* http://www.latimes.com/local/lanow/la-me-ln-jail-plan-brown-act-20150818-story.html

Shaffer, S. A., & Evans, J. R. (2018). Interpreters in law enforcement contexts: Practices and preferences according to investigators. *Applied Cognitive Psychology*, *32*(2), 150–162. https://doi.org/10.1002/acp.3388

Shaffer, J. S., Russo, J., Woods, D., & Jackson, B. A. (2019). *Managing the seriously mentally ill in corrections.* Rand.

Shemin, A. (2019). *Mental health on trial: An in-depth look at the criminalization of mental illness in the United States criminal justice system* [Master's thesis, University of Arkansas]. ScholarWorks@UARK.

Sherman, L. W. (1980). Causes of police behavior: The current state of quantitative research. *Journal of research in crime and delinquency*, *17*(1), 69–100. https://doi.org/10.1177/002242788001700106

Shore, K., & Lavoie, J. A. (2019). Exploring mental health-related calls for police service: a Canadian study of police officers as 'frontline mental health workers'. Policing: *A Journal of Policy and Practice*, *13*(2), 157–171. https://doi.org/10.1093/police/pay017

Silver, J. R., Roche, S. P., Bilach, T. J., & Bontrager Ryon, S. (2017). Traditional police culture, use of force, and procedural justice: Investigating individual, organizational, and contextual factors. *Justice Quarterly*, *34*(7), 1272–1309. https://doi.org/10.1080/07418825.2017.1381756

Singh, A. (2017). Prolepticon: Anticipatory citizen surveillance of the police. *Surveillance & Society*, *15*(5), 676–688. http://orcid.org/0000-0003-0455-5970

Soares, R., & Pinto da Costa, M. (2019). Experiences and perceptions of police officers concerning their interactions with people with serious mental disorders for compulsory treatment. *Frontiers in Psychiatry*, *10*, 187. https://doi.org/10.3389/fpsyt.2019.00187

Soomro, S., & Yanos, P. T. (2019). Predictors of mental health stigma among police officers: the role of trauma and PTSD. *Journal of Police and Criminal Psychology*, *34*(2), 175–183. https://doi.org/10.1007/s11896-018-9285-x

St. John, P. (2015). Judge tells California to explain empty psychiatric beds while prisoners wait for care. *The Los Angeles Times*.

http://www.latimes.com/local/political/la-me-judge-orders-california-explainempty-psych-beds-mentally-ill-prisoners-20150821-story.html

Stephens, M., & Becker, S. (1994). *Police force, police service: Care and control in Britain.* Macmillan.

Substance Abuse (SAMHSA). (2020). *Executive order safe policing for safe communities: Addressing mental health, homelessness, and addiction report.* Dept. of Health and Human Services.

Sugie, N. F., & Turney, K. (2017). Beyond incarceration: Criminal justice contact and mental health. *American Sociological Review*, *82*(4), 719–743. https://doi.org/10.1177/0003122417713188

Taniguchi, T. A., & Salvatore, C. (2018). Policing a negotiated world: A partial test of Klinger's Ecological Theory of Policing. *Journal of Quantitative Criminology*, *34*(2), 345–366. https://doi-org.ezp.waldenulibrary.org/10.1007/s10940-017-9337-x

Tartaro, C., Bonnan-White, J., Mastrangelo, M. A., & Mulvihill, R. (2021). Police officers' attitudes toward mental health and crisis intervention: Understanding preparedness to respond to community members in crisis. *Journal of Police and Criminal Psychology*, 1–13. https://doi.org/10.1007/s11896-021-09459-6

Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, *7*(2), 225–240. https://doi.org/10.1093/schbul/7.2.225

Teplin, L. A. (1984). The criminalization of the mentally ill; Speculation in search of data. In L. A. Teplin (Ed.), *SAGE criminal justice system annuals*: *Mental health and criminal justice* (Vol. 20, pp. 63–85). SAGE Publications, Inc.

Thomas, S., & Watson, A. (2017). A focus for mental health training for police. *Journal of Criminological Research, Policy and Practice*, *3*(2). https://doi.org/10.1108/JCRPP-01-2017-0005

Thomas, T. (1994*). The police and social workers*. Arena.

