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Patrol-Level Law Enforcement Experiences with Gray Area Mental Health Crises

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This is to certify that the doctoral dissertation by

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2024

Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Law enforcement officers (LEOs) often find themselves responding to mental health crises that are gray area situations that neither clearly warrant arrest nor hospitalization but still require intervention. This qualitative study involved addressing the critical issue of how patrol-level officers in California manage such crises despite limited mental health training and restrictive legal frameworks. The study involved filling a gap in literature by focusing on nuanced challenges officers face in these situations, rather than use of force or racial disparities. Grounded in Bronfenbrenner's bioecological model, the research involved exploring lived experiences of six patrol-level officers using interpretative phenomenological analysis (IPA). Analysis revealed key themes such as the emotional burden of repeated exposure to mental health crises, frustration with limitations due to legal and policy constraints, and lack of resources such as co-response teams. Findings suggest the need for enhanced mental health support for the subject experiencing the mental health crisis and officers alike, expanded use of co-response teams, and legal reforms for greater flexibility when handling mental health calls. Implications for positive social change include promoting multi-systemic reforms to better support officers and improve outcomes for individuals in mental health crises, ultimately leading to safer and more compassionate law enforcement interventions.

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Dedication

This dissertation is dedicated to the courageous law enforcement officers who tirelessly respond to crises and work diligently to support their communities, often facing challenging situations with resilience and compassion. It is also dedicated to the amazing mental health first responders who commit their careers to assisting individuals in the most difficult moments of their lives, providing care, understanding, and hope when it is needed most. Finally, this work is dedicated to the friends and family who have unwaveringly supported me throughout my doctoral journey, offering encouragement and strength during both the triumphs and challenges along the way. Thank you.

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Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Law enforcement officers (LEOs) have the responsibility to protect life and property (Semple et al., 2021). Their role has expanded to address criminality and ensure the welfare of individuals (Semple et al., 2021). They have a responsibility to protect and assist individuals experiencing severe mental health issues (del Pozo & Compton, 2022; Hassell, 2020; Jachimowski et al., 2021). Patrol-level LEOs directly respond to emergency calls for service (CFS; Hassell, 2020; Semple et al., 2021). Patrol officers function as street social workers to determine best courses of action during CFS (Juarez, 2021; Peterson, 2023). Patrol-level LEOs choose how to handle crises based on training, education, and self-made rules that are learned in the field (Xanthopoulou et al., 2022). LEO training and actions during mental health emergencies can lead to positive or negative outcomes. Outcomes for mental health emergencies are based on LEO knowledge about mental health resources, use of force, and de-escalation skills (Cowell et al., 2021).

Over 90% of officers in patrol settings respond to subjects with mental illnesses each month (Seo et al., 2021; Tartaro et al., 2021). Seven to 31% of all police encounters involve people affected by mental illnesses or persons experiencing psychosocial crises (Abramson, 2021; Blais & Brisebois, 2021; Laniyonu & Goff, 2021). Some departments have reported a 20% rise in mental health-themed CFS (Abramson, 2021). Individuals suffering from mental health issues are 16 times more likely to be killed by LEOs during interactions (Mengual-Pujante et al., 2022; Rafla-Yuan et al., 2021). Other outcomes include arrests and involuntary hospitalization (Seo et al., 2020). Informal resolutions

include behavioral health referrals, mediation, introduction to substance abuse services, and safety planning with family members (Cowell et al., 2021; Jachimowski et al., 2021; Lum et al., 2022).

LEOs' decision-making concerning mental health CFS is complex due to interpersonal and social-ecological factors impacting interactions (Cojean et al., 2020; Cowell et al., 2021). Factors influencing officer interactions with community members they serve can include substance use, physical health, and housing status. Other factors include family information about the subject, collateral information, law enforcement agency policies, available resources, and conflicts with responding officers (Jachimowski et al., 2021; Juarez et al., 2021; Todd & Chauhan, 2021). The mental health intervention role of LEOs has been debated and challenged. The need to investigate how LEOs manage mental health crises has been exemplified due to a series of high-profile tragedies involving fatal shootings by officers. Improved crisis intervention strategies and training have been the focus of policy attention and research. Most interactions LEOs have with community members in crisis are not serious crimes, and subjects of CFS do not meet legal criteria for involuntary hospitalization (Juarez et al., 2021; Todd & Chauhan, 2021).

LEOs encounter people whose mental health needs are not being addressed by long-term services (Wood et al., 2021). Gray area mental health CFS do not meet clear legal criteria for arrest or hospitalization but still require intervention from officers (Juarez et al., 2021; Lum et al., 2022; Todd & Chauhan, 2021). Limited research exists concerning gray area mental health CFS. Officers resolve them using crisis intervention skills, de-escalation, and mediating calls in other ways (Peterson, 2023; Sofer, 2021).

Questions remain regarding how CFS are being resolved by LEOs. Law enforcement agencies can inform training, community relations, and service opportunities when they understand gray area CFS.

A summary of contemporary research regarding law enforcement mental health intervention, crisis intervention team (CIT) training, and social-ecological factors impacting law enforcement resolutions regarding CFS is presented in Chapter 1. The need for further inquiry due to limited research on gray area mental health CFS is discussed. Associated concepts including CIT training, use of force, disproportionate arrest rates of individuals with mental health issues, and response team types are identified. Successes and barriers involved with mental health crisis intervention are also discussed. LEOs' roles involving mental health crises are reviewed. I address interpretative phenomenological analysis (IPA) as the method to determine lived experiences of LEOs responding to mental health gray area CFS. I review Bronfenbrenner's bioecological model and the process person context time (PPCT) model as guiding frameworks.

Background

Calls for service involving mental health issues and individuals experiencing mental health crises have become one major type of incident that is handled by patrol-level LEOs (Semple et al., 2021; Seo et al., 2021). Patrol officers are first responders to mental health crises and their goal is to increase safety of subjects of CFS (Abramson, 2021; Lum et al., 2022; Seo et al., 2021). Individuals experiencing mental health symptoms or crises interact with LEOs at higher rates than the general population

(Pollack & Humphreys, 2020). The social service function of LEOs is overlooked, under-documented, and unrecognized by communities, researchers, and policymakers. Criminal and formal resolutions to address mental health crises result from a small number of daily CFS (Ghelani, 2022; Hassell, 2020). Many mental health crises require law enforcement complete assessments to determine optimal means of assistance (Lum et al., 2022; Tartaro et al., 2021).

Patrol officers rely on their knowledge of community resources and mental health first aid techniques to devise temporary remedies for mental health emergencies (Bailey et al., 2022; Blais & Brisebois, 2021). Officers' encounters with subjects experiencing mental health crises can be hard to solve, as well as violent and contentious (Hallett et al., 2021; Laniyonu et al., 2021; Zelle et al., 2022). LEOs lack training, information, and clinical backgrounds to make judgments about people with mental health issues (Miles-Johnson & Morgan, 2022; Waters, 2021). Many people experiencing psychiatric symptoms do not meet the threshold for arrest or hospitalization (Lum et al., 2022; Pollack & Humphreys, 2020). Police are expected to fill gaps left by mental health and social service systems with little support, community resources, or training (Pollack & Humphreys, 2020). Systemic factors influencing law enforcement actions lead to insights regarding resolutions for these CFS officer experiences.

Crisis intervention team training involves educating LEOs about mental health diagnoses, de-escalation, and protocols for handling crises (Ghelani et al., 2023; Marcus & Stergiopoulos, 2022; Seo et al., 2021). Collaboration with mental health professionals, community service providers, and local resources is promoted through this training

(Crisanti et al., 2022; Seo et al., 2021). There are also other response team models for crisis intervention, including co-response, peer response, and follow-up team models (Seo et al., 2021). Crisis intervention team training does not involve address systemic factors that can influence officer experiences (Semple et al., 2021). Legal and extralegal factors such as environment, subject demeanor, situational contingencies, and community resources all influence outcomes of mental health crises (Cojean et al., 2020; Cowell et al., 2021; Ghavami et al., 2021).

Officers lack solutions when arrest, involuntary hospitalization, and use of force options are not available (Koziarski et al., 2022; Lum et al., 2022). LEOs are peacekeepers or welfare agents during crises, working with limited options to support individuals (Ghelani, 2022; Hassell, 2020; Marcus & Stergiopoulos, 2022). They often note systemic issues relating to accessing care and marginalization of individuals with mental health issues (Koziarski et al., 2022; Wood et al., 2021). Calls for service are strongly impacted by officers' knowledge of neighborhoods, community resources, and historical interactions with primary subjects (Jachimowski et al., 2021; Tartaro et al., 2021; Todd & Chauhan, 2021). They choose solutions that are in alignment with complainant and subject needs, taking on social service or peacekeeping role (Bailey et al., 2022). Patrol-level law enforcement responses and interventions regarding mental health crises have not been explored in current research.

Experiences of LEOs and how environmental, physiological, and sociological influences impact CFS outcomes needs to be explored. Conduct and experiences of LEOs when dealing with gray area mental health crises has received limited research attention.

Crisis intervention team training is reportedly not the only factor impacting mental health crises resolutions. Environmental, emotional, and interpersonal factors impacting experiences have not been thoroughly studied. Gray area incidents are important to understand as these are the majority of incidents (Rohrer, 2021; Wood et al., 2021). Training can be developed to address deficits in terms of officer knowledge and increase community member safety when gray area CFS are understood. A benefit of studying gray area calls is preventing unnecessary law enforcement interventions or repeated interactions with the same community members by addressing root causes of issues.

Problem Statement

LEOs respond to noncriminal mental health crises without enough training (Seo et al., 2021). They are often the first responders for individuals in severe mental health crises, and in many cases, they serve as the last resort when other support systems have failed (Tartaro et al., 2021). Officers must think quickly, developing solutions that are appropriate for the severity of the situation (Pollack & Humphreys, 2020; Whittman et al., 2021). Resolutions differ because of responding officer training and situations they encountered previously (Wood et al., 2021). Outcomes are influenced by legal flexibility officers have and available resources (Cowell et al., 2021; Jackimowski et al., 2021). Various outcomes can be helpful or hurtful to individuals involved in CFS depending on law enforcement intervention. There is a gap in current research concerning officer experiences and interactions with individuals during gray area mental health crises.

Officer responses to gray area mental health crises at the patrol level can be better understood through this research. Calls for service can be impacted by systemic, training,

and contextual factors. Specialized units with CIT training and formal resolutions for mental health CFS have been studied. Gray area CFS and types of resolutions are insufficiently researched. The impact of social and ecological influences on LEOs has been noted. Minimal research on bioecological factors, contextual factors, and lived experiences of LEOs exists. Research on patrol-level experiences with gray area CFS is sparse. Nonspecialized mental health unit responses and resolution of gray area crises has not been explored.

Purpose of the Study

The purpose of this qualitative study is to explore and describe law enforcement experiences involving gray area mental health CFS. Current research will be expanded by focusing on California-based patrol-level LEOs and their experiences with responding to mental health crises. Outcomes of these CFS are determined by individual LEOs and their education, training, and experiences (Cummins, 2022; Tartaro et al., 2021). Personal and diverse experiences which are influenced by their education, training, and fieldwork have yet to be explored in current research. Most police responses to mental health CFS do not end in arrest or hospitalization (Koziarski et al., 2022; Lum et al., 2022; Todd & Chauhan, 2021). Research has addressed use of force, racial injustice, and CIT training.

Experiences of law enforcement responses to gray area mental health CFS were addressed via phenomenological interview questions. Data collected via interviews included detailed information about the phenomenon. The IPA approach supports rich and robust data analyses. Patrol-level LEO responses to mental health emergencies have been a topic of interest for researchers and the public. A deeper understanding of what

occurs during gray area mental health CFS, which are less publicized, is needed. My intent is to provide significant analyses about experiences of patrol-level law enforcement with gray area mental health crises.

Research Question

What are lived experiences of patrol-level officers responding to gray area calls for service?

Conceptual Framework

The bioecological model was used to describe how systems influence LEOs while responding to CFS. A system is a complex network of interconnected elements (Bronfenbrenner, 1979). These elements, known as subsystems, work together to form larger systems (Bronfenbrenner, 1979). One subsystem's wellbeing can affect overall performance of larger systems (Bronfenbrenner, 1979). Elements or subsystems are described as nested systems that interact with each other as well as individuals within them (Bronfenbrenner, 1979). The bioecological model includes individual, microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979).

The PPCT model builds on Bronfenbrenner's bioecological theory by emphasizing the importance of proximal processes, as well as biological and personal characteristics of individuals (Bronfenbrenner & Morris, 2006). Person refers to individual inherent characteristics such as temperament, personality, genetics, and biological makeup, which can evoke different reactions from environments (Bronfenbrenner, 1995). Process involves dynamic interactions between individuals and their immediate environments, such as family, peers, and community, which are central

to development (Bronfenbrenner & Morris, 2006). Context refers to larger sociocultural environments that shape these interactions, including factors like cultural values, socioeconomic status, and broader historical context (Bronfenbrenner, 1995). While time is already integrated into the chronosystem in the bioecological model, the PPCT model focuses more specifically on proximal processes which are ongoing and reciprocal interactions between individuals and their environments as the primary mechanism driving development and adaptation over time (Bronfenbrenner & Morris, 2006). The PPCT model can be used to describe law enforcement experiences with gray area CFS by examining interactions between person, process, context, and time. Person factors include individual officer training, experiences, and personal characteristics. Process factors refer to specific approaches taken by LEOs when responding. Contextual factors include nature of calls, communities, and available resources. The time factor involves considering how situations evolve, and LEO responses change over time as new information is obtained. The bioecological and PPCT models were used for understanding law enforcement responses to gray area CFS by considering these factors.

Nature of the Study

Interpretative phenomenological analysis was used to explore experiences of patrol-level LEOs addressing gray area mental health CFS. Phenomenology involves how people interpret their experiences (Gee et al., 2022). People's experiences are subjective and unique (Gee et al., 2022; Smith, 2017). I aimed to find the essence of the phenomenon in question. This approach is useful in terms of exploring complex aspects

of human experiences, such as officers' experiences with mental health crises. Patrol-level LEOs provided information regarding CFS through semi-structured interviews.

Informed consent forms and confidentiality guarantees for patrol-level LEO participants were provided. Specific data regarding experiences of officers responding to gray area CFS were collected. Semi-structured interviews were planned, allowing for unstructured follow-up questions to assist with research direction and data saturation. The best sampling strategy for collecting these data was purposeful sampling. Data saturation was achieved with six interviews. Interviews were audio recorded and transcribed verbatim. Transcripts involved hand-coding, and the data analysis process also involved using NVivo qualitative software. Collected data were confidential and stored securely on a technology platform. Institutional Review Board (IRB) requirements guided data collection, storage, and eventual destruction.

Patrol-level LEOs who are currently in the field were interviewed. They described their experiences with gray area mental health crises in response to the interview questions. Call for service outcomes and what occurred during the CFS were discussed to gain a better understanding of these interactions. Interviews included specific questions aimed at addressing the research question. Interpretative phenomenological analysis was used to analyze officer responses and determine their roles in gray area CFS. NVivo was also used to assist in analysis to address any manual coding oversights. I used a qualitative research design.

Definitions

Call for Service (CFS): When someone contacts law enforcement and requests assistance, usually due to a situation they perceive as an emergency or a crisis (Lum et al., 2022).

Context: Larger social and cultural systems, such as cultural values, socioeconomic status, and historical time periods which influence individual development (Bronfenbrenner & Morris, 2006).

Co-response Team: A team composed of both LEOs and mental health professionals who work together to address calls involving mental health crises (Blais & Brisebois, 2021).

Crisis Intervention Team: A specialized unit within law enforcement agencies that is trained to respond to calls involving mental health crises (Blais & Brisebois, 2021).

Crisis Intervention Team Training: A training program that is developed for instructing LEOs about efficient strategies for addressing situations involving individuals undergoing mental health crises (Seo et al., 2021).

Chronosystem: The element of time in development in terms of how changes and transitions can impact individuals. This includes historical events, life transitions, and sociohistorical contexts (Bronfenbrenner, 1979).

De-escalation Techniques: Strategies that are used to reduce the intensity of a situation and avoid violence (Alvarez, 2020).

Exosystem: This level includes environments that indirectly affect individuals, such as workplace or neighborhood conditions. Structural components of policing, such as agency policies, are part of this system (Bronfenbrenner, 1979; Ghavami et al., 2021).

Follow-up Team: A component of crisis intervention and co-response teams that provide ongoing support and services to individuals after a crisis has been resolved (Seo et al., 2021).

Gray Area: Situations in which an individual is experiencing a mental health crisis, but the situation does not clearly require formal outcomes such as arrest, hospitalization, or use of force. LEOs must make critical decisions about whether to intervene and what type of intervention is appropriate (Peterson, 2023).

Interpretative Phenomenological Analysis (IPA): A qualitative research methodology that involves how individuals make sense of their experiences (Gee et al., 2022).

Law Enforcement Officer (LEO): Individuals who are empowered to enforce the law and maintain public safety (Byun, 2021). This includes police officers, sheriff's deputies, and peace officers (Byun, 2021).

Mental Health Crisis: A situation in which an individual is experiencing a mental health issue that requires immediate attention, intervention, or treatment (Hogan & Goldman, 2021).

Macrosystem: Broader cultural and ideological factors that shape individuals. This includes cultural norms, political systems, and values including societal views about law enforcement (Bronfenbrenner, 1979; Ghavami et al., 2021)

Mesosystem: This level involves interactions and connections between various microsystems (Bronfenbrenner, 1979; Ghavami et al., 2021).

Microsystem: This level represents immediate and direct environments in which people participate, such as family, work, and peer groups (Bronfenbrenner, 1979)

Person: Individual unique characteristics, such as temperament, personality, genetics, and biological makeup, which contribute to their behaviors and interactions within their environments (Bronfenbrenner & Morris, 2006).

Phenomenology: A research approach that involves subjective experiences of individuals and meanings they assign to their experiences. People experience the world in unique ways, and their experiences are influenced by a range of multisystemic bioecological factors (Gee et al., 2022).

Peer Response: Practice of using trained peers or individuals with lived experiences involving mental health crisis intervention teams (Seo et al., 2021).

Process: Ongoing activities, interactions, and transactions that occur within individual environments. These processes involve reciprocal interactions between people and their contexts (Bronfenbrenner & Morris, 2006).

Proximal Processes: Dynamic interactions between individuals and their immediate environments which serve as primary mechanisms driving development. Developmental impact varies based on individual traits, contexts, interaction duration, and frequency (Bronfenbrenner & Morris, 2006).

Time: Understanding development across individual lifespans requires considering both developmental history and future potential. The chronosystem

represents time and acknowledges the role of individual and historical events in terms of shaping human development (Bronfenbrenner & Morris, 2006).

Use of Force: Physical coercion, restraint, or interventions used by LEOs to control situations or individuals (Laniyonu & Goff, 2021).

Assumptions

I assumed meaningful and trustworthy data were found via qualitative interviews. Interviews included reports of what participants believed to be true based on their contextual and personal influences. Lived experiences of participants specifically related to their employment. An aspect of law enforcement culture is to be emotionally reserved and professionally appropriate. Law enforcement culture and communities are naturally closed systems that are unwelcoming of outsiders. There was potential for participants to be initially hesitant or reluctant while sharing, even after signing confidentiality agreements. However, once interviews began, sharing was open and thorough. Patrol-level officers' treatment of individuals with mental health issues has been a topic in the media. Negative media attention could cause participants to be concerned about sharing their lived experiences. The topic and confidentiality agreements were explained to participants who accepted and shared their experiences willingly.

A second assumption was participants responded to questions based on their observations. Semi-structured interviews were used to obtain more details about lived experiences of participants. This included probing and follow-up questions to obtain more information about their lived experiences. I also assumed participants were aware of their emotional and environmental influences. I assumed they were accurately

recalling details from memory. Finally, I assumed participants' work was influenced by systemic factors. This assumption impacted the choice of theoretical framework to assist in phenomenological analysis.

Scope and Delimitations

Patrol-level LEOs' experiences with mental health emergencies was the focus of this study. Lack of research regarding patrol-level officers' experiences with gray area mental health crises was the problem. Insights regarding experiences of LEOs and how systemic factors impact gray area CFS were addressed. The population was narrowed to patrol officers in California for interview purposes, due to the fact that California officers have similar baseline mental health training experiences. Other types of response team models for crisis intervention were not explored. Co-response and follow-up teams were not included in this study.

Findings may not be directly transferable to other law enforcement agencies or regions throughout the country. This study offers a starting point for future research involving various contexts and populations. Results of this study may be transferable to other law enforcement agencies with similar resources or training protocols. The study contains a detailed description of research contexts, population, and participants.

Limitations

Limitations are related to the scope and breadth of research, which involved patrol-level experiences in California. Results cannot be generalized to all law enforcement personnel, as individual experiences and perspectives can vary significantly. Participants' self-awareness regarding their actions can be limited, leading to incomplete

or biased accounts (Gee et al., 2022; Lad & Walker, 2022). A rigorous methodological approach was be used that included extensive background research and comprehensive data collection to address these limitations. A transparent and honest account of participants' experiences while recognizing inherent limitations was provided.

A significant challenge for this study involved addressing possible researcher bias. I focused on experiences of law enforcement personnel rather than mental health professionals to address this challenge. Reflexivity involves identifying and addressing any potential biases or preconceptions that may impact results (Jamieson et al., 2023). This led to a more nuanced and in-depth understanding of patrol-level responses to mental health gray area CFS. Data analysis techniques ensured results were grounded while controlling for researcher bias. A critical perspective was maintained throughout the study in order to question assumptions, biases, and interpretations.

Significance

The study is significant as there is a need to understand LEOs' experiences regarding gray area mental health CFS. Details about potential struggles of LEOs responding to emergencies where legal precedent may not be easily discernable were explored. Psychology professionals will obtain an increased understanding of LEO experience and their perceptions regarding CFS through this research. The future of CIT training, community education regarding seeking support during mental health crises, and first aid can be improved based on findings. A gap in research regarding law enforcement response to mental health 911 calls was identified. These CFS occur daily (Tartaro et al., 2021; Todd & Chauhan, 2021).

Law enforcement agencies can benefit from understanding dynamics of gray area CFS, impacting their crisis response protocols. Decisions regarding other calls concerning substance use, homelessness, and domestic violence may also be influenced by information that was obtained during this research. Gray area crisis training can be created based on data. More information about how officers respond during gray area CFS will contribute to positive social change and the field of psychology. Results can aid forensic psychology professionals in terms of understanding what occurs during mental health crisis CFS. Development of necessary training for LEOs is positively impacted by understanding their experiences and interactions with community members in crisis. This can assist in building trusting relationships between officers and communities they serve. Positive social change can be impacted by filling a gap in knowledge concerning these gray area interactions, thus addressing deficiencies involving law enforcement and mental health systems.

Summary

Officers play a critical role in ensuring the safety and wellbeing of individuals experiencing emergencies. Patrol-level LEOs respond to mental health calls for service. Officers are expected to make crucial decisions regarding resolution of mental health related-CFS. Outcomes for mental health crises are complex due to interpersonal and social-ecological factors accompanying mental illness. Other systemic factors can impact decision-making and call resolution. Future training and policies will be informed by officers' experiences of these crises. Patrol-level LEOs are not part of specialized response teams and address mental health crises daily.

Officers addressing gray area CFS require understanding mental health crises and resources to resolve issues. Patrol-level LEOs' experiences were viewed using the bioecological framework and PPCT model to aid in developing a contextualized understanding. The purpose of this qualitative study was to explore and describe patrol-level LEOs' experiences with gray area mental health CFS in California. IPA was used to explore and describe experiences. Significant additional analyses about patrol-level law enforcement behaviors, responses, and resolution of gray area mental health crises contribute to the field of forensic psychology. Transferability is limited due to the participant sample and geographic location in central California. Mental health crisis response policies and practices vary across different jurisdictions. Training, community relations, and service opportunities in California can be informed by this study. Patterns of response, policy impacts, feelings of burnout, and need for additional resources and training were addressed.

Chapter 2 includes literature search strategies that were used to identify pertinent studies regarding LEOs and mental health CFS. The bioecological and PPCT models were explored in relation to LEO responses and interactions with individuals involved in CFS. Law enforcement formal and informal responses to mental health crises are explored. Use of force, mental health disparities, crisis intervention, and response models are discussed further. Key concepts regarding law enforcement responses to crises are presented and research regard these areas is explained. Formal outcomes including arrest, hospitalization, use of force, and diversion methods are reviewed in detail. I justify further exploration of LEO experiences with gray area mental health crises.

Chapter 2: Literature Review

The purpose of the proposed qualitative study is to explore and describe patrol-level officers' lived experiences during mental health emergencies. IPA was applied to better understand LEOs' experiences. I addressed responses to mental health emergencies that involved gray areas of legal action. Participants' emotions, thoughts, and physical experiences were explored. Concepts of interest include law enforcement responses, gray area mental health CFS outcomes, and bioecological influences impacting officers.

Patrol-level officers frequently respond to mental health emergencies (Tartaro et al., 2021; Todd & Chauhan, 2021). Over 20% of law enforcement CFS involve individuals with mental health issues (Engel et al., 2022; Hallett et al., 2021). Resolutions for these CFS take 20 minutes longer than nonmental health related crises (Abramson, 2021). These incidents involve subjects with multiple law enforcement contacts over time, chronic callers, and individuals with dual diagnoses (Bailey et al., 2022; Chunghyeon et al., 2021). Patrol officers receive these CFS from various sources such as family, professional supports, crisis line staff, and concerned community members (Cojean et al., 2020). Subjects of the CFS often reach out to emergency services themselves, reporting their symptoms or concerns (Hendy et al., 2022). Other scenarios include mental health workers, therapists, or psychiatrists calling for mental health evaluations due to symptoms clients exhibit.

Patrol-level LEOs in California all have basic CIT training, per Senate Bill 29. Some law enforcement agencies have specialized response units. These units are often limited in terms of response time or cannot assist all mental health CFS in their delivery

locations (Seo et al., 2021). Officers at the patrol level are not part of specialized response teams. Other agencies do not have funding or large populations to support specialized mental health response teams (Blais et al., 2020). Patrol-level officers handle mental health emergencies, filling gaps in service due to specialized unit limitations. Officers cannot determine mental health diagnoses accurately due to their lack of training involving diagnostics (Wittmann, Groen et al., 2021). This lack of training leads officers referring individuals to inappropriate resources and limits their peacekeeping abilities (Wittmann, Groen et al., 2021; Wittmann, Jörns-Presentati et al., 2021). Patrol-level officers are required to resolve mental health CFS without assistance from mental health professionals, when responding to CFS in the field (Lapsey et al., 2022; Pollack & Humphreys, 2020). Patrol-level LEOs evaluate subjects for hospitalization and other resolution options based on their education, training, and experience (Wittmann, Jörns-Presentati et al., 2021).

Patrol officers use force as a resolution to these CFS on rare occasions (Baker & Pillinger, 2020; Cowell et al., 2021). Officers are more likely to use force with individuals who have mental health issues since symptoms exhibited by subjects lead to more unpredictability, aggression, and resistance (Cojean et al., 2020). There is a lack of understanding regarding patrol-level responses to gray area CFS. Current research has not thoroughly explored whether officers are shaped by contextual factors such as communities they serve, missions of their agencies, and neighborhood features. Officers are taught to rely on their instincts even when formal mental health training is provided (Buchbinder et al., 2023). This can be influenced by location, collateral reports, dispatch

information, officer observation, and history with subjects (Lapsey et al., 2022). Officers need to be trained to use a wide variety of signs and symptoms concerning mental health issues, which CIT training does not always cover (Lapsey et al., 2022; Pollack & Humphreys, 2020).

Patrol-level LEOs have also reported feeling uncomfortable responding to mental health crises (Pollack & Humphreys, 2020; Wittmann, Jörns-Presentati et al., 2021). This discomfort may be due to lack of formal outcomes and legal options that are available during these CFS (Wood et al., 2021). Effectiveness and limitations of CIT training has also been explored. Crisis intervention team training does not reduce use of force incidents or decrease criminalization related to mentally ill populations (Seo et al., 2021; Spolum et al., 2023). Co-response treatment models are often considered the most successful form of first responder treatment team models (Ghelani et al., 2023; Seo et al., 2021). Secondary response models involve law enforcement dispatching mental health professionals to engage with individuals experiencing mental health symptoms after law enforcement has interacted with them (Seo et al., 2021). Alternative response team types and resources supporting mental health crises are one answer to decreasing officer interactions with persons experiencing mental health crises (Alvarez, 2020; Seo et al., 2021). Community members still call law enforcement even when alternative crisis responses are offered (Alvarez, 2020). There is a disproportionate overrepresentation of persons with mental illnesses interacting with law enforcement, leading to various resolutions that are both positive and negative (Alvarez, 2020; Pollack & Humphreys, 2020; Wood et al., 2021).

An iterative search strategy is presented in Chapter 2. Justification is provided for key terms, library databases, and iterative search processes. I address the bioecological model as it relates to the phenomenon of interest. Current peer-reviewed research on key concepts regarding law enforcement responses to gray area CFS is thoroughly reviewed. Current studies regarding mental health emergencies, outcomes of CFS, response team types, and gray area resolutions are summarized. Existing research on the phenomenon is analyzed, synthesized, and interpreted to identify a research gap. IPA was used to explore lived experiences involving officer responses during mental health crises.

Literature Search Strategy

I used the following key words: *law enforcement*, *mental health crisis*, *police*, *cops*, *officers*, *mental health crisis response*, *patrol officer*, *mental health*, *mental illness*, *mental disorder*, *psychiatric illness*, *crisis response*, *law enforcement use of force*, *mental health emergencies*, *mental health policing*, *crisis intervention model*, *police officers*, *law enforcement crisis response*, *California use of force*, *alternative law enforcement responses*, *co-response teams*, *crisis intervention team training*, *criminalization of mental health*, *taser use*, and *mental health training for police*.

I used the following databases: APA PsycINFO, SAGE Journals, APA PsycArticles, ProQuest Criminal Justice Database, ProQuest Psychology Database, and SocINDEX. Google Scholar was also used to search for relevant articles. Articles on police responses to mental health crises were obtained. This aided in ensuring research was scholarly and current. These articles were then filtered for content, and I eliminated articles related to mental health of LEOs. Quantitative and qualitative research regarding

officer response to mental health emergencies was reviewed. Patrol-level responses to mental health crises where arrest or hospitalization did not occur was the gap in research. I used *the Journal of Police and Criminal Psychology* to locate articles associated with intervention during crises, mental health training for police, and the actions taken by law enforcement during psychological emergencies. Articles relating to these topics were found, while gray area CFS were overlooked by researchers.

Law enforcement agencies address mental health emergencies with a variety of tactics, training, and response teams (Dymond, 2020; Laniyonu et al., 2021). Research parameters were broadened to explore the primary topic of gray area CFS and collect more in-depth information on the lived experiences concerning patrol-level officers. A thorough search of mental health emergencies focusing on patrol-level responses where arrest or hospitalization do not occur was conducted. A thorough search relating to relevant studies published within the past five years was accomplished. A search for peer-reviewed journal articles published between 2020 through 2023 produced an abundance of information regarding law enforcement crisis intervention, mental health emergencies, and officer's lived experiences. Current research published between 2020 through 2023 lacked information about patrol officers' response to mental health emergencies where the resolution was not a legally related outcome. Relevant peer-reviewed articles on the topic were identified. Articles containing research about law enforcement training, response, use of force, and outcomes regarding mental health crises were considered.

Conceptual Framework

The bioecological model of human development emphasizes that individuals are not solely influenced by biology or upbringing (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). The subject of the call for service, the caller, and the community, all influence the officer at the closest level. The mesosystem allows for interactions between microsystems, such as the officer's peers and community. The exosystem includes unseen forces, such as law enforcement policy within specific agencies. The macrosystem includes a broader cultural context, including collective or community views about law enforcement or mental health. The chronosystem involves historical events, such as officer-involved deaths of individuals with mental health issues impacting officer response (Bronfenbrenner, 1979). The PPCT model expands on the chronosystem to show how process, person, context, and time impact an individual's behaviors. Ecological systems models originated in the natural sciences and have been widely utilized by mental health professionals in the forensic psychology field and other fields as an overall framework for thinking about the complexities of interventions at many levels.

Individual Level

Unique characteristics such as beliefs, values, or personality define the individual level of the bio-ecological model (Bronfenbrenner, 1979). Law enforcement's personal response to mental health emergencies underscores this level's significance. Police officers carry their personal beliefs, values, biases into each encounter, mental health crises not excluded (Cojean et al., 2020; Pollack & Humphreys, 2020). Personal factors significantly sway an officer's approach to and response towards these situations (Lorey

& Fegert, 2021). An officer with stigmatizing beliefs about mental illness could resort to force, showing less empathy during a crisis involving mental health. Contrast this with an officer armed with mental health training, possessing a good understanding of mental illness; this officer might deescalate situations efficiently, linking distressed individuals to appropriate resources. The individual level becomes crucial when examining law enforcement's response to mental health emergencies (Bell et al., 2022). Officers with training which targets their personal beliefs and biases results in a more compassionate, effective response to mental health crises (Lorey & Fegert, 2021).

Microsystem

The microsystem is characterized by the face-to-face interactions and relationships individuals have with others in their immediate environment (Bronfenbrenner, 1979). The individual directly interacts and experiences daily life in the microsystem, including relationships, home, and community (Bronfenbrenner, 1979). Law enforcement's response to mental health emergencies prominently involves the microsystem level. Interactions between individuals living with mental illness and LEOs take center stage in the microsystem. Venues for these interactions are diverse, ranging from a person's home to public places or healthcare facilities (Ghavami et al., 2021). The interaction quality influences the mental health of an individual, extending its impact on their overall well-being. A strong correlation exists between the interaction quality and an individual's mental state, emphasizing the need for focused, compassionate engagement (Molina-Mula & Gallo-Estrada, 2020).

LEOs have a crucial role in mental health emergencies at the microsystem level. Officers often emerge as the first line of response to calls involving individuals living with mental illness. The responses officers provide can significantly affect an individual's safety and the situation's outcome (Forber-Pratt et al., 2021). LEOs use force in some situations to manage a situation (Jais Adam-Troian et al., 2020; Laniyonu & Goff, 2021). Such action can potentially worsen the individual's mental health condition and lead to adverse outcomes like hospitalization or arrest. There are instances where LEOs receive training in alternative response models like CIT programs. Crisis intervention team programs focus on deescalating situations with individuals living with mental illness, linking them with fitting wellness resources (Hendy et al., 2022; Seo et al., 2021). Crisis intervention team program effectiveness can oscillate based on factors like the training extent and resources available to law enforcement agencies (Mubarak et al., 2022; Todd & Chauhan, 2021). This level of influence extends to LEOs. LEOs' actions are influenced by family, peers, and community members which can drastically shape their response to mental health crises (Mark et al., 2023; Ouellet et al., 2022).

Peers in law enforcement agencies strongly influence an officer's attitudes and behaviors towards individuals with mental illness (Ouellet et al., 2022). Negative attitudes held by these peers or neglect for mental health training can breed a culture of stigma. This culture often overlooks the importance of understanding and empathy for mental health issues (Burns & Buchanan, 2020; Lorey & Fegert, 2021). Peers prioritizing mental health training and fostering a compassionate culture can induce positive changes (Nick et al., 2022). Such changes manifest in an officer's response to mental health

emergencies. Family members also play a substantial role in shaping a LEO's response to mental health emergencies (Mengual-Pujante et al., 2022; Watson et al., 2021). Empathy from an officer deepens if they have a family member living with mental illness or have experienced a crisis (Lavoie et al., 2022).

The microsystem level of the ecological model emphasizes understanding the influences on LEOs' response to mental health emergencies. Intensified negative biases can occur when officer's friends or families hold stigmatizing attitudes towards mental illness (Lavoie et al., 2022; Li et al., 2023). These attitudes alter the officer's response and actions during mental health emergencies. An officer's response is significantly shaped by the attitudes and behaviors of peers and family members (Burns & Buchanan, 2020). These influences should be at the core of developing policies and training for improved mental health emergency responses. Effective communication and between LEOs and individuals with mental illness are fundamental necessities at the microsystem level (Lavoie et al., 2022; Lorey & Fegert, 2021). Law enforcement agencies can provide better support to individuals with mental illness and prevent negative outcomes through improved interaction quality. These improvements can change the outcomes of gray area CFS.

Mesosystem

The mesosystem level defines relationships between a person's life's various microsystems (Bronfenbrenner, 1979). Law enforcement response to mental health emergencies falls within this context, necessitating relationships between law enforcement agencies, mental health care providers, and the individuals they serve.

Efficient operation across these different systems becomes crucial at the mesosystem level (Bronfenbrenner & Morris, 2006). This efficiency aids in the provision of adequate care and support for individuals encountering mental health crises. An effective collaboration between officers responding to mental health emergencies and mental health care providers is often required (Balfour et al., 2022). This teamwork manages the situation effectively and delivers necessary care to the individual. Roles may include offering transportation to a mental health facility or ensuring the coordination of follow-up care post-crisis (Crisanti et al., 2022; Seo et al., 2021).

Challenges in collaboration and relationship frequently hamper the effective response to mental health emergencies. One primary issue is the communication gap or misunderstanding between law enforcement and mental health care providers (Cummins, 2022; Tartaro et al., 2021). These obstacles can result in inadequate care for the individual. Systemic constraints such as inadequate funding or resources can also hinder law enforcement and mental health care providers' collective efficacy (James et al., 2022). The focus on overcoming these challenges should be on amplifying collaboration or communication between law enforcement agencies and mental health care providers (Perrone et al., 2022). An environment where law enforcement can work collaboratively with healthcare providers is important to create (Perrone et al., 2022; Pope et al., 2022). Such a collaborative environment helps provide the necessary care and support to individuals experiencing mental health crises.

LEOs need additional training for effective response during mental health emergencies. This training could help them work better in tandem with mental health care

providers. Protocols and procedures for addressing mental health emergencies should involve both law enforcement and mental health care providers (Balfour et al., 2022; Marcus & Stergiopoulos, 2022; Seo et al., 2021). The collaboration at the mesosystem level can improve when considering these collaborative measures. Support to individuals experiencing mental health crises can be enhanced through the improved collaboration at the mesosystem level (Blais & Brisebois, 2022; Choi et al., 2022). Appropriate care and support ensure a more comprehensive response to mental health emergencies. Patrol-level LEOs' involvement with gray area mental health emergencies will improve through collaboration with mental health professionals (Blais & Brisebois, 2022; Choi et al., 2022; Marcus & Stergiopoulos, 2022).

Exosystem

The exosystem refers to indirect forces that shape officer roles such as department policy, laws, and use of force regulations (Bronfenbrenner, 1979). The bioecological model states the exosystem level includes the institutions or systems that indirectly affect individuals (Bronfenbrenner & Morris, 2006). Law enforcement response to mental health emergencies falls under the exosystem level. This level encompasses factors like mental health services funding, policies, procedures guiding police response, community attitudes towards mental health and law enforcement. Funding scarcity for mental health services thrusts a greater reliance on law enforcement to handle gray area CFS (George et al., 2023; Lum et al., 2022). Mental health professionals might not be easily available or accessible, creating a burden on LEOs.

These officers lack the necessary resources or support to handle such situations effectively as they are not trained mental health professionals (Blais & Brisebois, 2021, Ghelani et al., 2023). Significant impact on LEOs' handling of mental health emergencies can stem from policies and procedures related to police response. Crisis intervention teams or co-responder models involving mental health professionals working alongside LEOs exist in some jurisdictions (Rohrer, 2021; Seo et al., 2021). These collaborations can lead to improved outcomes for individuals in crisis and diminish the likelihood of officers using force (Bailey et al., 2022; Ghelani et al., 2023). Inadequately designed policies or the lack of them can have negative implications for individuals with mental illness. Community attitudes towards mental health and law enforcement also play a part in shaping how patrol-level LEOs respond to mental health emergencies (Tartaro et al., 2021).

Negative views of mental illness among community members or perceptions about law enforcement as intimidating can result in less help-seeking and greater resistance to law enforcement from individuals with mental illness (Mengual-Pujante et al., 2022). This resistance can escalate the situation and increase the likelihood of force usage (Engel et al., 2022; Laniyonu & Goff, 2021). The exosystem level underscores the need to consider broader societal factors influencing law enforcement's handling of mental health emergencies. Improvements in outcomes for individuals with mental illness become feasible when factors like mental health services funding, policies, procedures, and community attitudes are addressed (Mongelli et al., 2020). The burden on patrol-level LEOs can be reduced when exosystem factors impacting mental health CFS are

addressed (Hogan & Goldman, 2021). Proactive measures in addressing these factors might also foster a more supportive community environment for individuals experiencing mental health symptoms or challenges.

Macrosystem

The macrosystem level of the bioecological model addresses larger cultural and societal contexts (Bronfenbrenner, 1979). Cultural norms, laws, customs, values, economic, and political systems form this level (Bronfenbrenner & Morris, 2006). A key role in shaping perceptions and approaches to mental health within society lies with the macrosystem level regarding law enforcement gray area CFS responses. Broader societal stigma surrounding mental illness is one way the macrosystem level influences law enforcement response to gray area emergencies (Felix & Lynn, 2022). Negative attitudes towards individuals with mental health conditions can stem from the stigmatization of psychological illness (Chunghyeon et al., 2021; Felix & Lynn, 2022; Mubarak et al., 2022). Stigma and negative attitudes may also contribute to a lack of understanding regarding appropriate actions when facing mental health crises. This stigma can lead to scarce funding for psychological resources, such as community mental health centers and other support services aimed at preventing crises (Adu et al., 2022).

Influence of the macrosystem level extends to broader cultural norms and values surrounding law enforcement. LEOs, in many communities, are often perceived as the first line of defense responding to crises, including mental health emergencies (Seo et al., 2021; Tartaro et al., 2021; Tartaro et al., 2023). This cultural norm can result in underinvestment in other resources like mental health professionals. These professionals,

potentially better equipped for mental health crisis response, may be overlooked (Cummins, 2022; Lum et al., 2022). Mental health professionals being overlooked can result in reliance on law enforcement to handle mental health crises, even when such situations may not necessarily need police response (Cummins, 2022; Lum et al., 2022). The macrosystem level crucially shapes law enforcement perception and mental health emergency response, from societal stigmatization of psychological illness to the cultural norms surrounding police officers (Tartaro et al., 2023). More effective and appropriate responses to mental health emergencies become possible by understanding and addressing these broader cultural and societal factors.

Chronosystem and the PPCT Model

The PPCT model is a means to explore the relationship between law enforcement and individuals experiencing mental health emergencies further. The dynamic nature of crime, mental health, and policing is underscored by this model. The PPCT model prompts understanding the individual officers, their environment, the nature of the crime or situation they respond to, and the situation’s timing (Bronfenbrenner, 1979). The PPCT model elucidates how the chronosystem level impacts officers' approach and response to mental health emergencies. Shifts in the mental health system have affected LEOs' expected responses to mental health emergencies over time (James et al., 2022). Deinstitutionalization resulted in insufficient mental health care system support, burdening LEOs (Lutz et al., 2022). This environmental change led to officers managing mental health emergencies. Negative outcomes for individuals with mental illness within the criminal justice system can occur when police managing these types of CFS do not

consider the individual’s symptoms or psychiatric history (George et al., 2023; Lutz et al., 2022).

The PPCT model aids in understanding the influence of how timing in various forms impacts a mental health emergency and an officer's response. Officer characteristics, training, and experience subsume the Person (Bronfenbrenner & Morris, 2006). Process refers to the ongoing activities, interactions, and transactions that occur within an individual's environment (Bronfenbrenner & Morris, 2006). Context relates to broader social and cultural factors that may impact the encounter, such as societal attitudes towards mental illness (Bronfenbrenner & Morris, 2006). Time pertains to temporal aspects such as the time of day or the CFS duration (Bronfenbrenner & Morris, 2006). An officer's response may differ when responding to a daytime emergency with ample resources versus a nighttime call with limited resources (Bronfenbrenner & Morris, 2006; Chunghyeon et al., 2021; Cowell et al., 2021).

The evolution of law enforcement response regarding mental health emergencies over time, societal and mental health care system changes, is important to recognize at the chronosystem level. Deinstitutionalization transferred the management of mental health crises from psychology professionals to LEOs (Watson et al., 2021). This shift significantly impacted law enforcement response to these types of emergencies (George et al., 2023; Lutz et al., 2021; Watson et al., 2021). The PPCT model aids understanding of the chronosystem level's impact on law enforcement responses. Changes in training and policies over time may influence the person level of the model, while societal attitudes shift, and mental health resources availability may impact the context level.

Comprehension of these factors and their interplay can inform more effective law enforcement responses to gray area mental health emergencies (Cowell et al., 2021; Lutz et al., 2021).