Tobin, T.C. (2019). Policing and special populations: Strategies to overcome policing challenges encountered with mentally ill individuals. In J. Albrecht, G. den Heyer, & P. Stanislas (Eds.), *Policing and Minority Communities* (pp. 75–92). Springer.

Tomar, N., Ghezzi, M.A., Brinkley-Rubinstein, L. et al. (2017). Statewide mental health training for probation officers: improving knowledge and decreasing stigma. *Health Justice, 5*(11), 1–5. https://doi.org/10.1186/s40352-017-0057-y

Treatment Advocacy Center (TAC). (2018). *Criminalization of mental illness*. https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness

Tremblay, G., Rodrigues, N. C., & Gulati, S. (2021). Mental Hygiene: What It Is, Implications, and Future Directions. *Journal of Prevention and Health Promotion*, *2*(1), 3-31. https://doi.org/10.1177/26320770211000376

Trint (2022). https://trint.com

Tully, T., & Smith, M. (2015). Officer perceptions of crisis intervention team training effectiveness. *The Police Journal, 88*(1), 51–64. https://doi.org.ezp.waldenulibrary.org/10.1177/0032258X15570558

Tyler, T. R. (1990). *Why people obey the law*. Yale University Press.

Tyler, T. R., & Huo, Y. J. (2002). *Trust in the law: Encouraging public cooperation with the police and courts.* Russell Sage Foundation.

Tyler, T. R. (2006). *Why people obey the law* (with a new afterword ed.). ISBN 9780691126739.

Tyler, T. R. (2012). Justice and Effective Cooperation. *Social Justice Research*, *25*(4), 355–375. https://doi-org.ezp.waldenulibrary.org/10.1007/s11211-012-0168-5

Tyler, T. R. (2017). Procedural justice and policing: A rush to judgment? *Annual Review of Law and Social Science, 13*, 29–53. https://doi.org./10.1146/annurev-lawsocsci-110316-113318

Tyler, T. R., & Blader, S. L. (2000). Cooperation in groups: Procedural justice, social identity, and behavioral engagement. Psychology Press.

US Bureau of Justice Statistics' (2008). *Census of State and Local Law Enforcement Agencies.* USDOJ Statistics Archived 2008-11-20 at the Way-back Machine

US Commission on Civil Rights (2018). *Briefing Report: Police use of force: An examination of modern policing practices.* https://www.usccr.gov/files/pubs/2018/11-15-Police-Force.pdf

United States of America, Department of Justice. (2001, January). Principles for promoting police integrity: Examples of promising police practices and policies. www.ncjrs.gov/pdffiles1/ojp/186189.pdf

United States of America, Department of Justice, Office of Community Oriented Policing Services and International Association of Chiefs of Police. (2009). Building trust between the police and the citizens they serve: An internal affairs promising practices guide for local law enforcement.

Van Ness, V.N. (2018). Streetwise community policing to inform United States national policy. In B. Fiedler (Ed.), *Translating national policy to improve environmental conditions impacting public health through community planning* (pp. 285–304). Springer.

Viglione, J. (2019). The risk-need-responsivity model: How do probation officers implement the principles of effective intervention? *Criminal Justice and Behavior, 46*(5), 655-673. https://doi.org/10.1177/0093854818807505

Voss, R., & Das, J. M. (2021). *Mental Status Examination*. StatPearls.

Waddington, J. A. P. (1993). *Calling the police*. Aldershot: Avebury

Walsh A., Wells J., & Gann, S.M. (2020). Mentally ill and mentally deficient offenders. In A. Walsh, J. Wells, & S. M. Gann (Eds). *Correctional assessment, casework, and counseling* (pp. 353-373). Springer.