Literature Review Related to Key Concepts

Law enforcement responses to mental health emergencies have become an increasingly critical area of study, as the intersection between law enforcement and mental health has gained significant attention in recent years (James et al., 2022). Individuals experiencing mental health crises that fall within the gray area of legal action require responses which are untraditional and nuanced (Butler et al., 2022). The situation's unique nature, where the level of immediate threat or need for intervention may not be clear-cut, presents complex challenges for LEOs (Koziarski & Huey, 2021; Peterson, 2023). A better understanding of LEOs' perceptions and how they navigate gray area calls is crucial for improving outcomes and providing appropriate support (Wood et al., 2021). Existing research on law enforcement responses to mental health emergencies will be explored and synthesized throughout this literature review.

Brief History of Mental Health System Evolution in America

The mental health system in America has undergone significant changes from institutionalization to outpatient treatment (George et al., 2023). Deinstitutionalization began in 1955 with chlorpromazine being introduced. Chlorpromazine was the first effective antipsychotic medication and received a significant boost 10 years later with the implementation of federal Medicaid and Medicare (Belcher, 2022). Deinstitutionalization occurred with many challenges. Many patients were released from institutions with

nowhere to go and limited support in the community, leading to homelessness and inadequate mental health care access (Belcher, 2022; Bhalla et al., 2020). This lack of support for individuals with severe mental illness has led to an increased reliance on law enforcement mental health crisis response (James et al., 2022).

Individuals with mental illness were released into the community as psychiatric hospitals closed. Deinstitutionalization strained community mental health centers and increased reliance on law enforcement response to mental health crises (James et al., 2022; Lutz et al., 2022). LEOs are often the first response to calls involving individuals experiencing a mental health crisis because there is no one else available to handle the situation (Tartaro et al., 2023; Wood et al., 2021). Patrol-level officers are not trained mental health professionals and lack the resources or support needed to effectively address mental health crises (Abramson, 2021). The lack of support for individuals with psychological symptoms has also led to mental illness being criminalized (Pope et al., 2023). Individuals with mental illness are more likely to be arrested and incarcerated than receive appropriate treatment (Pope et al., 2023). LEOs are expected to manage individuals with mental illness in crisis. Without adequate training and support, they may resort to using force or making arrests as a way of managing the situation (Pope et al., 2023; Wood et al., 2021). The lack of training not only exacerbates the individual's mental health condition but also creates a burden on the criminal justice system (Wood et al., 2021).

Mental health care systems and law enforcement agencies need to collaborate so they can address gray area mental health emergencies and support individuals

experiencing psychological distress (James et al., 2022). While changes in the mental health system have been effective in treating individuals with less severe illnesses, a subset of the population, with severe psychological symptoms, still did not receive adequate psychiatric care (Nagendra et al., 2022). These individuals often experience homelessness when suffering from illnesses such as schizophrenia, major depression, or bipolar disorder. The shift towards deinstitutionalization caused many psychiatric hospitals to close their doors and individuals with mental illnesses were released into the community (Stein et al., 2022). Deinstitutionalization has put a strain on community mental health centers and an increased reliance on law enforcement response to psychological or social crises (Stein et al., 2022). America's mental health system evolution shifted a significant amount of responsibility onto LEOs due to the psychological and psychiatric care system inadequacy in recent years (Canada et al., 2022; George et al., 2023). Community mental health centers struggled to provide adequate care after the closure of psychiatric hospitals (George et al., 2023). Many individuals with mental illness ended up homeless or incarcerated due to the lack of support LEOs received in assisting displaced subjects (Canada et al., 2022).

LEOs find themselves resolving calls involving individuals experiencing a mental health crisis because there is no one else available to address the situation (Abella et al., 2022; Canada et al., 2022; Tartaro et al., 2023). This dearth of mental health care system support has also led to individuals experiencing psychological symptoms being criminalized. Individuals with mental illness are more likely to be arrested and incarcerated instead of receiving appropriate treatment (Pope et al., 2023; Spolum et al.,

2023; Stein et al., 2022). Incarceration not only exacerbates the individual's mental health condition but also creates a burden on the criminal justice system. LEOs are expected to manage individuals with mental illness in crisis. Officers may resort to using force or making arrests as a way of managing the situation without adequate training and support (Laniyonu & Goff, 2021; Zelle et al., 2022). Recidivism and ineffective treatment for individuals with mental health symptoms occur when officers have inadequate training (Mark et al., 2023).

Public Safety and Mental Health Crises

Seven to 31% of law enforcement CFS involve a mental health or substance abuse crisis, with this percentage growing per law enforcement agencies' report (Abramson, 2021; Blais & Brisebois, 2021; Laniyonu & Goff, 2021). Law enforcement encounters with individuals experiencing mental health symptoms are statistically higher than the general population and are many times problematic (Lorey & Fegret, 2021; Pollack & Humphreys, 2020). Officers were more likely to use force with individuals who had mental health issues, and the diagnosis of the subject was not related. Use of force is impacted by the symptoms exhibited by the subject including unpredictability, aggression, or resistance to law enforcement (Cojean et al., 2020).

LEOs can use a range of strategies for resolving and addressing mental health-related incidents when the result is not arrest or hospitalization, such as providing mental health service referrals, transporting individuals to crisis centers, and conducting welfare checks (Todd et al., 2021). Non-legal and voluntary outcomes to mental health emergencies reflect a shift towards more community-oriented policing practices (Balfour

et al., 2022). Police departments used a variety of strategies for mental health crisis response, including crisis intervention teams, co-response models with psychological professionals, and de-escalation techniques (Balfour et al., 2022; Seo et al., 2021). These approaches can help prevent unnecessary arrests and improve outcomes for individuals experiencing mental health crises.

Police Response Models

Three main policy response models to mental health crises include the co-response model, CIT trained officer response, and other models with reduced training hours (Marcus & Stergiopoulos, 2022; Seo et al., 2021). Various police response models for mental health emergencies have been developed to address the challenges which arise when crises occur (Bailey et al., 2022; Balfour et al., 2022). One such model is co-response units, which involve mental health professionals accompanying LEOs to calls for service (Bailey et al., 2022; Ghelani et al., 2023). A collaborative and supportive response for individuals experiencing a mental health crisis is provided by this model. Clinical professionals can provide assessment and support while officers ensure safety and security (Ghelani et al., 2023). Co-response units can lead to better outcomes for individuals in crisis, including reduced arrests and hospitalizations (Ghelani et al., 2023; Seo et al., 2021; Watson et al., 2020).

Another model is the secondary response unit in which a specially trained mental health professional responds to the scene after the initial police response (James et al., 2022). Clinical professionals provide assessment and appropriate referrals creating a more specialized and targeted response to mental health crises (James et al., 2022; Seo et

al., 2021). Secondary response units can lead to improved outcomes for individuals in crisis, including reduced hospitalizations and improved community-based services access (Crisanti et al., 2020; James et al., 2022). Crisis intervention teams are specialized units of LEOs who receive specialized training in mental health crisis response (Compton et al., 2022; Nick et al., 2022). These officers receive training in recognizing and addressing mental health crises, emphasizing de-escalation techniques, or facilitating appropriate service referrals (Spolum et al., 2023). The goal of a crisis intervention team is to improve outcomes for individuals in crisis. Outcomes include reducing arrests or hospitalizations, and increasing mental health service referrals (Compton et al., 2022; Spolum et al., 2023). Crisis intervention team programs can lead to improved outcomes for individuals experiencing emergencies, including reduced use of force incidents and hospitalizations (Mark et al., 2023; Spolum et al., 2023).

Community-oriented policing and problem-oriented policing models are also included in the discussion surrounding response to mental health emergencies (Morgan, 2022; Rohrer, 2021). Community-oriented policing advocates for the use of effective communication skills by building relationships between officers and the communities they serve (Morgan et al., 2022; Rohrer, 2021). Community-oriented policing is at odds with the paramilitary training officers receive (Morgan, 2022). The deficit in mental health training coupled with the paramilitary police culture impacts the community-oriented policing's effectiveness (Morgan, 2022). Community-oriented policing is hard to define, resulting in ongoing discussions and re-examinations by researchers regarding the model's efficacy (Dario & Crichlow, 2022). The community-based approach to policing

can benefit patrol-level officers. Community-oriented policing without crisis intervention training coupled with the model, can be ineffective as a stand-alone for psychological emergency response (Dario & Crichlow, 2022; Morgan, 2022).

The three main crisis intervention models have been shown to effectively change officer perception of individuals with mental health issues (Ghelani et al., 2023; Seo et al., 2021). Other perceived positive impacts of police response models, such as fewer arrests or less situations in which officers used force, were not related to the various police response models (Spolum et al., 2023). Community-oriented or problem-oriented policing, which closely relates to the patrol-level response concerning psychologically themed CFS, lacks direct studies regarding mental health issues (Hinkle et al., 2022; Morgan, 2022). Police response models for mental health emergencies have evolved offering specialized and targeted responses for individuals in psychological distress (Seo et al., 2021). Co-response units, secondary response units, and CIT programs are examples of these models, with each aiming to improve outcomes for individuals in crisis while ensuring safety and security. These models have improved outcomes while continued evaluation is needed to ensure their effectiveness (Abella et al., 2022).

Use of Force Related to Mental Health Emergencies

People experiencing mental health issues are disproportionately harmed by LEOs (Spolum et al., 2023). People with serious mental illness are less likely to be violent, commit serious crimes, or perpetrate mass shootings (Pollack & Humphreys, 2020). Individual and social-ecological factors impact law enforcement decisions. Racial beliefs, engrained stereotypes, and organizational values increased use of force relating to mental

health emergencies (Cowell et al., 2021; Hallett et al., 2021). Subjects of CFS with mental health issues or persons who were intoxicated were more likely to have force used against them by LEOs (Baker & Pillinger, 2020). Subjects who showed resistance or noncompliance with police officer directives were also indicated to have more force used during psychological emergencies (Cowell et al., 2021; Dymond, 2020). Use of force is impacted by multiple factors, including incident type, the CFS location, how the community would perceive officers using force, bystanders' presence, how many officers are present, the person's build, their gender, and the behavior or attitude of the subject (Cowell et al., 2021; Ouellet et al., 2022).

The utilization of tasers or stun guns by law enforcement has become increasingly common in recent years, and this has raised concerns about their use in situations involving individuals with mental health issues (Dymond, 2020; Hallett et al., 2021). Individuals with mental health issues are more likely to experience police use of force, including taser utilization, versus those without mental health issues (Laniyonu & Goff, 2021; Lavoie et al., 2022). Individuals experiencing mental illness face an increased likelihood of encountering police using force, including elevated levels such as the taser utilization (Dymond, 2020; Laniyonu & Goff, 2021; Lavoie et al., 2022). Tasers can be a suitable tool for police in de-escalating potentially violent situations (Lavoie et al., 2022). Taser use can also be dangerous and even deadly in the case of individuals with mental health issues who may be experiencing a crisis (Lavoie et al., 2022). Twelve percent of encounters escalated to physical maneuvers or force and there was no difference in escalation between officers with CIT training and those without it (Balfour et al., 2022;

Seo et al., 2021). Verbal engagement or negotiation was the highest level of force used with the subject in 20% of encounters involving CIT-trained officers (Crisanti et al., 2022; Seo et al., 2021). The highest level of force was used in only 11% of encounters involving officers with CIT training (Crisanti et al., 2022; Seo et al., 2021). The 40-hour CIT training enhances officers' de-escalation techniques in encounters with individuals experiencing mental health issues (Crisanti et al., 2022; Seo et al., 2021).

Fatal officer-involved shootings involving people with mental illness are a significant issue in law enforcement (Anderson et al., 2022). Individuals with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians (Rohrer, 2021). Officers rely on their general training in the use of force, which may not adequately address the unique challenges presented by individuals experiencing mental health issues (Balfour et al., 2022; Cummins, 2022). Limited mental health services access and a lack of community resources further contribute to these incidents (Anderson et al., 2022). Individuals with untreated mental illnesses are more likely to encounter LEOs, increasing the potential for confrontation and escalation (Anderson et al., 2022; Balfour et al., 2022). Firearm prevalence in the United States plays a role, as the presence of a weapon during a crisis increases fatal outcomes for the individual involved (Baldwin et al., 2022). Communication breakdowns and misinterpretation of behaviors can also lead to negative outcomes, such as officer involved shootings. Officers may perceive individuals with mental health issues as posing a greater threat than they do (Lorey & Fegert, 2022). Effective training and using specialized teams could significantly reduce the risk of fatal officer-involved shootings involving people with

mental illness (Anderson et al., 2022; Lorey & Fegert, 2022; Seo et al., 2021). Increased use of force can also be reduced with additional training for LEOs.

Gray Area Calls For Service

LEOs have two primary functions when interacting with individuals with a mental health issue. Police address any criminal issue, as individuals with mental health problems commit crimes similarly to the general population (Ghiasi et al., 2022; Tartaro et al., 2021). Police also assist in protecting physically or mentally disabled individuals (Ghiasi et al., 2022; Tartaro et al., 2021). This doctrine promotes ensuring the welfare of all community members and leads officers to de-escalate individuals in a mental health crisis, even though many officers do not see this second function as their primary role (Tartaro et al., 2021). Individuals with mental health issues are more likely to be cited by police, have a criminal record, be under the influence of a substance, and be investigated for less serious offenses (Dee et al., 2022). Multiple factors impact gray area CFS, including systemic bias, homelessness, substance abuse, individual officer bias, and the assessment criteria used by LEOs (Murray et al., 2023).

Eighty percent of 9-1-1 calls that have a mental health nexus are gray area calls with no crime, nor does the subject meet the criteria for involuntary hospitalization (Wood et al., 2021). Officers struggle with assessment, feeling inadequate, or not knowing how to resolve mental health CFS (Jachimowski et al., 2021). These emergencies take two to three times longer than a non-mental health related law enforcement contact, and highly depend on the resources known or available for officers (Abramson, 2021; Balfour et al., 2022). There is deficient knowledge about the context

and nature of these law enforcement encounters (Watson et al., 2021; Wood et al., 2021). LEOs' decisions relating to the best outcome for mental health crises are complex because mental illness is often accompanied by interpersonal and social-ecological factors. Law enforcement response to a crisis can trigger and escalate the subject of the CFS (Murray et al., 2023). A non-specialized LEO most often responds to mental health emergencies and determines the best course of action for the individual in crisis (Murray et al., 2023; Peterson, 2023).

Outcomes of Mental Health Emergencies

Arrest and involuntary hospitalizations are typical statistics kept by law enforcement agencies (Bailey et al., 2022; Butchbinder et al., 2023). Not all CFS have these outcomes (Watson et al., 2021). There are several potential outcomes when LEOs respond to mental health emergencies, some of which can be severe and life-altering. One such outcome is suicide, which can occur when an individual in crisis feels overwhelmed and sees no way out (Todd & Chauhan, 2021). LEOs can be the first response to a suicidal individual, and their actions can have a significant impact on the outcome (Rosen & Travers, 2021). Suicidality of persons with mental illness can also be seen in can also be seem in victim precipitated homicide, most commonly known as suicide by cop (Weiss, 2023). The experiences of individuals who had attempted suicide by cop, a term used to describe instances where an individual intentionally provokes a lethal response from law enforcement have been studied (Weiss, 2023). Communication deficits, misinterpreting the individual's behavior, and overreliance on force by officers can

contribute to the likelihood of a suicide by cop incident (Jordan et al., 2020; Weiss, 2023).

Another potential outcome of law enforcement response to mental health crises is homicide, particularly when officers use excessive force or misinterpret an individual's behavior as aggressive (Jordan et al., 2020). Black individuals with mental health issues are at a higher risk of being fatally shot by police than white individuals with similar conditions (Shadravan et al., 2021). Accurate judgments about the social factors that influence when police use deadly force, the differences in police shootings based on race, or how much racial disparities might be due to biased or unfair police actions cannot be made (Oramas Mora et al., 2023). A conclusive connection between race and officer use of lethal force has not been established (Oramas Mora et al., 2023). Officers with more experience and those who have completed crisis intervention training are less likely to use lethal force in these situations (Cowell et al., 2021). Officers who hold stigmatization and bias have higher outcomes of lethal force (Ghiasi et al., 2022).

Arrest and hospitalization are law enforcement responses to mental health emergency outcomes and are not without additional challenges. Criminalization and hospitalization of individuals with mental health issues can lead to further trauma and exacerbate their condition (Ghiasi et al., 2022). Individuals with mental health issues are more likely to be treated as dangerous and spend longer time incarcerated than the general population (Ghiasi et al., 2021). Individuals with mental health conditions that were diverted from the criminal justice system, who instead received psychological treatment had better long-term outcomes and were less likely to reoffend (Zgoba et al.,

2020). Individuals who do not receive treatment for their mental health diagnosis were more likely to reoffend than the general population (Zgoba et al., 2020). These outcomes also note the overrepresentation of individuals with mental illness in the justice system and systemic bias (Ghiasi et al., 2021). Systemic bias occurs when police perceive individuals with mental illness as more dangerous. People with severe psychiatric diagnoses are more likely to be the victims of crime than perpetrators (Ghiasi et al., 2022; Zgoba et al., 2020).

Hospitalization can be costly and does not always result in the best outcomes for the individual (Byun, 2021; Roennfeldt et al., 2022). LEOs are not required to make psychiatric diagnoses for involuntary hospitalizations, causing issues with people with severe mental illness in receiving appropriate care (Byun, 2021). Involuntary hospitalization can be traumatic for individuals suffering from severe mental illness or crisis (Roennfeldt et al., 2022; Sareen et al., 2022). The aim of involuntary hospitalization is harm reduction for individuals who are suicidal, homicidal, or due to a mental health diagnosis, they lack the capacity for meeting their fundamental needs (Byun, 2021; Sareen et al., 2022). The difficulty lies in determining the optimal utilization of involuntary hospitalization, given the insufficient training LEOs receive in mental health issues (Sareen et al., 2022; Xanthopoulou et al., 2022). Multiple barriers to adequate assessment and placement of individuals with severe psychiatric illness present challenges for officers regarding mental health emergencies (Byun, 2021; Xanthopoulou et al., 2022). The outcomes of law enforcement response to mental health emergencies are complex and varied, and these crises can have lasting impacts on individuals and their

families (Byun, 2021; Sareen et al., 2022; Xanthopoulou et al., 2022). Law enforcement agencies must have adequate training and resources in place to effectively address these situations. There is a need to prioritize the safety and well-being of all individuals involved in crises (Sareen et al., 2022; Xanthopoulou et al., 2022).

Co-response teams are used to decrease involuntary hospitalizations of community members (Blais & Brisebois, 2021; Seo et al., 2021). Interventions provided through the co-responder teams can resolve the immediate crisis for most people and are likely to divert people away from hospitals or inpatient treatment (Blais & Brisebois, 2021; Hassell, 2020; Marcus & Stergiopoulos, 2022). The effectiveness of CIT programs has been examined (Marcus & Stergiopoulos, 2022; Rohrer, 2021; Seo et al., 2021). Crisis intervention team training increased an officer's likelihood of referring persons with psychiatric illness to a mental health service provider (Rohrer, 2021; Seo et al., 2021). Crisis intervention team training has shown positive outcomes with criminal justice diversion rate in some studies (Nick et al., 2022; Seo et al, 2021). Crisis intervention team training also has negative impacts including increased endorsement of mental health myths and an insufficient influence on arrest rates (Nick et al., 2022; Watson et al., 2020). Officers were more likely to arrest individuals with a co-occurring substance use disorder regardless of CIT training status (Todd & Chauhan, 2021).

Law enforcement agencies are measuring outcomes and success in responding to mental health CFS through various means beyond arrest and hospitalization rates. One approach is to track the number of successful crisis interventions, or instances where a person in crisis is stabilized without being arrested or hospitalized (Seo et al., 2021). Co-

responder crisis teams were found to significantly reduce hospitalizations and incarcerations for individuals with mental illness, as well as increase the use of outpatient services (Balfour et al., 2022; Ghelani et al., 2023). Some agencies are implementing post-crisis follow-up programs to ensure individuals receive appropriate services and support after a mental health crisis (James et al., 2022). Post-crisis follow-up was associated with a reduction in subsequent mental health crises and decreased use of emergency services (Doupnik et al., 2020; James et al., 2022). Agencies are also using community feedback and collaboration to measure outcomes and success. Some agencies are implementing community policing approaches to build relationships between law enforcement and community members (Balfour et al., 2022; Marcus & Stergiopoulos, 2022; Rohrer, 2021). Some agencies are also collaborating with mental health professionals and community organizations to develop more comprehensive and effective responses for mental health crises (Pickering et al., 2022).

Law Enforcement Decision-Making

Police officers' decision-making processes during live encounters have suggested that over time officers develop working rules based on their experience regarding how they should behave in certain situations. Police officer training academies encourage reacting intuitively and this message is further reinforced through officers' experience on the job (Xanthopoulou et al., 2022). Environment, neighborhood, and contextual factors such as peer actions, also influenced police use of force (Cojean et al., 2020; Ouellet et al., 2022). Decisions made by officers can have significant and long-lasting consequences for the individuals involved, their families, and community at large (Sereen et al., 2022;

Watson et al., 2021). Patrol-level officers face challenges in deciding the appropriate response to a mental health call. Responses include determining if the individual is a danger to themselves or others, deciding the level of force, and considering the individual's rights and dignity (Abramson, 2021; Byun, 2021; James et al., 2022). The decision-making process for officers responding to mental health emergencies involves a complex interplay between personal and environmental factors (Lavoie et al., 2022; Mengual-Pujante et al., 2022; Xanthopoulou et al., 2022). Officers often rely on their own training and experience to guide their emergency response, which can create inconsistencies in decision-making across departments (Balfour et al., 2022; Lorey & Fegert, 2022). Officers may face additional challenges in accurately assessing the individual's mental health status and determining the appropriate level of intervention (Byun, 2021; James et al., 2022; Wittmann, Groen et al., 2021).

Other factors which can influence law enforcement decision-making in mental health emergencies include mental health resource availability, support from psychology professionals, and level of cooperation from the individual and their family (Abella et al., 2022; Balfour et al., 2022; Lorey & Fegert, 2022). Officers who received training and support from mental health professionals were more likely to take a collaborative and compassionate approach for gray area crises (Abella et al., 2022). These mental health resources are often limited, which can impact the officer's decision-making and ability to provide appropriate care for individuals experiencing mental health crises (Ghelani, 2022; Hassell, 2020; Marcus & Stergiopoulos, 2022). Other multi-systemic factors can include reactions or conflict with the responding officer, family or collateral information

or pressure, law enforcement agencies' policies, known history or being flagged as someone with mental illness, officers' ability to assess, individual bias, or assumptions made (Jachimowski et al., 2021; Pollack & Humphreys, 2020; Stigter-Outshoven et al., 2021). Situational and neighborhood characteristics, type of information is provided, subject behavior and collateral contacts also influence the officer's response to mental health emergencies (Huff, 2021).

Individual factors, such as beliefs and bias can also impact an officer's decision-making process. Implicit bias, stereotyping, and stigma can negatively impact an officer's response to mental health related CFS (Gopal et al., 2022; Rohrer, 2021). Officer bias can influence decision-making during crisis interventions with individuals with mental illness (Morgan & Miles-Johnson, 2022). Officers are more likely to use force and make an arrest when they perceived a mental health suspect as a threat, based on pre-existing stereotypes and biases (Lorey & Fegert, 2022). Officer's implicit biases can also impact the quality of communication with individuals with mental illness during police encounters (Balfour et al., 2022). Officers with higher implicit biases were less likely to engage in effective communication strategies and increased likelihood of escalation or using force (Cowell et al., 2021; Engel et al., 2022). A critical component of police training to improve officer responses should be understanding and addressing implicit biases (Cowell et al., 2021; Engel et al., 2022).

Officer biases can affect the decision to hospitalize individuals experiencing mental health crises instead of arresting them (Balfour et al., 2022; Marcus &. Stergiopoulos, 2022). Officer attitudes toward mental illness and role perceptions in

responding to mental health calls influence the likelihood of hospitalization (Wittmann, Groen et al., 2021). Officers holding the belief that mental health calls did not fall within their responsibility showed decreased likelihood of transporting individuals to hospitals, resulting in heightened arrests and potentially unfavorable outcomes (Abella et al., 2022; Wittmann, Jörns-Presentati et al., 2021). These findings highlight the importance of addressing officer attitudes and biases towards mental illness and developing alternative response models to improve outcomes for individuals experiencing mental health crises. Officer biases can significantly impact the response to individuals with mental illness during police encounters (Wittmann, Groen et al., 2021; Wittmann, Jörns-Presentati et al., 2021). Biases need to be addressed in police training to improve outcomes and reduce negative consequences (Abella et al., 2021; Wittmann, Jörns-Presentati et al., 2021).

Defund the Police Movement

The Defund the Police movement has gained significant attention and sparked widespread debate in recent years (Cummins, 2022; Lum et al., 2022; Scott et al., 2023). This movement advocates for a reallocation of funds from law enforcement agencies towards social services, community programs, and alternative approaches to public safety (Lum et al., 2022; Scott et al., 2023). Supporters argue that this movement represents a call for reforming the current system, addressing issues of systemic racism, and promoting community well-being (Cummins et al., 2022; Scott et al., 2023). Critics express concerns about potential implications for public safety and the effectiveness of alternative approaches (Cummins et al., 2022; Lum et al., 2022). The Defund the Police movement seeks to address long-standing concerns about the role and scope of traditional

policing at its core. Advocates argue that the current model disproportionately impacts marginalized communities, particularly minority communities, through over-policing and the excessive use of force (Scott et al., 2023). Supporters highlight the need to redirect resources towards initiatives which can better address the root causes of crime, such as poverty, mental health, and addiction (Ghiasi et al., 2022; Scott et al., 2023). A survey of law enforcement agencies and LEOs in leadership showed endorsing the collaboration with mental health professionals within policework to address issues concerning the Defund the Police movement (Cummins et al., 2022; Scott et al., 2023).

The Defund the Police movement represents a call for reimagining public safety and reallocating resources towards social services and community-based initiatives (Lum et al., 2023). Supporters argue that this approach can address systemic issues and create safer communities. Critics express concerns about potential risks to public safety. The research community has discussed how officers can improve responses to communities of color and individuals suffering from mental illness (Lum et al., 2022). This debate has progressed without sufficient investigation into both the extent and characteristics of the matters addressed by the police, as well as the possible outcomes resulting from the proposed reform endeavors (Lum et al., 2022). Meaningful reform could occur by finding common ground and exploring comprehensive solutions that incorporate elements of both perspectives. These reforms could improve law enforcement practices, address community needs, and promote public safety. The Defund the Police movement addresses law enforcement responses for mental health emergencies, and brings the conversation of stigmatization, racial injustice, and officer accountability to the forefront.

Gray area calls for service are at the center of this conversation, as officer decision-making is unclear and impacted by multiple factors (Ghelani, 2022).

Law Enforcement Experiences Responding to Calls For Service

LEOs at the patrol level play a critical role in responding to mental health emergencies. Patrol-level officers reported encountering a high volume of mental health emergencies (James et al., 2022). Officers expressed feelings of frustration and inadequacy due to the limited resources available (Jachimowski et al., 2021; James et al., 2022). Patrol officers need specialized mental health training to enhance their skills in crisis intervention and de-escalation techniques (Lavoie et al., 2022; Seo et al., 2021). Officers often experienced emotional distress and compassion fatigue when responding to mental health emergencies (Ondrejková & Halamová, 2022). Law enforcement agencies should ensure ongoing provision of psychological support and resources, thereby mitigating the adverse effects on officers' mental well-being (Ondrejková & Halamová, 2022). Patrol officers' perspectives on collaborating with mental health professionals during crisis interventions has also been examined (Lavoie et al., 2022; Scott et al., 2022). Officers valued the expertise and guidance provided by mental health professionals in managing mental health emergencies (Lavoie et al., 2022; Scott et al., 2022). The importance of establishing effective partnerships between law enforcement and mental health professionals to these incidents has been stressed (Lavoie et al., 2022; Seo et al., 2021; Xanthopoulou et al., 2022).

Comprehensive training, mental health support, and collaboration between law enforcement and psychological professionals to enhance patrol officers' is critical.

Officers reported experiencing a range of emotions, including frustration, anxiety, and fear, when responding to mental health crises (Xanthopoulou et al., 2022). Officers also reported feeling undertrained and ill-equipped to handle these situations and expressed a need for more specialized training (Xanthopoulou et al., 2022). Officers identified a need for increased collaboration between law enforcement and mental health services (Wittmann, Groen et al., 2021; Wood et al., 2021). Officers who had received specialized mental health training reported feeling more confident and better equipped to handle situations (Nick et al., 2022; Watson et al., 2021). Officers identified a need for ongoing support to maintain their skills and prevent burnout (Ondrejková & Halamová, 2022).

Officers addressing mental health crises report the situations can be emotionally intense, as they encounter individuals in distress, experiencing heightened emotions or exhibiting unpredictable behavior (James et al., 2022; Rohrer, 2021). Patrol-level LEOs must make quick decisions when assessing the situation and determining the appropriate response, considering factors like potential danger to themselves, the person in crisis, or others nearby (Byun, 2021; Penney et al., 2022; Pollack & Humphreys, 2020). Officers must communicate effectively with individuals experiencing mental health crises, who may be agitated, non-responsive, or struggling with reality, which can be difficult. Officers require the adaptation of their communication style, utilizing de-escalation techniques for establishing rapport and diffusing tension (Balfour et al., 2022). Officers face resource limitations, such as deficient specialized mental health training, inadequate access to psychiatric professionals, or limited options for diversionary or follow-up services, which can affect the crises' outcomes (Seo et al., 2021). Officers collaborate

with mental health professionals, social workers, or crisis intervention teams during these incidents to ensure a comprehensive and appropriate response (James et al., 2022). This collaboration involves coordinating efforts, sharing information, and working together to provide the best possible support for individuals in crisis (Pope et al., 2022; Seo et al., 2021). Mental health CFS can have a lasting impact on officers' well-being, potentially leading to increased stress, compassion fatigue, or emotional strain (Edwards, 2023).

Summary and Conclusions

LEOs frequently interact with individuals experiencing mental health crises due to lack of available alternatives (Wood et al., 2021). This leads to the criminalization of mental illness and burdens on the criminal justice system (Ghiasi et al., 2022). People with mental health issues are more likely to experience escalated use of force by law enforcement (Hallett et al., 2021; Laniyonu & Goff, 2021; Lavoie et al., 2022). Taser use increases when mental health symptoms are exhibited by subjects of CFS. Fatal officer-involved shootings involving individuals with mental illnesses are a significant concern. Co-response units, CIT programs, and community-oriented policing involve improving outcomes for individuals in crisis (Rohrer, 2021; Seo et al., 2021). Specialized training and collaboration with mental health professionals is crucial for effective responses (Bailey et al., 2022; Chunghyeon et al., 2021; Hassell, 2020). Officers face challenges involving accurately assessing mental health status, determining appropriate interventions, and addressing biases (Xanthopoulou et al., 2022).

Knowledge of community resources and using social work strategies decreases negative outcomes during mental health emergencies (Seo et al., 2021). Individuals with

mental illnesses are disproportionately harmed by law enforcement, experiencing higher rates of force and fatal shootings (Anderson et al., 2022; Pope et al., 2023). Officer decision-making is influenced by training, biases, available resources, and the complex nature of mental health emergencies (Penney et al., 2022; Peterson, 2022). Arrests and hospitalizations can have negative impacts, and alternative approaches focusing on crisis intervention show promise in terms of decreasing these outcomes (Byun, 2021; Pollack & Humphreys, 2020; Seo et al., 2021). Crisis Intervention Team-trained officers demonstrate better de-escalation skills and increased referrals to appropriate services (Crisanti et al., 2022; Nick et al., 2022). Collaborative approaches between law enforcement and mental health professionals have been associated with reduced hospitalizations, incarcerations, and improved access to community-based services for individuals with psychological illnesses (Bailey et al., 2022; Ghelani et al., 2023; Seo et al., 2021).

Biases, stereotypes, and officer decision-making outcomes during mental health emergencies have yet to be explored. Long-term effectiveness of different response models and the optimal balance between law enforcement and mental health professional roles needs continued research. The most effective strategies for reducing fatal officer-involved shootings and improving crisis interventions with individuals experiencing mental illnesses can be expanded through future research. Further research is needed to explore gray area incidents. There is limited current research that addresses what occurs when officers engage with individuals experiencing these crises. A detailed description and exploration of officers' experiences with responding to gray area mental health

emergencies was provided, addressing a largely unexplored aspect of literature. One of the gaps in current literature was addressed by providing detailed data relating to officer interactions and experiences during gray area mental health emergencies.

Chapter 3 contains information regarding the qualitative IPA design and areas of trustworthiness and ethical issues. Patrol-level LEOs were interviewed to gain knowledge regarding their lived experiences with gray area mental health crisis responses. Patrol-level officers respond frequently to mental health emergencies, and their lived experiences can inform current literature. My role as the researcher, along with personal and professional relationships and potential biases is described. Participant populations, the purposeful sampling strategy, and inclusionary and exclusionary criteria are reviewed. Data collection, interview processes, and instrumentation are described. Data analytic techniques including IPA were used. Chapter 3 also contains information regarding issues of trustworthiness in terms of credibility, dependability, transferability, and ethical procedures.

Chapter 3: Research Method

The purpose of this study was to explore and describe patrol level LEOs' lived experiences with gray area mental health CFS. The influence of systemic bioecological factors was explored using a phenomenological approach. The bioecological model was used to explore impacts of social, cultural, and environmental influences on patrol-level officers' lived experiences. LEOs' experiences are impacted by education, training, field experience, and culture (Somers & Terrill, 2022). officer interactions with subjects of CFS are contextually dependent (Katz & Huff, 2023). A qualitative methodology was used to gain an understanding of patrol officers addressing legally dubious scenarios.

IPA is described in Chapter 3 along with the rationale for this approach. My role as the researcher is reviewed. Participant selection processes are outlined. Participant selection criteria including inclusionary and exclusionary criteria are discussed in-depth. The purposeful sampling strategy, data saturation techniques, and recruitment processes are also explained in Chapter 3. Credibility, transferability, dependability, and confirmability are criteria for establishing trustworthiness in qualitative research. Ethical procedures were ensured by using informed consent and confidentiality agreements. Treatment of human participants and data dissemination practices are outlined as well as ethical guidelines.

Research Design and Rationale

Improved understanding regarding patrol-level LEOs' response to mental health crises was achieved through qualitative analysis. The phenomenological methodology involves revealing deeper meanings in terms of individual lived experiences (van Manen

& van Manen, 2021). The research question was designed to explore how LEOs respond to and experience mental health CFS. Participants had an opportunity to expand on their unique experiences during semi-structured interviews via follow-up and probing questions. Data sources including interview transcripts, interview notes, and a reflective journal were used to mitigate intrinsic biases as part of the triangulation process. Trustworthiness was established through strategies involving transferability, credibility, and dependability.

Research Question

What are lived experiences of patrol-level officers responding to gray area calls for service?

Qualitative Design and Interpretative Phenomenological Analysis

Patrol-level LEOs' lived experiences while responding to gray area mental health emergencies was the concept under study. Gray area CFS are impacted by a variety of influences. Experiences of patrol-level officers are directly impacted by environments and individuals involved in the CFS (Bronfenbrenner & Morris, 2006). Environment, training, police culture, and interpersonal influences impact outcomes of gray area CFS. Experiences of patrol-level officers resolving these emergencies is not well understood. Exploration of patrol-level officers' experiences using the bioecological model can assist in understanding these emergencies better. Systemic factors impacting interactions between law enforcement and individuals experiencing mental health crises influence resolution outcomes (Pollack & Humphreys, 2020; Stigter-Outshoven et al., 2021).

The qualitative research framework is applied during systemic inquiries to obtain a better understanding of human experiences (Urcia, 2021). Lived experiences are explored and measured using authentic and specific inquiries. Each experience is unique, which prevents comparison and requires meaning-making to be examined. Lived experiences of individuals within their specific contexts were explored and understood through IPA. Researchers employing IPA uncover deep meanings and interpretations of individual experiences (Love et al., 2020). This method involves a detailed and systematic analysis of participant accounts, often through in-depth interviews, in order to identify themes, patterns, and underlying essence experiences (Love et al., 2020; Prosek & Gibson, 2021). Contextual importance and the subjective nature of experiences in terms of generating insights regarding various phenomena is emphasized when using IPA (Pietkiewicz & Smith, 2014). IPA includes phenomenological reduction and bracketing preconceived notions and biases in order to address participants' worldviews (Pietkiewicz & Smith, 2014; Thomas & Sohn, 2023).

Participants' actions within social contexts that are associated with their experiences help enhance understanding of phenomena (Kekeya, 2021). Phenomenological approaches were applied to understand the root meaning of a phenomenon. Detailed descriptions were obtained via the IPA data collection process. Rich data collection is critical to IPA (Urcia, 2021). Interviews are important for qualitative data collection (Knott et al., 2022). Participants were invited to share their stories about the phenomenon of interest with me. Structure and flexibility are two beneficial qualities of semi-structured interviews (Adeoye-Olatunde & Olenik, 2021).

Semi-structured interview included predetermined sets of open-ended questions or topics, and I probed deeper into participants' responses, allowing for a more nuanced exploration of their experiences. Semi-structured interviews are a platform for participants to express their thoughts, feelings, and interpretations in their own words in order to capture the depth of their experiences (Love et al., 2020; Nizza et al., 2021).

Semi-structured interviews enabled participants to provide context for their experiences. Improved insights were gained through contextual details, including external factors. Semi-structured interview questions were categorized to help guide me during conversations with participants. Live in-person interview methods are most beneficial to establishing relationships (Adeoye-Olatunde & Olenik, 2021). In-person interviews also allowed for nonverbal communication. Semi-structured interviews enable researchers to explore various aspects of participants' experiences, including emotions, thoughts, behaviors, and broader contexts. My goal was for officers to share their narratives regarding the phenomenon. Officers' response to gray area mental health emergencies can be best understood using qualitative research. Units of analysis are individuals with experiences; therefore, the study was most appropriately served using the qualitative IPA methodology. The qualitative design was chosen for this study because it allows for a rich, detailed exploration of complex human experiences, which would not be fully captured using a quantitative approach. Quantitative methods, while useful for measuring variables and establishing generalizable patterns, are less effective in terms of uncovering nuanced, and subjective experiences of individuals in unique situations like gray area mental health crises. By contrast, qualitative research enables a deeper understanding of

officers' lived experiences, capturing complexities and meanings they assign to their encounters. Phenomenology is well-suited to this study as it involves describing and interpreting how individuals experience a particular phenomenon, making it ideal for exploring intricacies of LEO responses to these crises.

Role of the Researcher

I was a participant, interviewer, and analyst within IPA research. The participant role was necessary to gain deep understanding of the data via immersion (Pietkiewicz & Smith, 2012). The interviewer role was essential due to the semi-structured interviews needed for data collection (Knott et al., 2022). Transparency about how bias or personal beliefs can impact the research process is critical (O'Kane et al., 2021). A deep and contextual understanding of the social cultural phenomenon under investigation was resolved from the participant-interviewer approach (de Kock et al., 2023). Perspectives of the participants, meanings, norms, and values were uncovered by using detailed analysis. Transparency was a critical consideration when adopting the observer-participant role in qualitative research as clarity and honesty increases rapport with participants (O'Kane et al., 2021). Transparency helped ensure ethical conduct, trustworthiness, and the validity of the research findings (O'Kane et al., 2021).

Participants were made aware of the researcher's role as a participant, interviewer, and analyst during the informed consent process (Adler, 2022; O'Kane et al., 2021). Participants had a full understanding of what they are consenting to, understanding that the researcher co-creates meaning alongside them during the IPA process. Ethical considerations were also addressed transparently (O'Kane et al., 2021). Transparency

included discussing potential ethical dilemmas arising from the dual role as an interviewer and analyst, handling sensitive information, and ensuring confidentiality (Drolet et al., 2023; Reyes et al., 2021). Clearly detailed discussions and decisions about ethical issues help maintain trust and integrity in the research (Grant & Lincoln, 2021; Reyes et al., 2021). Reflexivity and self-awareness are critical. Biases, values, and potential impact on the research process were examined throughout every step of the study (Jamieson et al., 2023; Thomas & Sohn, 2023). Personal bias can impact research. Transparency and self-awareness were employed to decrease the influence of personal biases on interpretation of data.

Phenomenological reduction involves setting aside the preconceived assumptions, beliefs, and biases to approach participants' experiences with an open and non-judgmental attitude (Alhazmi & Kaufmann, 2022; Vignato et al., 2022). The researcher utilized phenomenological reduction to immerse themselves in the participants' worldviews and perspectives (Alhazmi & Kaufmann, 2022; Vignato et al., 2022). Bracketing involves suspending interpretations and assumptions about the phenomenon being studied (Thomas & Sohn, 2023). Bracketing was utilized to prevent the researcher's preconceptions from influencing the analysis of participants' experiences (Thomas & Sohn, 2023). Active engagement with participants through in-depth interviews assisted in data collection and empathic understanding of the subject matter. Rapport and trust were established, which created a safe space for participants to share their experiences openly (Burns et al., 2022). The goal was to deeply explore and understand the subjective experiences of participants. Deeper meaning was gained via open-ended questions,

probing for details, and encouraging participants to express their thoughts, feelings, and perceptions surrounding the phenomenon (Knott et al., 2022).

Rich and detailed descriptions of participants' experiences were obtained via interviews. The interviews were transcribed and analyzed in detail. Emergent themes, patterns, and structures within participants' accounts were highlighted. This analysis was done in a systematic and iterative manner (Johnson et al., 2020). The participant's complex experiences were analyzed via systematic and iterative data interpretation (Alase, 2017). The underlying meanings and shared understandings which characterize the phenomenon are uncovered (Alase, 2017).

The role of the researcher was to take note and understand the broader context in which the experiences occur. Social and situational factors influence participants' perceptions and interpretations, which the researcher must consider (Drolet et al., 2023). A reflective journal and separate audit trail were kept, ensuring trustworthiness (Grant & Lincoln, 2021; Jamieson et al., 2023; Johnson et al., 2020). Rich narratives and themes that have emerged from the analysis are presented, providing readers with a detailed account of the participants' experiences (Burns et al., 2022). Ethical guidelines throughout the research process were followed. These guidelines included obtaining informed consent, ensuring participant confidentiality, and addressing any potential ethical dilemmas that may arise (Khoa et al., 2021). The role of the researcher in IPA is characterized by active engagement, empathy, openness, and commitment to conveying the participants' experiences authentically (Burns et al., 2022).

Positionality refers to the researcher's personal and social position, including their background, identity, beliefs, and experiences (Reich, 2021). Research within a work environment may lead to biases or conflicts of interest. Individuals that have a personal or professional relationship with the researcher were disqualified as participants. A researcher brings their own set of biases, assumptions, and preconceptions to the research process, shaped by their personal and social backgrounds (Reich, 2021; Secules et al., 2021). These biases can influence how researchers interpret and analyze the data. Rigor and objectivity were maintained by recognizing and bracketing biases (Thomas & Sohn, 2023). Positionality highlights the subjectivity of the researcher's perspective (Reich, 2021; Secules et al., 2021).

Power imbalances can affect participant consent and the voluntariness of their involvement. The voluntary nature of participation was emphasized. Informed consent processes that express participants' rights was also presented. There were no power differentials between participants and researchers. Participants may feel more comfortable sharing with a researcher who shares a similar background, employment, or identity (Secules et al., 2021). Similarities were found during the rapport building phase of the interview to assist in the comfort of the participants. The data collection process involved an established interview protocol that included bias mitigation techniques. All participants were treated with fairness and respect, further enforced through confidentiality agreements. Objectivism was achieved through bracketing, or the suspension of preconceived biases, perceptions, and assumptions about a phenomenon (Reich, 2021; Thomas & Sohn, 2023). Positionality was clarified to reduce any negative

implications of researcher bias (Secules et al., 2021). Emotional or opinionated reactions were not be explored by the researcher. Responses were not influenced by a hierarchical system as there was no power differential between the researcher and participants.

Methodology

The purpose of this qualitative study was to explore and describe patrol-level officers' experiences with gray area mental health emergencies. The population consisted of patrol-level officers in California. LEOs had to be assigned to a patrol setting, and not involved with any specialty unit as their primary role. The officers needed to have at least six months of patrol experience. Officers also needed a history of attending a mental health emergency where arrest or hospitalization was not the outcome. All participants had the shared characteristic of similar training but had been in a patrol setting for various amounts of time. Purposeful sampling was used to match the research objective and the participants (Mthuli et al., 2021; Staller, 2021). This sample strategy involved sampling the specific population of patrol-level law enforcement to answer the research question (Staller, 2021). The research question surrounding law enforcement lived experience was answered by sampling the specific population of patrol-level officers (Palinkas et al., 2015; Staller, 2021). More purposeful participant samples led to improved rigor and trustworthiness (Johnson et al., 2020; Pietkiewicz & Smith, 2012; Staller, 2021).