Ward, K., & Prasad, S. (2021). Characteristics of patients admitted to an adult PICU as compared to general adult inpatient units: a service evaluation. *Journal of Psychiatric Intensive Care*, *17*(1), 41-50. https://doi.org/10.20299/jpi.2020.020

Watson, A. C., Compton, M. T., & Draine, J. N. (2017). The crisis intervention team (CIT) model: An evidence-based policing practice? *Behavioral Sciences & the Law, 35*(5-6), 431–441. https://doi.org/10.1002/bsl.2304

Watson, A. C., Morabito, M. S., Draine, J., & Ottati, V. (2008). Improving police response to persons with mental illness: A multi-level conceptualization of CIT. *International Journal of Law and Psychiatry, 31*(4), 359–368. https://doi.org/10.1016/j.ijlp.2008.06.004

Watson, D., Boateng, F. D., Pino, N., & Morgan, P. (2018). The interface between exercise of state power and personal powerlessness: a study of police perceptions of factors impacting professional practices. *Police Practice & Research*, *19*(5), 458–471. https://doi.org/10.1080/15614263.2018.1443270

Watson, A. C., Swartz, J., Bohrman, C., Kriegel, L. S., & Draine, J. (2014). Understanding how police officers think about mental/emotional disturbance calls. *International Journal of Law and Psychiatry, 37*(4), 351–358. . https://doi.org/10.1016/j.ijlp.2014.02.005

Watson, A. C., & Wood, J. D. (2017). Everyday police work during mental health encounters: A study of call resolutions in Chicago and their implications for diversion. *Behavioral Sciences & The Law*, *35*(5-6), 442–455. https://doi.org/10.1002/bsl.2324

Watson, D., Boateng, F. D., Pino, N., & Morgan, P. (2018). The interface between exercise of state power and personal powerlessness: a study of police perceptions

of factors impacting professional practices. *Police Practice & Research*, *19*(5), 458–471. https://doi.org/10.1080/15614263.2018.1443270

Weaver, C. S. (2018). *Destroying myths, building success: Evidence-based development of police crisis response* University of the Fraser Valley.

Weinstein, R. M. (1982). Stigma and mental illness: Theory versus reality. *Orthomolecular Psychiatry*, *11*(2), 87–99.

Weisburd, David. 1997. *Reorienting crime prevention research and policy: From the causes of criminality to the context of crime*. Washington, DC: U.S. Government Printing Office.

Weisburd, D. (1998). *Statistics in criminal justice*. West/Wadsworth

Wellborn. (1999). Coping with the mentally ill: A problem law enforcement must confront. *ProQuest Criminal Justice*, *47*(10), 105.

What is Stress Management? - Definition & Benefits. (2016, November 11). https://study.com/academy/lesson/what-is-stress-management-definition-benefits.html.

Wheller, L., Quinton, P., Fildes, A., & Mills, A. (2013). *The greater Manchester police procedural justice training experiment.* College of Policing.

Williams, R. (2015). Addressing Mental Health in the Justice System. *NCSL Legisbrief*, *23*(31), 1–2. https://www.ncsl.org/research/civil-and-criminal-justice/addressing-mental-health-in-the-justice-system.aspx

Wilson, J. Q. (1968). *Varieties of police behavior: The management of law and order in eight communities*. Harvard University Press.

Wilson, J. Q., & Kelling, G. L. (2017). The police and neighborhood safety Broken Windows. In J. T. Walker (Ed.), *Social, ecological and environmental theories of crime* (pp. 169–178). Routledge.

Wilson, L., & Walsh, D. (2019). Striving for impartiality: Conflicts of role, trust and emotion in interpreter-assisted police interviews. *Pragmatics & Society*, *10*(1), 122–151. https://doi.org/10.1075/ps.00018.wil

Winch, G. (2018). The mission mindset. *Psychology Today*, *51*(1), 42–43. https://www.psychologytoday.com/sg/articles/201801/the-mission-mindset

Wise, M., Christiansen, L., & Stewart, C. (2021). Examining the effectiveness of mental health education on law enforcement: knowledge and attitudes. *Journal of Police and Criminal Psychology*, *36*(1), 49–55. https://doi.org/10.1007/s11896-019-09319-4

Wittmann, L., Jörns-Presentati, A., & Groen, G. (2021). How do police officers experience interactions with people with mental illness? *Journal of Police and Criminal Psychology*, *36*(2), 220–226. https://doi.org/10.1007/s11896-020-09398-8