A relatively small sample size of six participants was utilized. Phenomenological studies aim to delve deeply into participants' experiences (Bartholomew et al., 2021; Guest et al., 2020). A smaller sample allows for a more in-depth exploration of individual

perspectives (Mthuli et al., 2021). An ongoing evaluation of whether new interviews yield unique information or if a repetition of themes and patterns emerges was a continuous process (Guest et al., 2020). When data saturation was reached, it indicated that additional interviews are unlikely to provide substantially different insights (Guest et al., 2020; Mthuli et al., 2021; Palinkas et al., 2015). Additional participants were not needed as data saturation was met with the initial sample size (Guest et al., 2020). A broad spectrum of experiences and insights was obtained by the participant pool. Risks included not capturing the full range of experiences with fewer participants, yet data saturation was achieved with the sixth interview. Challenges to thoroughly analyze and interpret the data can arise with too many participants. Data saturation was achieved by continuously analyzing the data as it was collected, until no new themes or insights emerged, indicating that sufficient depth and breadth of information had been gathered (Guest et al., 2020).

Participants exited the study through a carefully planned process to ensure ethical considerations are met, and their well-being was safeguarded. Participants engaged in a short post-interview debriefing process (Adeoye-Olatunde & Olenik, 2021). Participants were offered the opportunity to contemplate their experiences and discuss the interview content. Any emotional or psychological impact resulting from the discussion was minimal and addressed (Naz et al., 2022). Participants were encouraged to ask questions or seek clarification on any aspect of the study. This debriefing session served to ensure that participants were comfortable and well-informed about their involvement (Adeoye-Olatunde & Olenik, 2021). Participants had access to comprehensive information about

the research, its goals, and their role in it throughout the interview and debriefing process (Naz et al., 2022). This information was shared at the outset, during the informed consent process, and reiterated during the debriefing sessions. Contact information was provided to the participants in case they have further questions or concerns after the interview. Therapeutic resources were provided to the participants, addressing any emotional triggers which could arise from discussion of mental health emergencies upon the interview's conclusion.

Subsequent interview sessions did not occur as participants stated they has no further insights to provide beyond the interview answers (Hennink & Kaiser, 2022). Follow-up interviews did not take place, as themes were explored in detail (Hennink & Kaiser, 2022). Participants were offered the opportunity to review and validate the data and findings associated with their interview. This member-checking process allowed participants to ensure that their experiences have been accurately represented (Nardon et al., 2021). Participants were offered the ability to feedback on the overall findings and conclusions, if they express an interest in doing so. Participants were also told they would be informed about the dissemination of research results, whether through academic publications, presentations, or other avenues (Nardon et al., 2021).

Participant Selection Logic

Purposive sampling or selective sampling is a qualitative method of obtaining participants (Staller, 2021). Individuals participated in the research study based on their knowledge of the phenomenon (Staller, 2021). Participants who were more likely to provide detailed and appropriate information were selected. The identified population for

this inquiry was current patrol-level LEOs in the state of California. Patrol-level officers required a minimum age of 21 due to the training and state requirements. Employment through a local police department or sheriff's office was a mandatory requirement, as this allowed for mental health CFS to be included in the officer's patrol. The officers were not a part of a specialized mental health unit. Social media flyers were posted on LinkedIn for the purpose of recruitment. Qualitative information was gathered from one-to-one interviews with the selected participants (Mthuli et al., 2021; Staller, 2021).

Purposeful sampling ensured data saturation in this IPA study of LEOs' experiences with gray area mental health CFS in California (Mthuli et al., 2021; Palinkas et al., 2015). All selected participants met these criteria, ensuring their experiences aligned with the focus of the study. Participants were not selected if they declined to consent, were not employed in a patrol setting, or had not experienced the phenomena of interest. The participant group reflected a diverse range of cultural backgrounds and gender identities, mirroring the diversity within the LEO community. Recruitment occurred by posting social media flyers which is how participants were obtained for interviews. Assessment via inclusionary and exclusionary criteria determined if the participants qualified for the study.

Data Collection Instrumentation

Previously published instruments were not used in the current study. Data was collected through a combination of semi-structured interviews and observations. Interviews served as a means of communication between the research participants, patrol-level LEOs, and the researcher (Knott et al., 2022). The primary role of the researcher

was to facilitate discussions with the participants and pose probing questions (Nardon et al., 2021). Interviews were digitally recorded to capture the conversation naturally. Participants were informed in advance about the recording to ensure precise data collection. The semi-structured nature of the interview process was explained to participants (Nardon et al., 2021). The interview questions were developed to begin with LEOs' indicating their own service awareness. Questions include policing experience related to mental health emergencies and social ecological influences (Ghavami et al., 2021). The purpose was for participants to develop their responses, fully describing the phenomenon related to officer perspectives on gray area mental health emergencies (Ghavami et al., 2021; Stigter-Outshoven et al., 2021). Participation was completely anonymous to encourage candor. The questions including the perception of call for services and bioecological impact were designed to directly address the research question (Ghavami et al., 2021; Swain & King, 2022).

One of the most prevalent data collection methods in qualitative research is interviewing (Knott et al., 2022). Complex social interactions which involve meaning making were explored via interviews (Urcia, 2021; van Manen & van Manen, 2021). Attention was given to the careful crafting of interview questions to mitigate potential undue influence on participant responses while conducting the research. The trustworthiness of findings was guarded against any negative influence stemming from poorly constructed questions (Johnson et al., 2020). Careful consideration was given to eliciting pertinent and compelling data while maintaining objectivity throughout the semi-structured interview process (Nardon et al., 2021). Reflective discussions and

shared engagement in the interview process were achieved through these semi-structured interviews, fostering open dialogue with rich data collection (Jamieson et al., 2023; Nardon et al., 2021). Triangulation ensures that a holistic and reliable understanding is achieved (Singh et al., 2021). Interviews with the participants were scheduled based on their availability, and all interviews were conducted face-to-face. Informed consent was discussed before commencing the interviews, along with an explanation of the expectations and procedures. Interview questions are semi-structured and open-ended (see Appendix A). Interviews were audio-recorded using a secure recording device with the consent of each participant. Verbatim transcripts of each individual interview were prepared (O'Kane et al., 2021; Vignato et al., 2022).

Interviews concluded after the interview questions have been discussed with clarity. Participants were debriefed on next steps, including the potential scheduling of a follow-up interview or communication via email (Ghavami et al., 2021). Participants were offered a gift card as a token of appreciation for their participation. Participants were advised not to discuss interview questions with anyone until the study is complete. Contact information was provided to each participant for questions, concerns, or additional information. Participants were reminded of the purpose and thanked for their time and effort. Participants confirmed their email address to facilitate the receipt of the transcript. Follow-up interviews were not conducted, however, member checking with verbatim transcripts did occur. Data collected from the initial interview was reviewed and validated with participants (Gee et al., 2022). Participants are asked to confirm their voice on the initial recording and validate all information transcribed. Participants were asked

to review the results in order to maintain the quality and meaning of their answers. Participants were offered a copy of the final paper (Gee et al., 2022; van Manen & van Manen, 2021).

Data Analysis Plan

An analysis plan is crucial in conducting IPA research. Familiarization with data was the initial step. The researcher immersed themselves in the data to allow for a deeper understanding of the topic of interest (Smith & Shinebourne, 2012). The data was read multiple times to increase comfortability and familiarization (Alase, 2017; Khoa et al., 2023). Notes and comments initially focused on language use, distinctive phrases, context, initial interpretative comments, and emotional responses (Smith & Shinebourne, 2012). Emerging themes were then be noted (Smith & Shinebourne, 2012). These themes reflected the transcription process and previous annotations (Johnson et al., 2020; Smith & Shinebourne, 2012). A codebook was created to document definitions and examples of each code or theme (Khoa et al., 2023).

The next stage involved finding connections between emerging themes, or axial codes (Smith & Shinebourne, 2012). Themes were grouped by conceptual similarities and labeling each cluster (Smith & Shinebourne, 2012). This process was iterative to ensure the clusters align with the original transcript. Patterns, clusters of codes, and underlying meaning were found through this analysis. Preliminary themes that capture the essence of the participants experiences and perspectives were generated (Pietkiewicz & Smith, 2012). Themes are coherent, internally consistent, and representative of participants' experiences (Alase, 2017; Khoa et al., 2023). Themes were dropped at this

stage if they did not fit the emerging structure or had a weak evidential base (Pietkiewicz & Smith, 2012). A final list was comprised of numerous superordinate themes and subthemes. Alternative interpretations and perspectives were also considered (Johnson et al., 2020; Khoa et al., 2023). The results included writing up each theme and illustrating them with participant extracts followed by analytic comments. The narrative account contains relevant extracts in the participants' own words which allows readers to assess the interpretations and retain the participants' voices (Pietkiewicz & Smith, 2012). The narrative features multiple levels of interpretation, from straightforward data analysis to in-depth, theoretical insights, potentially revealing new understandings (Pietkiewicz & Smith, 2012; Smith & Shinebourne, 2012). An audit trail documenting the process, decisions, and rationale was created, maintained, and kept.

Issues of Trustworthiness

Trustworthiness is paramount and was established through various strategies to ensure the validity of the findings (Grant & Lincoln, 2021; O'Kane et al., 2021). Criteria has been developed specifically for this qualitative research to enhance credibility and rigor (Johnson et al., 2020). Confirmability was rigorously pursued, ensuring that results were faithfully derived from the research purpose and remain unaltered by potential researcher bias (Megheirkouni & Moir, 2023). Measures have been taken to mitigate risk by recognizing the potential interviewer's influence in the context of LEOs' experiences and the issues surrounding trustworthiness (Campbell et al., 2020). A purposeful sampling design has been meticulously employed to enhance trustworthiness and rigor. This design ensured participants were carefully selected based on their unique

perspectives, contributing to a rich and comprehensive understanding of gray area CFS. Participants' self-selection for participation was noted, acknowledging their voluntary involvement which could have reflected an increased level of interest. Transparency regarding the researcher's own background and biases was incorporated to further bolster research rigor promoting trustworthy findings (Dodgson, 2023).

Credibility

The researcher served as the primary instrument for data collection, emphasizing the importance of their use-of-self (Dodgson, 2023). Various strategies were employed to mitigate potential biases and enhance the validity and credibility of the research. Strategies included the use of a reflexive journal, audit trail, bracketing, and member checking (Dodgson, 2023). Member checking served as a means of validating findings and ensuring the qualitative research process rigor (Motulsky, 2021; Singh et al., 2021). Bracketing decreased the influence of preconceived notions that may bias the research process, aligning with the IPA approach's commitment to immersing in participants' experiences (Reich, 2021; Thomas & Sohn, 2023). Credibility was fortified as the researcher employed diverse strategies, including transparency, prevention of bias, mindfulness, self-reflection, and reflexivity (Dodgson, 2023). Thick descriptions were firmly grounded in the data, using direct quotes and detailed narratives from participants. This grounding enhances credibility of the findings and allows readers to see direct connections between data and interpretations (Pietkiewicz & Smith, 2012; Smith & Shinebourne, 2012).

Transferability

Transferability concerns the extent through which findings can be applied to different contexts and respondents (Tuval-Mashiach, 2021). Findings that are relevant to various population groups and situations, particularly those involving law enforcement addressing gray area mental health CFS were produced which assists in transferability (Campbell et al., 2020). Enhanced transferability is achievable when similarities exist between the study setting and other contexts. Specific standards are met to enhance the generalizability of the outcomes in new settings. Transferability was bolstered by the establishment of clear inclusion and exclusion criteria in addition, noting where participants are employed (Campbell et al., 2020). Inclusionary and exclusionary criteria was detailed to meet these criteria. Thick descriptions enhanced transferability as comprehensive details about the study, participants' experiences, and context are provided. Transparency surrounding the research process included thick descriptions of how interpretations were derived from the data. This transparency supports credibility and transferability (Pietkiewicz & Smith, 2012; Smith & Shinebourne, 2012).

Dependability

Dependability pertains to the stability of findings over time (Tuval-Mashiach, 2021). The importance of transparency and traceability is emphasized, even though replicability may not be feasible (Grant & Lincoln, 2021). Dependability was achieved by diligently maintaining process logs to track any variations, given the inherent variability in qualitative research (Tuval-Mashiach, 2021). Reliable and trustworthy findings that capture the essence of patrol-level LEOs' experiences with gray area mental health CFS

was provided by adhering to documented qualitative research procedures and standards. The qualitative research design and methodology provided a robust framework for exploring officers' experiences. Future researchers can benefit from these findings if they meticulously follow the decision trail outlined in the process logs. To enhance the dependability of the results, process logs and member checking were employed, allowing participants to validate their experiences and interpretations throughout the study. A strong emphasis on conscientiously documenting all data collection and analysis procedures to enhance dependability was essential (Grant & Lincoln, 2021; Johnson et al., 2020; Tuval-Mashiach, 2021).

Confirmability

Confirmability plays a crucial role in the research process. Researchers strive to ensure that their findings are confirmable by other scholars in the field (Johnson et al., 2020). Constructs and the meaning of research findings directly stem from confirmability. The interpretation of the findings must be transparently derived from the collected data, reinforcing confirmability (Adler, 2022). The findings were based on the data collected rather than the biases, perspectives, or preconceptions. Values in this research were influenced by the theoretical perspectives embraced by qualitative researchers (Grant & Lincoln, 2021). Reflexivity was employed as a tool for introspection, enabling a close examination of how personal beliefs and assumptions might impact interactions within the study (Dodgson, 2023; Jamieson et al., 2023). Mindfulness and self-reflection techniques were actively used to assess and mitigate any potential bias from personal experiences (Dodgson, 2023; Jamieson et al., 2023).

Ethical Procedures

Institutional review board approval was a necessary prerequisite to conduct the IPA study focusing on LEOs assisting with gray area mental health calls for service. The study adhered to the ethical standards of Walden University and United States federal regulations, necessitating IRB ethics review and approval before participant recruitment and data collection commenced. Ethical approvals were obtained from the Walden University IRB before initiating any data collection. IRB approval number 08-06-24-1030036. A Human Subjects Training course through the Collaborative Institutional Training Initiative as per Walden University IRB requirements was completed (see Appendix B). Approval for participation was sought from social media. Interview participants were exclusively recruited from local agencies to ensure face-to-face interviews. Detailed explanations regarding confidentiality, anonymity, and the interview topic were provided to potential participants (VandeVusse et al., 2022). The Walden University IRB plays a crucial role in safeguarding participants from human rights violations. Institutional review board approval was secured before conducting any interviews, contributing to participant safety and the avoidance of potential ethical dilemmas.

Each interviewee was assigned a participant number to ensure confidentiality, and participants were informed about the interview process. Cancellation options were discussed with each participant before the interview. Comprehensive information was provided to participants about data collection and the potential for positive social change (VandeVusse et al., 2022). Confidentiality practices concerning the storage and disposal

of interview recordings were communicated clearly. Anonymity was guaranteed for each participant, as outlined in the informed consent form. Participants were given the opportunity to review transcribed interview data, suggest edits, or request the removal of sensitive information. Accurate reporting of participant statements was essential to minimize potential risks. Interview audio recordings were securely saved with password protection and encryption, and research data and records will be destroyed after five years. Data sharing was limited to Walden University research committee members for review purposes. Sensitive information shared during interviews was kept confidential and de-identified. The private interview setting ensured confidentiality, and participants were explicitly informed that participation will not lead to employment or legal risks (VandeVusse et al., 2022). Interviews would have ceased, if participants exhibited signs of distress or if any issues arise. Resources were given to each participant to assist with any mental health concerns that could arise from the interview topic.

Summary

IPA was used to collect perspectives of LEOs tasked with addressing gray area mental health CFS. One-on-one interviews were used to address lived experiences of these officers. Semi-structured interviews allowed for exploration of participants' unique experiences and viewpoints regarding the subject. I adopted a participant interviewer analyst approach, facilitating more participatory connections with participants. Purposeful sampling ensured participants had direct and personal knowledge of mental health emergency responses. They were required to read and provide informed consent before data collection, thus ensuring adherence to ethical standards. Data collection

included semi-structured interviews regarding officers' experiences and exploratory questions related to the conceptual framework. Transparency and contextualizing research increased credibility. Transferability was limited due to the sample size and geographical location of participants. Lived experiences were specific to participants and were not transferable to others.

The sample size was six LEOs, which was adequate for data saturation. Qualitative research methods favor smaller sample sizes for in-depth examinations of phenomena. I adhered to established interview protocols, incorporated strategies which mitigated potential biases, and addressed confidentiality. Interviews were audio-recorded, transcribed, and manually coded to extract themes and underlying meanings of experiences. Trustworthiness of findings was enhanced through thick descriptions, triangulation, and audit trails. Ethical considerations were paramount, ensuring confidentiality, informed consent, and adherence to trustworthiness principles. Ethical approvals were obtained from the Walden University IRB before initiating data collection. Data collection was completed only after informed consent was provided by all participants. Bracketing and a reflexivity journal were used to ensure biases were addressed. A comprehensive presentation of results, data collection processes, and evidence related to trustworthiness appears in Chapter 4.

Chapter 4: Results

The purpose of this study was to explore lived experiences of patrol-level officers responding to gray area CFS. These gray area calls are situations where individuals in crisis do not meet legal criteria for involuntary action, yet still require intervention. I sought to understand how officers navigate these complex situations, emotional and psychological impacts, and limitations they faced due to policy and legal constraints. The research question guiding this study was:

What are lived experiences of patrol-level officers responding to gray area CFS?

By focusing on perspectives of officers who are frequently involved in such calls, I aimed to contribute to a broader understanding of law enforcement's role in mental health crises. I also examined the emotional toll these calls take on officers and their reliance on collaboration with mental health professionals. Through qualitative interviews, I addressed challenges officers face when responding to calls that fall outside clear legal boundaries. Study findings include valuable insights about gaps in policy, training, and support for law enforcement in these scenarios.

This chapter includes findings from the data collection and analysis process, which are organized according to key themes that emerged during interviews with patrol-level officers. The chapter begins by describing the setting and demographic characteristics of participants, followed by an overview of the data collection process. This includes a detailed description of methods to gather and record data, as well as unusual circumstances during data collection. Next, I discuss evidence of trustworthiness in terms of credibility, transferability, dependability, and confirmability of findings. I

address trustworthiness in relation to strategies that were outlined in Chapter 3. Following this, I present findings in relation to the research question, using participant quotes to support themes. The chapter concludes with a summary that answers the research question, reflecting on lived experiences of officers and broader implications for law enforcement's role in mental health crises.

Setting

The study took place in a confidential office setting that was removed from participants' usual work environment. This neutral space ensured participants could speak freely about their experiences without fear of being overheard by colleagues or supervisors. There were no dual relationships between me and participants, which helped maintain objectivity of interviews. Participants volunteered to be part of the study after seeing flyers posted on social media, specifically LinkedIn, which allowed for a broad reach of eligible officers. No significant organizational changes, such as budget cuts, affected participants during the time of the study, though there were typical shift changes that occurred once or twice a year. The setting was a private and comfortable atmosphere that was conducive to open dialogue about sensitive topics like mental health crises. Overall, the setting minimized external factors that could have influenced participants' responses, ensuring data were focused on their lived experiences in the field.

Demographics

Participants in this study were patrol-level LEOs from the state of California. No specific demographic data such as age, gender, or years of experience were collected, as the focus of the study was professional roles and experiences of officers rather than their

personal characteristics. All participants met inclusion criteria, which required they be actively working in patrol and not assigned to any specialty units such as CITs and mental health response units. All participants expressed a clear understanding of the study's focus. Professional experiences dealing with gray area calls, rather than demographic characteristics, were the primary consideration when selecting participants. This approach ensured data reflected perspectives of officers directly involved in responding to mental health crises during their routine patrol duties.

Data Collection

Data collection involved conducting one-on-one interviews with six patrol-level LEOs, all of whom were recruited through social media. Interviews were held in a confidential off-site office setting to ensure privacy and reduce any potential workplace distractions or pressures. Each officer participated in one interview, which lasted between 30 and 75 minutes. Interviews were recorded using a password-protected cell phone, and all recordings were securely stored to maintain confidentiality. After initial interviews, participants were given the opportunity to review their transcripts and provide feedback through member checking. This allowed them to verify accuracy of their statements and clarify any points that may have been misunderstood during the interview process.

There were no significant variations from the data collection plan that was outlined in Chapter 3. The original plan was that interviews would take place in a private office, and this condition was met for all participants. I used a cell phone for recording across all interviews, and I ensured data security was maintained throughout the process. No unusual circumstances arose during interviews, and all participants were cooperative

and engaged. Data were rich in detail, providing a deep understanding of officers' lived experiences when responding to gray area calls. Each interview was transcribed verbatim, and transcripts were analyzed using the IPA coding process. I used member checking to ensure credibility of data, and findings accurately reflected participants' experiences.

Data Analysis

After an extensive review of all collected data, including detailed coding, categorization, and thematic analysis, I identified several key themes and subthemes involving lived experiences of patrol-level officers responding to gray area CFS. These gray area calls, which were defined as situations where individuals in mental health crises do not meet legal criteria for involuntary intervention, emerged as a critical point of tension during daily operations of participants. Through open coding, axial coding, and selective coding, analysis revealed five major themes, each with their own set of subthemes, in order to collectively provide a comprehensive understanding of challenges and nuances involved in these situations.

Data saturation was achieved after consistent patterns and themes emerged across interviews, with participants frequently highlighting similar frustrations, emotional responses, and challenges. Repetition of these themes indicated shared experiences among patrol-level officers, reinforcing validity of findings. This consistency in data suggested key issues such as legal constraints, emotional fatigue, and the need for better mental health resources are pervasive and deeply ingrained in law enforcement responses to mental health crises. As interviews progressed, emergence of genuinely new themes diminished significantly. By the time the fifth and sixth interviews were coded, most

information consisted of variations on existing themes rather than entirely new insights. This is a strong indicator that thematic saturation has been reached. For example, frustrations with lack of legal options and the influence of peers on handling mental health crises were addressed consistently across interviews, with little variations in underlying messages.

Moreover, the homogeneity in the participants' responses further supports the conclusion that additional interviews are unlikely to yield significant new information. The officers' shared experiences and reflections on mental health calls suggest that the group is relatively uniform in their perspectives, which often leads to earlier saturation. This is evident in the fact that Interview 5 contributed only 5.33% new themes, and Interview 6 contributed just 4%. Individually, these interviews fall at or below the 5% threshold, reinforcing the conclusion that the addition of further interviews would not substantially alter the thematic landscape already established (Guest et al., 2020).

One of the primary themes identified was the impact of legal and policy constraints on officers' ability to effectively manage gray area calls. Officers consistently reported feeling frustrated and helpless when they encountered situations where individuals clearly needed help but did not meet the legal criteria for involuntary hospitalization or intervention. This theme is supported by multiple axial codes, including legal constrains impacting action and pressure from public expectation which illustrate the tension between what officers are legally allowed to do and what they feel is necessary to ensure the safety and well-being of the individuals in crisis. The consistency

of these responses across interviews highlights the significant impact that legal and policy frameworks have on the ability of officers to manage mental health crises effectively.

In addition to legal constraints, the emotional impact of recurring calls was another major theme that emerged from the data. Officers described feeling emotionally drained and fatigued by the repetitive nature of these calls, particularly when they involved the same individuals repeatedly. This theme was supported by axial codes such as recurring calls with the same individuals and emotional fatigue from recurring calls which were consistently mentioned by participants. The emotional toll of responding to the same situations without seeing any long-term solutions or improvements was a significant source of stress for the officers, leading to feelings of helplessness and frustration. The data suggests that this emotional fatigue is compounded by the lack of mental health support for officers themselves, who are often left to manage the psychological burden of these calls, multiple times a day.

The collaboration with mental health resources, particularly through co-response teams, was identified as a critical factor in managing gray area calls. However, officers noted that the availability of these resources was inconsistent, leaving them to handle complex mental health crises on their own when these teams are not available. This theme is supported by axial codes such as the effectiveness of CIT when available and inconsistent availability of resources which highlight the variability in support that officers receive from mental health professionals. The data suggests that when co-response teams are available, it significantly improves the outcomes of these calls. Co-response teams are providing specialized knowledge and de-escalation techniques that

officers may not possess. However, the inconsistent availability of these resources exacerbates the challenges faced by officers, particularly in situations where they are not equipped to handle the complexities of mental health crises on their own.

Another significant theme that emerged from the data was the public and societal perceptions of law enforcement's role in mental health crises. Officers frequently expressed frustration with the public's misunderstanding of their role, particularly the legal limitations that constrain their ability to act. This theme is closely related to the axial codes pressure from public expectations and public misunderstanding of law enforcement, which multiple officers mentioned across the interviews. The data suggests that the public often expects law enforcement to act as mental health professionals, without understanding the officers' role and scope or the legal and procedural constraints that officers operate under. This disconnect, between public expectations and the realities of law enforcement's role, adds an additional layer of stress and complexity to the management of gray area calls.

The safety concerns during calls were also a prominent theme identified in the data. Officers emphasized the importance of balancing safety and intervention, particularly in situations where individuals in crisis may pose a risk to themselves or others. This theme is supported by axial codes such as balancing safety and intervention and adjusting response based on perceived risk, which highlight the dynamic and often unpredictable nature of these calls. The data suggests that officers are constantly assessing the risk level during these calls and adjusting their responses accordingly to ensure the safety of all involved. This focus on safety is a critical aspect of the officers'

decision-making process and underscores the complexity of managing mental health crises in the field.

The Bronfenbrenner's bioecological model was instrumental in framing the analysis of these themes, providing a multi-layered perspective on how various systems interact to influence the experiences of patrol-level officers. The microsystem, representing the immediate environment of the officers, was reflected in their direct interactions with individuals in crisis and the immediate support, or lack thereof, from their colleagues and mental health professionals. The mesosystem, which encompasses the interactions between different microsystems, was evident in the collaboration between law enforcement and mental health services, highlighting the importance of these partnerships in managing complex situations. The exosystem, representing the broader societal structures, was reflected in the legal and policy constraints that shaped the officers' actions, while the macrosystem, which includes overarching cultural values and societal norms, was evident in the public's expectations and perceptions of law enforcement. Finally, the chronosystem, representing the dimension of time, was reflected in the evolving nature of policies and procedures over time and their impact on how officers manage gray area calls.

The application of the PPCT model further enriched the analysis by highlighting the dynamic interplay between individual characteristics, environmental contexts, and the passage of time in shaping the officers' experiences. The process element was reflected in the routines and interactions that officers develop in response to gray area calls, while the person element highlighted the individual characteristics and emotions that influence how

officers approach these situations. The context element was evident in the broader legal, cultural, and organizational environment that shapes the officers' actions. The time element underscored the long-term impact of repeated exposure to similar situations on the officers' emotional well-being.

The integration of these theoretical frameworks with the data provides a comprehensive understanding of the challenges faced by patrol-level officers in managing gray area calls. The findings not only confirm existing knowledge about the emotional and operational challenges of law enforcement in mental health crises but also extend this knowledge by highlighting the specific frustrations and constraints faced by officers in these situations. The consistency of the themes across multiple participants and the depth of the data collected suggest that these challenges are pervasive and deeply rooted in the structure of law enforcement's response to mental health crises. This analysis underscores the need for systemic changes, including better training, more consistent mental health support, and clearer legal frameworks, to support officers in their role and improve outcomes for individuals in crisis.

Evidence of Trustworthiness

Credibility

Credibility in this study was ensured through the use of member checking, a strategy that involved participants reviewing their interview transcripts for accuracy (Pietkiewicz & Smith, 2012; Smith & Shinebourne, 2012). By allowing the officers to verify the content of their interviews, the researcher ensured that the data truly reflected the participants' experiences. No major revisions were required, as participants largely

confirmed the accuracy of their responses. The use of direct quotes from the officers in the findings section adds to the study's credibility (Dodgson, 2023). Each quote was carefully selected to represent key themes and to support the overall narrative of the officers' experiences in responding to gray area calls. The application of coding for themes further strengthened the study's credibility, as each theme was grounded in the data and validated through multiple interviews (Reich, 2021; Thomas & Sohn, 2023).

Transferability

Transferability was considered by providing a detailed description of the study's setting, participants, and context. While the study focused on patrol-level officers in California, the findings may be relevant to other regions with similar law enforcement structures and challenges. By offering a rich, thick description of the officers' experiences, the researcher allows readers to determine whether the findings can be applied to other contexts (Genziani et al., 2020). Although no demographic data were collected, the shared experiences of officers responding to mental health crises provide insights that could be valuable to law enforcement agencies beyond California. The consistency of the experiences across participants suggests that these challenges are not unique to the study's setting, increasing the potential for transferability (Campbell et al., 2020; Lad & Walker, 2023).

Dependability

Dependability was achieved through the use of a consistent data collection process (Grant & Lincoln, 2021; Johnson et al., 2020; Tuval-Mashiach, 2021). All interviews were conducted in a confidential office setting, with each participant receiving

the same set of open-ended questions. The researcher followed a structured interview guide, ensuring that all participants had the opportunity to discuss their experiences in detail (Tuval-Mashiach, 2021). The data were then transcribed and analyzed using the same coding framework, which was applied consistently across all transcripts (Johnson et al., 2020). The dependability of the findings was further supported by the researcher's decision to involve participants in the member checking process, ensuring that their experiences were accurately captured and represented. The use of a clear audit trail, documenting the steps taken during collection and analysis enhanced the dependability of the study (Grant & Lincoln, 2021; Johnson et al., 2020; Tuval-Mashiach, 2021).

Confirmability

Confirmability refers to the objectivity of the findings, ensuring that they are based on the participants' experiences rather than the researcher's biases or preconceptions (Dodgson, 2023; Jamieson et al., 2023). In this study, confirmability was supported by the use of direct quotes and the researcher's adherence to a rigorous coding process. The thematic analysis was grounded in the data, with themes emerging naturally from the participants' responses (Adler, 2022). The researcher maintained a reflexive journal throughout the study, noting any potential biases or assumptions that could influence the interpretation of the data. This reflexivity helped the researcher remain objective and focused on the participants' lived experiences (Adler, 2022; Jamieson et al., 2023). Additionally, the involvement of participants in the member checking process ensured that the findings were rooted in their perspectives, further enhancing the confirmability of the study.

Results

In this study, the analysis began with the establishment of 75 initial codes, which captured the diverse experiences and challenges faced by patrol-level officers responding to gray area mental health calls. These initial codes were systematically grouped into 20 axial themes, providing a clearer understanding of the major areas of concern. From these axial themes, five superordinate themes were identified, each further divided into two subthemes to explore specific aspects in greater detail. The first major theme that emerged was the officers' frustration with legal constraints, often hindering their ability to provide necessary interventions during these calls. This frustration was closely tied to a perceived lack of adequate resources, particularly the inconsistent availability of specialty units. Another significant theme was the emotional impact of repeatedly encountering the same individuals in crisis, leading to feelings of helplessness and emotional fatigue among officers. Additionally, the data revealed the pressure from public expectations and the challenges of balancing safety concerns during these encounters. These axial themes were further subdivided into specific categories of experiences and emotions that participants identified as critical in managing gray area calls. Table 1 presents examples of initial codes along with participant quotes that illustrate the key issues officers encounter in their day-to-day interactions. The initial codes are related to the superordinate themes by reflecting specific experiences and emotions expressed by officers, which collectively illustrate the broader challenges and complexities they face in managing gray area mental health calls.

Table 1

Initial Coding Examples

Initial Code	Participant Quote
Frustration with Legal Limits	"We can't just take them to the hospital. They have to meet the legal criteria" (P1).
Emotional Exhaustion	"It wears on you, seeing the same people over and over, knowing that whatever you did last time didn't stick" (P2)
Lack of CIT Availability	"CIT teams are a game changer. But we don't have enough of them to go around" (P1)
Public Misunderstanding	"People think we're not doing enough because they don't understand the legal constraints we're under" (P4).
Safety Concerns	"Safety is always the number one priority. If I sense that someone might be a danger to themselves or others, that's when I step in" (P1).
Recurring Calls	"We're called out to the same people over and over again, and nothing ever changes" (P3).
Inconsistent Mental Health Resources	"There are times when we need mental health professionals, but they aren't available when we need them" (P2).
Feeling Helpless	"It's frustrating to walk away from a situation knowing that person needs help but doesn't meet criteria" (P5).
Cultural Sensitivity Issues	"Certain communities don't trust us or want our help, even when it's needed" (P4).
Stigma Around Mental Health	"Mental health issues still carry a lot of stigma, which makes our job harder" (P6).
Need for Better Training	"We're not mental health experts, but we're expected to handle these situations. We need better training" (P5).
Pressure from Public Expectations	"People expect us to act like social workers, but we're not. We can only do so much" (P4).
Need for Long-Term Solutions	"There's no follow-up or long-term solution for these people, and we keep getting called back" (P2).
Impact on Personal Life	"These calls stick with you. It's hard to leave it all behind when you go home" (P1).
Coordination with Other Services	"We try to work with other services, but sometimes it feels like everyone is passing the buck" (P3).
Gaps in Mental Health System	"The mental health system is broken, and we're left to pick up the pieces" (P4).
Reliance on De-escalation Techniques	"De-escalation is key, but it's not always enough" (P6)

In this study, the axial coding process revealed a set of interrelated themes that collectively provide a deeper understanding of the challenges and experiences faced by patrol-level officers when responding to gray area mental health calls. These axial themes

represent the integration of multiple initial codes, bringing to light the complex and multifaceted nature of the officers' work. The following discussion elaborates on the eight axial themes identified, each of which plays a crucial role in shaping the officers' experiences.

Legal Constraints Impacting Action

One of the most prominent themes that emerged from the axial coding process is the impact of legal constraints on officers' ability to act during gray area mental health calls. The officers consistently expressed frustration with the limitations imposed by legal frameworks, particularly when they encountered situations where individuals clearly needed help but did not meet the criteria for involuntary hospitalization or intervention. This theme captures the tension between the officers' desire to provide immediate assistance and the restrictions they face due to legal mandates. For instance, officers frequently mentioned their frustration at being unable to act in cases where an individual was in distress but did not pose an immediate danger to themselves or others, leaving them feeling helpless and constrained by the law. This theme highlights the need for a reevaluation of legal policies to better align with the realities of mental health crises.

Recurring Calls with Same Individuals

Another significant theme that emerged is the issue of recurring calls involving the same individuals in crisis. Officers described a cyclical pattern where they were repeatedly called to assist the same individuals, often with little to no change in the situation. This theme underscores the chronic nature of some mental health issues and the inadequacy of existing interventions in providing long-term solutions. The officers'

accounts reveal a deep sense of frustration and fatigue, as they felt that their efforts were futile in bringing about meaningful change. The repetitive nature of these calls not only contributes to emotional exhaustion but also highlights systemic gaps in mental health care and support. This theme points to the urgent need for more effective, long-term interventions that address the root causes of these recurring crises.

Effectiveness of Co-response Teams When Available

The collaboration between law enforcement and mental health professionals, particularly through CIT teams, was identified as a critical factor in the successful management of gray area calls. All CIT teams identified in this study were co-response teams. However, the effectiveness of CIT is often contingent upon its availability. Officers highlighted the significant difference that CIT makes when it is present, noting that these teams bring specialized knowledge and skills that are crucial for de-escalating situations and providing appropriate care. This theme emphasizes the importance of integrating mental health expertise into law enforcement responses, particularly in cases where officers may not have the training or resources to handle complex mental health issues. However, the inconsistent availability of CIT teams remains a major challenge, leading to situations where officers are left to manage crises on their own. This theme underscores the need for more widespread access across all shifts and regions.

Pressure from Public Expectations

Public expectations of law enforcement's role in managing mental health crises emerged as another key theme. Officers frequently expressed frustration with the unrealistic expectations placed on them by the public, who often expect them to act as

mental health professionals. This theme reflects the broader societal misunderstanding of the limitations that law enforcement faces, particularly in relation to legal constraints and the lack of mental health resources. The pressure to meet these expectations adds an additional layer of stress to the officers' work, as they are often blamed when outcomes do not align with public expectations. This theme also highlights the need for public education on the role of law enforcement in mental health crises, as well as the need for clearer communication between law enforcement and the communities they serve.

Balancing Safety and Intervention

The need to balance safety and intervention was a recurring theme in the officers' accounts of their experiences with gray area calls. Officers emphasized the constant tension between ensuring the safety of all parties involved and attempting to provide care and intervention for individuals in crisis. This theme is particularly relevant in situations where individuals may become violent or uncooperative, requiring officers to make quick decisions about the appropriate level of intervention. The officers' narratives reveal the complexities of these decisions, as they must weigh the risks to their own safety, the safety of the individual in crisis, and the safety of bystanders. This theme underscores the importance of ongoing training and support for officers in managing the delicate balance between safety and intervention, particularly in high-stress situations.

Inconsistent Availability of Resources

The inconsistent availability of resources, particularly mental health resources, was another significant theme that emerged from the axial coding process. Officers frequently mentioned the challenges they face when mental health professionals or other

resources are not readily available, leaving them to manage complex situations on their own. This theme highlights the disparity in resource allocation and access, which can vary significantly depending on the time of day, location, and availability of mental health teams. The lack of consistent support not only increases the burden on law enforcement but also exacerbates the challenges of providing appropriate care for individuals in crisis. This theme calls for a more coordinated and consistent approach to resource allocation, ensuring that officers have the support they always need.

Emotional Fatigue from Recurring Calls

Emotional fatigue resulting from recurring calls was a pervasive theme that emerged across multiple interviews. Officers described the emotional toll of repeatedly responding to the same individuals in crisis, particularly when they felt that their efforts were not making a difference. This theme highlights the cumulative impact of these calls on officers' mental health, as they are constantly exposed to high-stress situations without adequate emotional support. The data suggests that this emotional fatigue is a significant factor in officer burnout, leading to a sense of helplessness and frustration. Addressing this theme requires not only better mental health support for officers but also systemic changes that reduce the frequency of these recurring calls.

Need for Better Mental Health Training

The final axial code identified in this study is the need for better mental health training for patrol-level officers. Throughout the interviews, participants emphasized that while they are often the first responders to mental health crises, their training in this area is insufficient for the complexities they encounter. Officers reported feeling

underprepared when dealing with individuals in crisis, particularly when they are required to assess mental health conditions and de-escalate potentially volatile situations. The lack of comprehensive training contributes to the overall frustration and emotional fatigue experienced by officers, as they are left to manage these situations without the necessary tools or knowledge. This theme was consistently mentioned across interviews, with participants expressing a strong desire for more specialized mental health education, including deeper understanding of mental health disorders, effective communication strategies, and de-escalation techniques. The need for better training is not only about equipping officers with the skills to handle immediate crises but also about providing them with the confidence and support to manage these challenging situations over the long term (see Table 2).

Table 2

Axial Code Examples

Axial Code	Participant Quotes
Legal Constraints Impacting Action	"There's that frustration... when you know they need help, but they don't meet the criteria for a 5150. You feel like you're just leaving them to fend for themselves" (P1). "Our hands are tied. If they're not a danger, we can't do anything" (P2). "It's frustrating to walk away knowing they need help, but the law doesn't allow us to intervene" (P4).
Recurring Calls with Same Individuals	"It's like we're on a loop. We keep getting called to the same person, over and over, and nothing changes" (P3). "We're the ones who keep responding to the same calls, and it feels like nothing ever changes" (P5). "Every time it's the same individuals, and there's nothing we can do to change the situation" (P6).
Effectiveness of CIT When Available	"When CIT shows up, it's a relief. They know how to talk to these individuals in a way that de-escalates without making them feel cornered" (P1). "CIT teams really help, but we need more of them. One team can't cover an entire shift" (P4). "When the mental health professionals take over, we can focus on keeping the situation safe" (P5).
Pressure from Public Expectations	"They think we can just fix everything, but they don't realize we're bound by the law" (P2). "People expect us to act like social workers,

	but we're not. We can only do so much" (P4). "Families often think we can just force someone into treatment, but that's not how it works legally" (Interview 3).
Balancing Safety and Intervention	"Even when the call seems calm, you have to be aware of how quickly things can change. Safety is always on my mind" (P6). "If someone looks like they might become violent, we take a step back. You have to be ready to adjust your plan at any moment" (P5). "You have to constantly read body language and be ready to shift gears if things start to escalate" (Interview 4).
Inconsistent Availability of Resources	"We use respite centers when possible, but they're not always an option" (P5). "CIT isn't always available, and that leaves us to handle complex situations on our own" (P6). "Sometimes we have to wait too long for mental health backup, and by then the situation has escalated" (P2)
Emotional Fatigue from Recurring Calls	"You start to feel helpless after a while. No matter what you do, it feels like it's not enough" (P5). "It's emotionally exhausting when you keep going to the same houses and nothing changes" (P2). "Seeing the same people in crisis over and over, it wears you down because you know they're not getting the help they really need" (P6).
The Need for Better Mental Health Training	"We're not mental health experts, but we're expected to handle these situations. We need better training" (P5). "The training we get isn't enough for what we face in the field. We need more in-depth mental health education" (P3). "There's a real gap in training when it comes to handling mental health crises. We're just not equipped the way we should be" (P4).

Application of Bronfenbrenner's Bioecological Model

Bronfenbrenner's bioecological model provides a comprehensive framework for understanding the complex interactions between LEOs and their environment as they respond to gray area mental health calls. In the context of this study, the model is particularly useful for analyzing how various external and internal factors impact officers' decision-making processes and emotional responses.

For the microsystem, officers described the challenges of managing these calls with limited support. Participant 1 said, "When we're out on a call, it's just us and the people in crisis. We have to rely on each other to keep things safe." This highlights the importance of the immediate social environment in shaping officers' actions. Participant

2 said, “It’s a relief when we can work with mental health professionals. It takes some of the pressure off us.” Participant 6 said, “Public expectations are way off. They think we can do more than we actually can.” The macrosystem was mentioned multiple times by officers including influences the policies and resources available to law enforcement. The chronosystem was noted multiple times. Participant 2 said, “Policies keep changing, and it’s hard to keep up with how we’re supposed to handle these calls now compared to a few years ago.” This highlights how shifts over time in legal frameworks and public expectations affect the daily realities of law enforcement work.

Overall, Bronfenbrenner’s model effectively captures the multifaceted challenges officers face and the interplay of different environmental factors in their work, emphasizing how both immediate and broader systemic influences shape their experiences and responses (see Table 3).

Table 3

Bronfenbrenner Bioecological Model Codes

System	Participant Quotes
Microsystem	“When we’re out on a call, it’s just us and the people in crisis. We have to rely on each other to keep things safe" (P1). “It’s frustrating when you feel like you’re alone out there, without the support you need in the moment” (P3).
Mesosystem	“When CIT is available, it feels like we’re finally getting the help we need to manage these situations” (P4). “It’s a relief when we can work with mental health professionals. It takes some of the pressure off us” (P2).
Exosystem	“The legal system really ties our hands. We can’t do much if the person doesn’t meet the criteria for a 5150” (P5). “Public expectations are way off. They think we can do more than we actually can” (P6).
Macrosystem	“There’s still a huge stigma around mental health, and that affects how people react to our involvement” (P4). “Society expects us to be everything—cops, social workers, mental health professionals—but we’re not trained for all of that” (P3).

Chronosystem	"Policies keep changing, and it's hard to keep up with how we're supposed to handle these calls now compared to a few years ago" (P2). "Our role in these situations has evolved, but the training and resources haven't kept up" (P5).

Application of the PPCT Model

Bronfenbrenner's PPCT model offers a dynamic framework for understanding how patrol level officers interact with their environment while responding to gray area mental health calls. This model allows for a deeper exploration of the interactions between individuals and their surroundings, emphasizing how these interactions evolve over time. The process element includes officers' response to individuals in crisis, as well as the routines and strategies officers develop over time. These interactions are central to how officers approach their duties, with many describing the importance of de-escalation techniques and the need to adapt quickly to changing situations. The person component includes officers' personal experiences, emotions, and biases, which influence how they respond to mental health crises. Officers frequently mentioned how their personal backgrounds and emotional states affect their decision-making processes. Context was mentioned and references by multiple participants. Examples include the restrictive legal environment, and societal expectations are key contextual factors that officers must navigate. Finally, time was considered by officers. One officer emphasized the long-term effects of repeated exposure to crises (see Table 4).

Table 4

PPCT Element Codes

PPCT Element	Participant Quotes
Process	"Every call is different, but over time, you develop a routine for how to approach these situations, even if the outcomes are often the same" (P1). "We've developed a process for these calls, but it doesn't always lead to a solution" (P4).

Person	"It's hard not to bring your own emotions into these situations, especially when you're seeing the same people over and over" (P3). "Your personal experiences definitely shape how you handle these calls" (P2).
Context	"The legal context we operate in is really restrictive. We have to follow the law, even when it doesn't feel like the right thing to do" (P5). "The organizational culture is all about safety, which is why we're always cautious on these calls" (P6).
Time (Chronosystem)	"Over time, these calls start to wear on you. You see the same issues coming up again and again, and it feels like nothing is changing" (P6). "The long-term impact of handling these situations over the years is definitely something I feel" (P5).