Wood, J. D., & Beierschmitt, L. (2014). Beyond police crisis intervention: Moving "upstream" to manage cases and places of behavioral health vulnerability. *International Journal of Law and Psychiatry*, *37*(5), 439–447. https://doi.org/10.1016/j.ijlp.2014.02.016

Wood, J. D., & Watson, A. C. (2017). Improving police interventions during mental health related encounters: Past, present and future. *Policing and Society*, *27*(3), 289–299. https://doi.org/10.1080/10439463.2016.1219734

Wood, J. D., Watson, A. C., & Barber, C. (2021). What can we expect of police in the face of deficient mental health systems? Qualitative insights from Chicago police officers. *Journal of Psychiatric and Mental Health Nursing*, *28*(1), 28–42. https://doi.org/10.1111/jpm.12691

Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "gray zone" of police work during mental health encounters: findings from an observational study in Chicago. *Police Quarterly, 20*(1), 81–105. https://doi.org/10.1177/1098611116658875

Wooten, R. (2020). *Linking police attitude to behavior in interactions with mentally ill consumers* [Dissertation]. University of Southern Mississippi, Long Beach.

Workman-Stark, A. L. (2021). Exploring differing experiences of a masculinity contest culture in policing and the impact on individual and organizational outcomes. *Police Quarterly*, *24*(3), 298–324. https://doi.org/10.1177/1098611120976090

Yin, R. K. (2018). *Case study research and applications: Design and methods*. SAGE Publications.

Yin, R. K. (2015). *Qualitative research from start to finish*. Guilford publications.

Appendix B: Interview Protocol

Interview questions and what I wanted to include p. 97

I expect you have encountered people with mental illnesses while employed in law enforcement so how would you describe that experience along with how you felt?

Can you give me an example and explain in what context this occurred?

Do you think having a mental healthcare professional with you on calls about someone who probably has a mental illness would help or hinder the situation?

You no doubt encounter violence on nearly a daily basis, so would you be willing to describe your most violent encounter and how you dealt with it?

How do you go about deciding if someone has a mental illness and do you think law enforcement has a good way of determining that?

Do you think a person that has a mental illness is dangerous and unpredictable and why is that?

Do you think a person with a mental illness is more dangerous and unpredictable than someone without a mental illness?

Do you think a person with a mental illness is more likely to display erratic behaviors than someone without a mental illness and can you explain what that looks like?

Do you think male or female police officers do a better job at determining whether someone has a mental illness, and can you explain your answer in as much detail as possible?

Are there certain factors you consider when you are faced with someone you think has a mental illness?

Do you think it is possible to talk to someone with a mental illness to make them calmer or have you already done that?

If yes, how might you go about doing that?

If no, why not?

Do you think you have enough skills to deal with someone with a mental illness and if not what else might you want to learn?

What kind of dilemmas have you faced as a police officer regarding care and control issues?

If you could handle care and control issues with people who have mental illnesses as you think best what might be some solutions that will keep not only you and the suspect safe but also the community?

What has been you biggest challenge when faced with someone who has a mental illness?

What do you think about all these school shootings? Do you think everyone who has weapons and deliberately shoots at teachers and students has a mental illness?

Do you think there are any solutions that would really work to mitigate school shootings?

What kinds of things would you like to learn if there was some professional development available aimed at dealing with people with mental illnesses?

Do you think you could learn what you want to learn from a class taught online?

Is there anything in particular that you think would help law enforcement relationships with the community?

Is there anything else you would like to share with me before we stop?

Possible follow up questions to probe for more in-depth answers.

Can you tell me more about that?

I am not sure I understand your answer. Are you saying _____?

Can you give me an example?

Do you mean _____?

Screening Questionnaire Survey to be Posted on the Monkey Survey Platform

How long have you worked in law enforcement?

What is your marital status:

Single/unmarried

Married

Divorced

Widowed

Legally separated

2. What race or races do you identify with?

_____

3. Are you of heterosexual orientation?

Yes

No

4. What is your highest, completed level of education?

High school graduate

Associate degree

Bachelor’s degree

Master’s degree

Doctoral degree

Post-doctoral education