Superordinate Themes, Subthemes, and Quotes

In the analysis of the data collected from patrol-level officers responding to gray area mental health calls, several superordinate themes emerged, each encompassing various subthemes that provide a deeper understanding of the experiences, challenges, and perceptions shared by the participants. These themes not only highlight the common issues faced by officers but also reflect the nuanced and often complex nature of their interactions with individuals in crisis, the legal system, and the broader community.

Superordinate Theme 1: Legal and Policy Constraints

One of the most prominent superordinate themes identified was the impact of legal and policy constraints on officers' ability to effectively manage mental health crises. This theme encapsulates the frustration officers feel when their actions are limited by legal frameworks, which often prevent them from taking necessary steps to protect individuals in crisis.

Subtheme 1.1: Gray Area Calls

Gray area calls, where individuals in crisis do not meet the legal criteria for involuntary intervention, were frequently cited by officers as a source of significant frustration. These situations place officers in a difficult position, as they recognize the

need for intervention but are legally barred from taking action. One officer remarked, "Our hands are tied. If they're not a danger, we can't do anything." This subtheme underscores the tension between the officers' professional judgment and the constraints imposed by the legal system.

Subtheme 1.2: Public Expectations Versus Legal Reality

Another related subtheme is the discrepancy between public expectations and the legal realities that officers face. Many officers expressed frustration with the public's misunderstanding of their role, particularly the legal limitations that prevent them from acting in certain situations. Participant 6 stated, "People think we can do more than we're legally allowed to, and that puts us in a tough spot." This subtheme highlights the additional pressure officers face when they must manage not only the crisis at hand but also the expectations of the public and families involved.

Superordinate Theme 2: Emotional Impact

The emotional impact of repeatedly responding to gray area mental health calls emerged as another significant theme. Officers described the psychological toll of these situations, particularly when they involve the same individuals repeatedly without any resolution.

Subtheme 2.1: Emotional Fatigue from Recurring Calls

Officers often expressed feelings of emotional fatigue resulting from the repetitive nature of their work, especially when they are called to assist the same individual multiple times. This repetitive exposure to unresolved crises leads to a sense of helplessness and frustration. Participant 5 stated, "You start to feel helpless after a while.

No matter what you do, it feels like it's not enough." This subtheme emphasizes the cumulative emotional burden that officers carry as they continue to respond to the same situations without seeing any long-term improvement.

Subtheme 2.2: Need for Mental Health Support for Officers and the Community

Linked to this emotional fatigue is the subtheme of the need for better mental health support for officers and the subject of the call for service. Participants consistently highlighted the lack of mental health resources available to them, both in terms of support during crises and in addressing their own emotional well-being. Participant 3 said, "It's emotionally exhausting, and we don't get the support we need to deal with that." This subtheme reveals a critical gap in the current system, where officers are expected to manage complex mental health crises without adequate resources to support the community they serve or their own mental health.

Superordinate Theme 3: Collaboration with Mental Health Resources

The theme of collaboration with mental health resources was another key finding in the study. Officers recognized the value of working with co-response teams and other mental health professionals, though they also noted the challenges associated with the inconsistent availability of these resources.

Subtheme 3.1: Effectiveness of CIT

The effectiveness of co-response CIT teams was a subtheme frequently mentioned by officers. When available, these teams provide specialized knowledge and skills that significantly improve the outcomes of mental health calls. Participant 4 reported, "CIT teams really help, but we need more of them. One team can't cover an entire shift." This

subtheme underscores the importance of having mental health professionals on hand to assist with these complex cases, relieving some of the pressure on officers.

Subtheme 3.2: Inconsistent Availability of Resources

However, officers also pointed out the inconsistent availability of resources like CIT, which can leave them to handle crises on their own. Participant 6 stated, “CIT isn’t always available, and that leaves us to handle complex situations on our own.” This subtheme highlights the variability in support that officers receive and the challenges they face when mental health resources are not accessible, leading to increased stress and potential safety concerns.

Superordinate Theme 4: Public and Societal Perceptions

The theme of public and societal perceptions plays a significant role in shaping officers’ experiences during gray area mental health calls. Officers often feel misunderstood by the public and face cultural barriers that complicate their interactions.

Subtheme 4.1: Stigma and Cultural Sensitivity

The stigma surrounding mental health and the need for cultural sensitivity emerged as important subthemes. Officers noted that in some communities, there is reluctance to involve law enforcement in mental health crises due to cultural norms or fear of stigma. Participant 4 said, “In some communities, they’re hesitant to involve law enforcement because of cultural expectations. It’s tricky to navigate.” This subtheme highlights the importance of understanding cultural contexts in effectively managing these crises.

Subtheme 4.2: Public Misunderstanding of Law Enforcement's Role

Another critical subtheme under public and societal perceptions is the public's misunderstanding of law enforcement's role in mental health crises. Officers often feel that the public expects them to act as mental health professionals, which adds pressure and can lead to frustration. Participant 6 stated, "There's a lot of misunderstanding about what we can legally do. We're not mental health professionals, but people expect us to be." This subtheme emphasizes the need for public education about the limitations and responsibilities of law enforcement in these situations.

Superordinate Theme 5: Safety Concerns During Calls

The final superordinate theme is safety concerns during calls, which is a paramount consideration for officers responding to mental health crises. Ensuring the safety of all parties involved—officers, individuals in crisis, and the public—is a central aspect of their decision-making process.

Subtheme 5.1: Balancing Safety and Intervention

One of the key subthemes is the balancing act between safety and intervention. Officers must constantly assess the risk level of the situation and adjust their approach accordingly to prevent escalation. Participant 4 stated, "You have to constantly read body language and be ready to shift gears if things start to escalate." This subtheme highlights the dynamic nature of mental health calls, where officers must make quick decisions to ensure safety while still providing necessary interventions.

Subtheme 5.2: Adjusting Response Based on Perceived Risk

The adjustment of response based on perceived risk is another critical subtheme. Officers are trained to modify their actions based on their real-time assessment of the situation's danger level. Participant 5 said, "If someone looks like they might become violent, we take a step back. You have to be ready to adjust your plan at any moment." This subtheme underscores the importance of situational awareness and flexibility in responding to unpredictable mental health crises (see Table 5).

Table 5

Superordinate Themes, Subthemes, and Quotes

Superordinate Theme	Subtheme	Participant Quotes
Legal and Policy Constraints	Gray Area Calls	"Our hands are tied. If they're not a danger, we can't do anything" (P2). "There are times when we know someone needs help, but if they're not a danger to themselves or others, there's nothing we can do" (P3). "It's frustrating to walk away from a situation knowing that person needs help but doesn't meet the criteria" (P5).
	Public Expectations and Reality	"People think we can do more than we're legally allowed to, and that puts us in a tough spot" (P6). "The family thinks we can just scoop their loved one up and take them to the hospital, but it doesn't work like that. They get upset when we tell them we can't do anything" (P2). "People don't realize that we're not mental health professionals and that limits what we can actually do" (P4).
Emotional Impact	Emotional Fatigue from Recurring Calls	"You start to feel helpless after a while. No matter what you do, it feels like it's not enough." (P5). "It's emotionally exhausting when you keep going to the same houses and nothing changes" (P2). "Seeing the same people in crisis over and over, it wears you down because you know they're not getting the help they really need" (P6).
	Need for Mental Health Support for Officers / Community	"It's emotionally exhausting, and we don't get the support we need to deal with that" (P3). "The emotional toll adds up, especially when you don't have the resources or support to deal with it properly" (P6). "We need more mental health resources for ourselves;

		dealing with these situations takes a big toll on us" (P4).
Collaboration with Mental Health Resources	Effectiveness of CIT	"CIT teams really help, but we need more of them. One team can't cover an entire shift" (P4). "When CIT shows up, it's a relief. They know how to talk to these individuals in a way that de-escalates without making them feel cornered" (P1). "When the mental health professionals take over, we can focus on keeping the situation safe" (P5).
	Inconsistent Availability of Resources	"We use respite centers when possible, but they're not always an option" (P5). "CIT isn't always available, and that leaves us to handle complex situations on our own" (P6). "Sometimes we have to wait too long for mental health backup, and by then the situation has escalated" (P2).
Public and Societal Perceptions	Stigma and Cultural Sensitivity	"In some communities, they're hesitant to involve law enforcement because of cultural expectations. It's tricky to navigate" (P5). "Cultural barriers make it harder to offer help. People don't want us involved unless it's really serious" (P6). "In certain neighborhoods, there's a strong stigma attached to mental health issues, which complicates our response" (P4).
	Public Misunderstanding of Law Enforcement	"There's a lot of misunderstanding about what we can legally do. We're not mental health professionals, but people expect us to be" (P6). "People expect us to act like social workers, but we're not. We can only do so much" (P4). "Families often think we can just force someone into treatment, but that's not how it works legally" (P3).
Safety Concerns During Calls	Balancing Safety and Intervention	"You have to constantly read body language and be ready to shift gears if things start to escalate" (P4). "Even when the call seems calm, you have to be aware of how quickly things can change. Safety is always on my mind" (P6). "We're trained to de-escalate, but we always have to keep safety as our top priority' (P2).
	Adjusting Response Based on Perceived Risk	"If someone looks like they might become violent, we take a step back. You have to be ready to adjust your plan at any moment" (P5). "We're always watching for signs that things could escalate. You have to stay on your toes" (P1). "It's all about reading the situation and adjusting accordingly; sometimes, it's better to create distance" (P3).

Summary

Analysis of interviews with patrol-level officers responding to gray area mental health calls revealed several key themes that highlighted complexities and challenges they faced. Legal and policy constraints significantly impacted officers' ability to act during these calls, often leaving them frustrated and feeling powerless when individuals in crisis do not meet criteria for involuntary intervention. This frustration is further exacerbated by the emotional toll of repeatedly encountering the same individuals without seeing meaningful changes, underscoring the need for mental health support for officers. Collaboration with mental health resources, particularly co-response teams, was identified as critical in terms of effectively managing these situations. However, inconsistent availability of these resources often forces officers to handle complex crises on their own, increasing pressure and potential risks that are involved. Public and societal perceptions also play a significant role, with officers frequently encountering misunderstandings about their roles in mental health crises and facing cultural barriers that complicate their efforts. Safety concerns that officers must navigate are paramount, requiring them to balance interventions with the need to prevent escalation. This delicate balancing act is shaped by the dynamic and often unpredictable nature of these calls. Bronfenbrenner's bioecological model and the PPCT model were used as conceptual frameworks for understanding these findings.

Results in Chapter 4 highlight significant challenges faced by patrol-level officers in terms of managing gray area mental health crises, including constraints imposed by legal frameworks, the emotional toll of repeated exposure, and the disconnect between

public expectations and law enforcement capabilities. These findings include critical insights regarding complexities of law enforcement's role in addressing mental health crises. Chapter 5 expands on these results in terms of broader implications and the potential for fostering positive social change through improved policies, training, and collaboration between law enforcement and mental health services. In this chapter, findings are analyzed within the context of existing literature and theoretical frameworks in terms of how they confirm, challenge, or extend current knowledge in the field. I also address limitations of the study and propose recommendations for future research to further explore and address identified challenges. Finally, I emphasize the importance of systemic changes in law enforcement and mental health collaboration to promote safer and more effective responses to mental health crises, contributing to long-term positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore and describe lived experiences of patrol-level LEOs in handling gray area mental health crises in California. Insights from this study include challenges faced by patrol-level officers as well as a critical foundation for rethinking how mental health crises are managed at the intersection of law enforcement and community health services. Experiences shared by participants reveal a complex landscape where legal constraints, emotional fatigue, inconsistent support, and societal expectations converge, often leaving officers to navigate difficult decisions with limited resources. These findings have significant implications for policy development, training, and community relations, which are crucial to improving outcomes of these encounters.

One of the key revelations of this study is the pervasive sense of frustration among officers due to legal and policy constraints that limit their ability to act effectively during gray area mental health crises. Rigid criteria for involuntary hospitalization or arrest often leaves officers in moral quandaries, where they recognize the need for intervention but are legally barred from taking action. This frustration is compounded by the fact these officers are frequently the first responders to such crises, yet they lack specialized mental health training that is necessary to navigate these situations with confidence and expertise (Tartaro et al., 2021). As a result, officers often feel they are ill-equipped to make the best decisions in the moment, which can lead to negative outcomes for both individuals in crisis the broader communities (Wittmann, Groen et al., 2021). Emotional toll on officers is another significant theme that emerged from this study. The

repetitive nature of these calls, particularly when dealing with the same individuals repeatedly, leads to emotional fatigue and a sense of helplessness. Officers are acutely aware that their interventions are often only temporary solutions, with little long-term impact on individual wellbeing. This sense of futility not only affects their professional performance but also has a profound impact on their personal wellbeing, leading to burnout and emotional detachment. The need for mental health support for officers themselves is evident, as they are continuously exposed to traumatic and emotionally draining situations without adequate resources or support systems in place.

Collaboration with mental health resources such as co-response CIT teams has been identified as a crucial factor for managing these gray area calls effectively (Seo et al., 2021). When available, these teams provide invaluable support by bringing specialized knowledge and skills to situations, which can significantly improve outcomes. However, inconsistency in terms of availability of these resources is a major concern. Officers often find themselves in situations where they must handle complex mental health crises on their own, without benefits of CIT teams or other mental health professionals. This lack of consistent support not only increases stress and pressure on officers but also raises risks of escalation and negative outcomes during these encounters. Public and societal perceptions of law enforcement's role in mental health crises add leads to complex officer experiences. There is often a significant disconnect between what the public expects law enforcement to do and what officers are legally and practically able to do in these situations. The public's misunderstanding of legal constraints and the role of law enforcement can lead to unrealistic expectations and

increased scrutiny, which further complicates officers' ability to manage these crises effectively. Additionally, cultural barriers and stigma regarding mental health issues in certain communities can hinder officers' efforts to provide appropriate interventions, leading to tensions and mistrust between law enforcement and communities.

Safety concerns are paramount for officers during these calls, as they must constantly balance the need for intervention with the imperative to ensure safety of all parties involved. The dynamic and often unpredictable nature of mental health crises means officers must be able to quickly assess and respond to changes in situations to prevent escalation. This requires a high level of situational awareness and the ability to adapt approaches based on perceived risks. However, lack of specialized training and resources can limit their ability to do so effectively, increasing the potential for harm to both individuals in crisis and officers themselves (Wittmann, Jörns-Presentati et al., 2021).

Bronfenbrenner's bioecological model and the PPCT model were used to understand these challenges. The bioecological model highlights the complex interplay between systems that influence officers' experiences, from the microsystem to the macrosystem. The chronosystem, which involves the influence of time, underscores how evolving policies and societal attitudes have shaped the current landscape of mental health crisis management. The PPCT model further enriched this analysis by emphasizing the dynamic nature of these interactions and cumulative impact of repeated exposures to similar crises over officers' careers.

Given these insights, it is clear that addressing challenges faced by patrol-level officers in managing gray area mental health crises requires multifaceted approaches. Policy development must prioritize creating more flexible legal frameworks that allow officers to take appropriate action in these situations while ensuring protection of individuals' rights. Training programs must be enhanced to provide officers with specialized knowledge and skills to navigate mental health crises confidently. This includes not only technical training involving de-escalation and crisis intervention but also education on broader cultural and societal factors that influence these situations.

Furthermore, it is essential to develop and implement mental health support systems for officers themselves. Regular access to mental health resources, counseling, and peer support programs can help mitigate the emotional toll of these calls and reduce risks of burnout and emotional detachment. This is crucial not only for the wellbeing of officers but also for the effectiveness of interventions, as emotionally healthy officers are better equipped to manage stressful and complex situations. Improving collaboration between law enforcement and mental health services is another critical area for development. Ensuring consistent availability of CIT and other mental health professionals can lead to necessary support for officers during gray area calls, reducing pressure on them to manage these crises alone. This collaboration should be supported by clear protocols and communication channels that facilitate seamless coordination between law enforcement and mental health services.

Finally, efforts must be made to bridge the gap between public expectations and the realities of law enforcement's role in mental health crises. Public education

campaigns that clarify legal constraints and responsibilities of officers can help manage expectations and reduce scrutiny that officers face during these calls. Additionally, fostering stronger relationships between law enforcement and communities they serve can help build trust and improve effectiveness of interventions, particularly in culturally diverse communities where stigma and cultural sensitivity are significant concerns.

Findings of this study underscore the need for systemic changes to better support patrol-level officers in terms of managing gray area mental health crises. By addressing legal, emotional, and societal challenges in this research, policymakers and law enforcement agencies can develop more effective strategies for mental health crisis interventions, ultimately leading to better outcomes for both officers and individuals they serve. These changes are not only necessary for improving immediate responses to mental health crises but also fostering positive social change by enhancing collaboration between law enforcement and mental health services, reducing stigma, and building stronger and more resilient communities.

Interpretation of the Findings

The findings from this study provide a rich, nuanced understanding of the experiences of patrol-level LEOs in handling gray area mental health crises. These findings both confirm and extend existing knowledge in the discipline, while also highlighting areas where current understanding may be limited or challenged. One of the notable ways this study confirms existing knowledge is through the identification of legal and policy constraints as a significant challenge for officers. This finding is consistent with previous research that highlights the limitations imposed by legal frameworks on

law enforcement's ability to manage mental health crises effectively (Hassell, 2020; Marcus & Stergiopoulos, 2022). Officers in this study frequently expressed frustration with the rigid criteria for involuntary hospitalization or arrest, which often prevent them from taking action even when they recognize a clear need for intervention. This aligns with findings from the literature that suggest legal constraints can lead to a sense of powerlessness among officers, contributing to their overall stress and frustration (Ondrejková &Halamová, 2022).

The study also confirms the emotional toll that these crises take on LEOs, a theme well-documented in the literature. Previous studies have shown that repeated exposure to traumatic events, particularly those involving vulnerable individuals, can lead to emotional fatigue, burnout, and even symptoms of PTSD among officers (Pollack & Humphreys, 2020; Rohrer, 2021). The participants in this study echoed these concerns, describing the emotional exhaustion that comes from repeatedly responding to the same individuals in crisis without seeing any long-term improvements. This finding reinforces the need for mental health support for officers, as discussed in existing research (Tartaro et al., 2021).

Another area where this study confirms existing knowledge is in the importance of collaboration with mental health professionals. The effectiveness of CIT teams has been well-documented in the literature, with studies showing that CIT can reduce the use of force, improve outcomes for individuals in crisis, and enhance officer satisfaction (Compton et al., 2022; Crisanti et al., 2020; James et al., 2022; Nick et al., 2022). The participants in this study frequently cited CIT as a critical resource when managing gray

area calls, highlighting the value of having mental health professionals available to assist in de-escalating situations and providing appropriate care. This finding supports the broader body of research advocating for increased collaboration between law enforcement and mental health services (Seo et al., 2021; Semple et al., 2021).

While the findings of this study largely confirm existing knowledge, they also extend the understanding of how patrol-level officers experience and manage gray area mental health crises. One significant contribution of this study is the detailed exploration of the nuances and complexities involved in these calls. Previous research has often focused on more clear-cut scenarios where either arrest or hospitalization is the likely outcome. This study, however, delves into the gray areas where neither option is appropriate, yet intervention is still necessary. By focusing on these gray area calls, this research provides new insights into the decision-making processes of officers and the factors that influence their actions in these ambiguous situations.

The study also extends knowledge by highlighting the inconsistent availability of mental health resources as a major challenge for officers. While the effectiveness of CIT is well-known, this study emphasizes the variability in access to these resources, which can leave officers unsupported in managing complex mental health crises. This finding suggests that while CIT and similar programs are beneficial, there is a need for more consistent and widespread availability of these resources to ensure that all officers have the support they need when responding to mental health calls. Moreover, this study provides new insights into the public and societal perceptions of law enforcement's role in mental health crises. While previous research has documented the public's

expectations of law enforcement, this study highlights the specific challenges that arise from these expectations, particularly when they are misaligned with what officers are legally and practically able to do. The participants in this study frequently mentioned the pressure they feel from the public to act in ways that may not be legally permissible, which adds an additional layer of stress and complexity to their work. This finding extends the literature by offering a more detailed understanding of the disconnect between public perception and the realities of law enforcement's role in mental health crises.

While the study primarily confirms and extends existing knowledge, it also challenges some assumptions in the current literature. One area where this study disconfirms existing knowledge is in the effectiveness of legal frameworks in protecting both officers and individuals in crisis. While the legal constraints are designed to protect the rights of individuals and prevent unnecessary hospitalization or arrest, the findings of this study suggest that these frameworks may, in some cases, do more harm than good. Officers frequently expressed frustration with the legal limitations that prevent them from taking action in situations where they believe intervention is necessary. This finding challenges the assumption that existing legal frameworks are adequate and suggests that there may be a need for more flexible policies that allow officers to act in the best interest of the individual while still protecting their rights. Additionally, the study challenges the notion that training alone is sufficient to prepare officers for managing mental health crises. While training is undoubtedly important, the findings suggest that without the consistent availability of mental health resources and support, training alone may not be

enough to equip officers to handle these complex situations effectively. This disconfirmation points to the need for a more holistic approach to crisis intervention that includes not only training but also ongoing support and collaboration with mental health professionals.

The findings of this study can also be interpreted through the lens of Bronfenbrenner's bioecological model and the PPCT model (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). These theoretical frameworks provide a comprehensive understanding of how various systems and factors interact to influence the experiences of patrol-level officers. The microsystem in Bronfenbrenner's model represents the immediate environment in which officers operate, including their interactions with individuals in crisis and their colleagues (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). The findings show that these immediate interactions are heavily influenced by the legal and policy constraints that shape officers' decision-making processes. The mesosystem, which involves the interactions between different microsystems, is reflected in the collaboration between law enforcement and mental health professionals (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). The effectiveness of these collaborations is a key factor in the successful management of mental health crises, as evidenced by the officers' positive experiences with CIT.

The exosystem encompasses the broader societal structures, such as legal policies and public perceptions, that indirectly influence officers' actions (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). The study's findings highlight how these structures can both support and hinder officers, depending on the context. For example, while legal

frameworks are intended to protect individuals' rights, they can also limit officers' ability to act in certain situations, leading to frustration and stress. The macrosystem includes the overarching cultural values and societal norms that shape the broader environment in which law enforcement operates (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). The findings of this study suggest that societal attitudes toward mental health and law enforcement play a significant role in shaping public expectations and the resources available to officers. The chronosystem, which reflects the dimension of time, is evident in the evolving nature of policies and societal attitudes that influence how officers manage mental health crises over the course of their careers (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006).

The PPCT model further enriches the interpretation of these findings by emphasizing the dynamic interactions between individuals and their environment. The process component is reflected in the routines and strategies that officers develop in response to repeated exposure to similar crises (Bronfenbrenner & Morris, 2006). The person component highlights the individual characteristics and experiences of officers that influence their actions and decision-making processes (Bronfenbrenner & Morris, 2006). The context component encompasses the broader legal, cultural, and organizational environment that shapes officers' experiences (Bronfenbrenner & Morris, 2006). Finally, the time component underscores the cumulative impact of repeated exposure to mental health crises over an officer's career, contributing to emotional fatigue and burnout (Bronfenbrenner & Morris, 2006).

While the findings of this study provide valuable insights into the experiences of patrol-level officers, it is important to ensure that the interpretation of these results does not exceed the data and scope of the research. The study's focus is on the lived experiences of officers in a specific context—gray area mental health crises in California. As such, the findings should be understood within this context and may not be generalizable to all law enforcement agencies or settings. Moreover, while the study identifies key themes and challenges, it does not claim to provide definitive solutions to the complex issues faced by officers. Instead, the findings should be viewed as a contribution to the ongoing conversation about how best to support law enforcement in managing mental health crises, with the understanding that further research and policy development are needed to address these challenges comprehensively.

In conclusion, the findings of this study confirm, extend, and in some cases, challenge existing knowledge in the field of law enforcement and mental health crisis intervention. By interpreting these findings through the lens of established theoretical frameworks, this research provides a deeper understanding of the complex factors that influence officers' experiences and decision-making processes. These insights underscore the need for continued exploration and innovation in training, policy, and support systems to improve outcomes for both officers and the individuals they serve.

Limitations of the Study

While this study provides valuable insights into the lived experiences of patrol-level LEOs responding to gray area mental health crises, it is important to acknowledge several limitations that may have impacted the findings and their generalizability (Gee et

al., 2022; Smith, 2017). Understanding these limitations is crucial for contextualizing the results and guiding future research in this area. One of the primary limitations of this study is the relatively small sample size. The study was based on in-depth interviews with six patrol-level officers, which, while providing rich qualitative data, may not fully capture the diversity of experiences and perspectives within the broader population of LEOs (Bartholomew et al., 2021). The findings, therefore, may not be generalizable to all patrol-level officers, particularly those working in different regions, under different policies, or in departments with varying levels of resources and support (Lad & Walker, 2022; Mthuli et al., 2021). Future research could address this limitation by including a larger and more diverse sample of officers, which would help to validate and expand upon the findings presented here.

Related to the issue of generalizability is the homogeneity of the sample. All participants were patrol-level officers working in California, which may limit the applicability of the findings to other contexts. Law enforcement practices, legal frameworks, and available mental health resources can vary significantly across different states and regions (Gee et al., 2022; Lad & Walker, 2022). As a result, the experiences described by the participants in this study may not fully reflect the challenges faced by officers in other parts of the country or in different types of communities such as urban vs. rural settings. Future studies could benefit from a more heterogeneous sample that includes officers from various geographic regions and different types of communities to explore how these factors might influence their experiences and decision-making processes.

Another limitation of this study is the reliance on self-reported data, which may be subject to bias. The data collected through interviews depend on the participants' willingness to share their experiences and perceptions honestly. There is always a possibility that participants may have underreported or overreported certain aspects of their experiences due to social desirability bias, memory recall issues, or a desire to present themselves in a particular light. For example, officers might downplay their emotional struggles or overemphasize their ability to manage crises effectively to align with perceived expectations. This limitation is inherent in most qualitative research, but it is particularly relevant in studies involving sensitive topics like mental health, where stigma and professional identity may influence participants' responses.

This study specifically focused on patrol-level officers, which, while providing valuable insights into this group's experiences, means that the findings may not apply to other law enforcement personnel, such as those in specialized units (e.g., Crisis Intervention Teams) or higher-ranking officers. The experiences and challenges faced by these other groups may differ significantly from those of patrol-level officers, especially in terms of access to resources, training, and decision-making authority. This limitation suggests that future research should consider including a broader range of law enforcement personnel to capture a more comprehensive picture of how mental health crises are managed across different roles within law enforcement agencies.

The study focused specifically on gray area mental health crises, which are situations where individuals do not meet the criteria for involuntary hospitalization or arrest but still require intervention. While this focus is important for addressing a gap in

the literature, it also limits the scope of the study. Mental health crises can manifest in many different forms, and the findings from this study may not be applicable to other types of mental health emergencies that fall outside the gray area definition. Additionally, the study does not fully explore how other factors, such as substance abuse or co-occurring disorders, may complicate officers' decision-making processes during mental health crises. Future research could expand the scope to include a wider range of mental health situations to better understand the full spectrum of challenges that LEOs face.

As with any qualitative study, there is a potential for researcher bias to influence the interpretation of the data. While steps were taken to minimize bias, such as using a systematic coding process and applying established theoretical frameworks (e.g., Bronfenbrenner's bioecological model and the PPCT model), the subjective nature of qualitative analysis means that the researcher's perspectives and interpretations could have shaped the findings. This limitation is particularly relevant when dealing with complex, multifaceted issues like mental health and law enforcement, where different researchers might emphasize different aspects of the data. To mitigate this limitation, future studies could benefit from involving multiple researchers in the analysis process to provide a more balanced and objective interpretation of the data.

Finally, the temporal and contextual limitations of the study must be considered. The data reflects the experiences of officers at a specific point in time, under particular social, legal, and organizational conditions. Changes in laws, policies, or public attitudes toward mental health and law enforcement could significantly alter the experiences and challenges faced by officers. Additionally, the ongoing evolution of mental health

resources and crisis intervention strategies means that the findings of this study may become less relevant as new approaches are developed and implemented. Future research should continue to explore this topic in light of changing contexts to ensure that the findings remain relevant and applicable to contemporary law enforcement practices.

Recommendations

The findings of this study offer valuable insights into the lived experiences of patrol-level LEOs handling gray area mental health crises. While the study sheds light on several critical issues, there remain areas that warrant further investigation to build on the strengths of this research and address its limitations. The following recommendations for future research are designed to deepen the understanding of law enforcement’s role in mental health crises and to inform more effective policies and practices.

One of the key findings of this study is the significant impact that legal and policy constraints have on officers' ability to manage gray area mental health crises. Future research should explore the nuances of how different legal frameworks influence law enforcement decision-making in these contexts. Comparative studies that examine the effectiveness of varying legal standards across different jurisdictions could provide valuable insights into how specific policies either facilitate or hinder effective crisis intervention. Additionally, research that engages legal professionals, mental health experts, and law enforcement in dialogue could help identify potential reforms that balance the need for public safety with the protection of individuals' rights. By focusing on these areas, future studies could build on the strengths of the current research, offering a more comprehensive understanding of the legal dimensions of crisis intervention.

The emotional toll on officers responding to mental health crises was another critical theme identified in this study. While this research highlights the need for better mental health support for officers, future studies could explore specific types of training and support mechanisms that are most effective in mitigating this emotional burden. Longitudinal research could be particularly valuable in this area, examining how ongoing mental health support programs, such as counseling and peer support networks, impact officers' well-being and job performance over time (Sareen et al., 2022; Xanthopoulou et al., 2022). Additionally, experimental studies could assess the effectiveness of different training models, including those that incorporate trauma-informed care and advanced de-escalation techniques. Such research would not only address the limitations of the current study namely, the lack of a longitudinal perspective, but also provide actionable recommendations for law enforcement agencies seeking to improve their mental health support systems.

This study identified a disconnect between public expectations and the realities of law enforcement’s role in mental health crises, which contributes to the pressure and challenges officers face. Further research is needed to explore public perceptions of law enforcement in greater detail, particularly in the context of mental health crises. Surveys and focus groups involving diverse community members could provide insights into the sources of these perceptions and how they differ across demographic groups. Additionally, studies that examine the impact of public education campaigns on changing perceptions and improving community relations could offer practical strategies for bridging the gap between law enforcement and the communities they serve. By

addressing this gap, future research can build on the current study's findings and contribute to more effective, trust-based interactions between law enforcement and the public.

While the effectiveness of co-response was highlighted in this study, the inconsistent availability of these resources emerged as a significant concern. Future research should assess the scalability and effectiveness of different crisis intervention models, particularly in areas with limited access to mental health resources. Comparative studies could evaluate the outcomes of various models, such as CIT, mobile crisis units, and co-response teams, across different settings, including rural and urban areas (Seo et al, 2021). This research could also explore the barriers to implementing these models consistently and identify strategies for overcoming these challenges. By expanding on the current study's focus on CIT, future research could contribute to the development of more universally applicable crisis intervention strategies.

Cultural sensitivity was another theme that emerged in this study, particularly regarding the challenges officers face in navigating cultural barriers during mental health crises. Future research should explore the role of cultural competence in law enforcement, examining how officers' understanding of cultural differences impacts their interactions with individuals in crisis. Studies could investigate the effectiveness of cultural competence training and its influence on both officer behavior and community outcomes. Moreover, research that includes perspectives from diverse cultural groups could provide a more nuanced understanding of how cultural norms and values influence perceptions of mental health and law enforcement. This research would address the

limitations of the current study by offering a broader perspective on the cultural dimensions of crisis intervention.

Implications

The findings of this study have significant implications for positive social change across multiple levels, including individual, family, organizational, and societal/policy. By shedding light on the lived experiences of patrol-level LEOs handling gray area mental health crises, this research offers valuable insights that can inform the development of more effective and compassionate responses to mental health emergencies. These implications are rooted in the study's empirical findings and grounded in the theoretical frameworks employed, ensuring that they remain within the study's boundaries while offering practical recommendations for improving law enforcement practices and broader societal outcomes.

At the individual level, this research highlights the emotional and psychological toll that responding to gray area mental health crises can have on LEOs. The study reveals that officers often experience emotional fatigue, frustration, and a sense of helplessness when repeatedly encountering the same individuals in crisis without seeing any long-term resolution. This finding underscores the need for more robust mental health support systems for officers themselves. Implementing regular mental health check-ins, access to counseling services, and peer support programs could help mitigate the emotional burden that officers carry, leading to improved mental health and well-being. By addressing the mental health needs of officers, this research has the potential to foster positive social change by promoting a healthier and more resilient law enforcement

workforce. Officers who are emotionally supported are likely to perform their duties more effectively and with greater compassion, which can lead to better outcomes during mental health crises (Lorey & Fegert, 2021). Moreover, enhancing officers' mental health can reduce the risk of burnout, emotional detachment, and the negative impacts these conditions can have on their interactions with the public. In turn, this can contribute to a more positive relationship between law enforcement and the communities they serve. At the family level, the implications of this research are closely tied to the well-being of LEOs. The emotional and psychological strain that officers experience in their professional lives can spill over into their personal lives, affecting their relationships with family members. The study's findings suggest that officers who are regularly exposed to traumatic and emotionally challenging situations may struggle to disconnect from their work, leading to stress and tension in their family relationships (Sofer, 2021; Somers & Terrill, 2022).

To address these challenges, it is essential to consider the role of family support in the well-being of LEOs. Providing resources and education for officers' families about the emotional demands of the job can help them better understand and support their loved ones. Programs that encourage family involvement in mental health support initiatives, such as family counseling or workshops, could help strengthen family bonds and provide officers with a solid support system at home. This, in turn, can lead to more stable family environments, which are crucial for the overall well-being of both officers and their families. By fostering a supportive family environment, this research can contribute to positive social change by enhancing the personal lives of LEOs. A stable and supportive

family life can serve as a buffer against the stresses of the job, enabling officers to perform their duties with greater emotional resilience and compassion (Li et al., 2022; Nick et al., 2022). This can lead to more effective and empathetic responses to mental health crises, ultimately benefiting both the officers and the communities they serve. At the organizational level, the implications of this research are profound. Law enforcement agencies play a critical role in shaping the experiences and well-being of their officers, and the findings of this study suggest several areas where organizational practices can be improved to support officers in managing gray area mental health crises more effectively (Edwards, 2023).

One key implication is the need for enhanced training and resources for officers who respond to mental health crises. While this study confirms the effectiveness of specialized teams and other mental health resources, it also highlights the inconsistency in their availability. To address this issue, law enforcement agencies should prioritize the consistent implementation of CIT across all jurisdictions, ensuring that all officers have access to the support they need when managing mental health crises. Additionally, ongoing training in de-escalation techniques, trauma-informed care, and cultural competence should be mandatory for all officers (Rohrer, 2021; Rosen & Travers, 2021). This training should be regularly updated to reflect the latest research and best practices in mental health crisis intervention. Furthermore, the study's findings underscore the importance of mental health support within law enforcement organizations. Agencies should implement comprehensive mental health programs that include regular mental health check-ins, access to counseling services, and peer support networks. By creating a

culture that prioritizes mental health, law enforcement organizations can reduce the stigma associated with seeking help and encourage officers to take proactive steps to address their emotional and psychological needs.

These organizational changes can have a ripple effect, leading to positive social change by improving the overall effectiveness of law enforcement responses to mental health crises. Well-trained and emotionally supported officers are better equipped to handle the complexities of these situations with empathy and professionalism, which can lead to more positive outcomes for individuals in crisis and reduce the likelihood of escalation and use of force. At the societal and policy levels, the implications of this research are particularly significant. The study highlights the critical role that legal and policy frameworks play in shaping the actions and decisions of LEOs during mental health crises. The rigid criteria for involuntary hospitalization or arrest often leave officers feeling frustrated and powerless, as they are legally barred from taking action in situations where they recognize a clear need for intervention. To address these challenges, there is a need for policy reforms that provide LEOs with greater flexibility in managing gray area mental health crises. Policymakers should consider revising the legal standards for involuntary intervention to allow for more discretion on the part of officers, while still protecting the rights of individuals in crisis. Additionally, policies should be developed to ensure the consistent availability of mental health resources, such as CIT, across all jurisdictions.

Public education campaigns are also crucial at the societal level. The study's findings indicate a significant disconnect between public expectations and the realities of

law enforcement's role in mental health crises. By educating the public about the legal constraints and responsibilities of officers, these campaigns can help manage expectations and reduce the pressure and scrutiny that officers face during these calls. Moreover, fostering a greater understanding of mental health issues within the community can reduce stigma and encourage individuals and families to seek help before crises escalate to the point of requiring law enforcement intervention.

The implications of this research at the societal and policy levels are far-reaching. By informing policy reforms and public education initiatives, this research has the potential to contribute to a more compassionate and effective approach to mental health crisis intervention. These changes can lead to better outcomes for individuals in crisis, reduce the burden on LEOs, and promote a more collaborative relationship between law enforcement and mental health services. In addition to the practical implications of this research, there are several methodological, theoretical, and empirical implications that warrant consideration. Methodologically, this study demonstrates the value of using IPA to explore the lived experiences of LEOs. IPA allows for a deep, nuanced understanding of how officers interpret and respond to mental health crises, making it a valuable tool for future research in this area.

Theoretically, this research contributes to the existing body of knowledge by applying Bronfenbrenner's bioecological model and the PPCT model to the study of law enforcement's response to mental health crises. These frameworks provide a comprehensive lens through which to examine the various systemic, environmental, and temporal factors that influence officers' decision-making processes. The study's findings

support the relevance of these models in understanding the complexities of law enforcement work and offer a foundation for future research that seeks to further explore these dynamics. Empirically, this study adds to the growing body of literature on law enforcement and mental health by providing detailed insights into the challenges officers face when responding to gray area mental health crises. The study's findings highlight the need for continued research in this area, particularly in exploring the long-term effects of repeated exposure to these crises on officers' mental health and well-being. Additionally, the research underscores the importance of developing and evaluating new models of crisis intervention that prioritize collaboration between law enforcement and mental health services.

Based on the findings of this study, several recommendations for practice emerge. First, law enforcement agencies should prioritize the consistent implementation of co-response teams and ensure that all officers receive ongoing training in mental health crisis intervention, de-escalation techniques, and cultural competence. Second, agencies should implement comprehensive mental health support programs for officers, including regular check-ins, access to counseling services, and peer support networks. Third, policymakers should consider revising legal frameworks to provide officers with greater flexibility in managing gray area mental health crises, while still protecting the rights of individuals in crisis. Finally, public education campaigns are essential to bridge the gap between public expectations and the realities of law enforcement's role in mental health crises. By fostering a greater understanding of mental health issues and the legal constraints on law enforcement, these campaigns can reduce stigma, manage

expectations, and promote more positive interactions between law enforcement and the community (Engel et al., 2022; Hallett et al., 2021).

Conclusion

This study provides a deep and critical exploration of the lived experiences of patrol-level LEOs as they navigate the challenging landscape of gray area mental health crises. These crises, characterized by situations where individuals do not clearly warrant arrest or hospitalization yet still require intervention, place officers in a difficult position, often leaving them feeling frustrated and unsupported. The research reveals that the intersection of legal constraints, public expectations, and the inconsistent availability of mental health resources creates a perfect storm of challenges that officers must confront daily. These challenges are not merely operational but also profoundly emotional, as officers repeatedly encounter individuals in crisis without the tools or authority to enact meaningful change.

The emotional toll on officers, evidenced by feelings of helplessness and burnout, highlights the urgent need for systemic reforms. The study underscores that effective mental health crisis intervention cannot be achieved through training alone. A holistic approach is required. An approach that includes consistent mental health support for officers, enhanced collaboration with mental health professionals, and legal frameworks that allow for more flexible, compassionate responses. Such an approach would not only improve the outcomes for individuals in crisis but also preserve the mental health and well-being of the officers tasked with responding to these complex situations.

Moreover, the study brings to light the significant gap between public expectations and the realities of law enforcement's role in mental health crises. This disconnect exacerbates the pressure on officers, who are often expected to act as mental health professionals without the necessary training or resources. Bridging this gap through public education and policy reform is essential to reduce the strain on officers and to foster a more informed and supportive community. The findings of this research serve as a compelling call to action. Policymakers, law enforcement agencies, and mental health professionals must come together to rethink current practices and develop more comprehensive strategies that support both officers and the communities they serve. This includes prioritizing the mental health and well-being of LEOs, ensuring the consistent availability of mental health resources, and creating legal frameworks that empower officers to make decisions that are in the best interest of individuals in crisis.

Ultimately, this study advocates for a more compassionate, informed, and collaborative approach to managing mental health crises. It highlights the need for a concerted effort at all levels, including individual, organizational, and societal, to create a system where LEOs are not only better equipped to handle these crises but are also supported and understood in their vital role. The message is clear: the well-being of officers and the individuals they serve are inextricably linked, and addressing these challenges requires systemic change that values and supports both. Entry level officers are required to make safe, informed decisions, in these high stress situations without the proper, subject specific training. By addressing these issues, this research aims to contribute to positive social change, fostering stronger relationships between law

enforcement and mental health services, and ultimately leading to safer, more compassionate responses to mental health crises. The findings of this study not only illuminate the challenges but also provide a roadmap for change. Change that benefits officers, individuals in crisis, and the broader community.

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Appendix A: Participant Interview Questions

Date of Interview: ____/____/2024 Participant ID #: _____

Explanation of Study Purpose and Implications.

Purpose of the Study:

The purpose of this study is to explore and describe the lived experiences of patrol-level law enforcement officers (LEOs) in California as they respond to gray area mental health crises. These are situations where individuals experiencing mental health issues do not clearly require arrest or hospitalization but still need intervention. By understanding how officers navigate these complex calls, the study aims to provide insights that can inform training programs, policies, and practices to improve outcomes for both officers and individuals in crisis**.**

Implications for the Study:

This research could lead to improved training, changes in policy development, training on officer well-being, and possible changes in resource allocation. Your participation in this study involves sharing your experiences through this interview, which will help uncover the challenges and strategies used during these gray area mental health crises. Your insights are valuable in shaping future practices and policies that can lead to positive changes in law enforcement responses to mental health emergencies.

Any questions before we begin the interview?

Demographic Questions:

Rank/Position in Law Enforcement: "What is your current rank or position in law enforcement?"

Years of Experience: "How many years have you been working in law enforcement?"

Type of Agency: "What type of law enforcement agency do you work for? Is it city police department, county sheriff's office, state police, or something else?"

Location: "In what geographic area or jurisdiction do you primarily work?"

Education Level: "What is your highest level of education?"

Previous Training in Mental Health Crisis Intervention: "Have you received any specific training in mental health crisis intervention? If yes, please describe."

Frequency of Responding to Mental Health Calls: "How often do you respond to calls involving individuals experiencing mental health crises?"

Participant Semi structured Interview Questions:

1. What exposure have you had to mental health calls for service?

2. What are typical outcomes of these crisis calls?

3. What are your experiences with gray area mental health calls for service?

    a. Can you give a detailed example of a gray area call for service you have experienced?

    b. Do you think your immediate interactions with individuals in crisis influence your approach during mental health calls for service?

        If yes. How do your immediate interactions influence your approach?

    c. Do your relationships with colleagues within your department affect your response to mental health crises?

        If yes. How do your relationships with colleagues affect your response to mental health crises?

    d. Does your collaboration between yourself and different units influence your response to mental health emergencies?

        If yes. How does that collaboration influence your response?

    e. Do the policies of your agency impact your ability to effectively handle mental health calls?

        If yes. How do policies impact your ability to handle mental calls?

    f. Does support from your department affect your interactions with individuals experiencing a mental health emergency?

        If yes. How does support from your department impact the call for service?

    g. Do societal attitudes influence your response to individuals experiencing a mental health crisis?

        If yes. How do societal attitudes influence a mental health call for service?

    h. Do cultural norms influence your response to mental health emergencies?

If yes. How do cultural norms influence calls for service?

i. Have changes over time, such as shifts in mental health policies or public awareness, affected your approach to handling mental health emergencies?

If yes. How have these changes impacted your approach?

4. What are your thoughts on the law enforcement response to mental health crises when the individual does not meet criteria for an involuntary hospitalization or arrest?

5. What would be the most helpful to you in responding to gray area calls for service?

6. Is there anything else about your experience with gray area calls for service you would like to share with me today?

Close interview by thanking participant.

Check-in with participant in the event a referral is needed.

Remind participant of requirement to maintain confidentiality of participation information until study is complete.

Remind the participant of member checking that will occur within 10 days of interview (they will receive the full transcript for approval).

Confirm contact information and thank you.

Appendix B: Collaborative Institutional Training Initiative Certificate

CITI PROGRAM

Completion Date 12-Dec-2023
Expiration Date N/A
Record ID 59797160

This is to certify that:

Stephanie Schilling

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

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

Under requirements set by:

Walden University

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