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Enhancing Training for Law Enforcement in Mental Health Responses in the Community

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Walden University

College of Psychology and Community Services

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Tiffany Edwards-Raines

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2026

Abstract

Enhancing Training for Law Enforcement in Mental Health Responses in the Community

by

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MA, University of Arizona, 2023

BA, University of Arizona, 2021

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Human Services

Walden University

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Abstract

A significant issue in human services practice in Macon, Georgia, is law enforcement officers' responding to individuals experiencing a mental health crisis in public. Many police officers are not equipped to handle situations involving individuals experiencing mental health events, leading to possible adverse outcomes such as injury, incarceration, or even fatalities. There are increasing rates of mental illness disorders and therefore the need for compassionate, informed approaches for human service professionals respond to those in crisis. More training for better responses can lead to better outcomes for individuals in crisis, facilitate community trust in law enforcement, and promote overall public safety. The purpose of this qualitative force field analysis was to provide information in a needs assessment for a preliminary logic model that may assist decision-makers in understanding the components of an improved training program for mental health crisis interventions within the Crisis Intervention Team (CIT) framework developed by Cochran in 1988. Data were collected through online surveys from human service professionals skilled in crisis response, and content themes and recommendations were analyzed, then ranked for order of importance in training programs. The findings emphasize professionals' recommendations about the need for specialized law enforcement training focused on de-escalation, empathy, and collaboration with mental health professionals. The findings contribute to social change by identifying key areas for enhanced law enforcement training for community safety.

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Section 1: Introduction to the Problem

Background of the Human Services Problem

The intersection of mental health and law enforcement in responding to the needs of their communities represents a human services issue, characterized by the need for resources and training for police officers tasked with responding to individuals experiencing mental health crises. Historically, policing models have focused primarily on traditional law enforcement tasks rather than the supportive roles that include social service interventions (Watson et al., 2024). These programs aimed to equip officers with the skills necessary to de-escalate confrontations and connect individuals to appropriate mental health resources (Bratina et al., 2020). There is a need for an improved collaborative mental health response strategy within law enforcement, as data indicate that people with mental health conditions are disproportionately represented in police encounters (Dyett et al., 2025). As the understanding of mental health within community settings has evolved, so has the demand for effective crisis management strategies. However, obstacles persist, including inconsistent implementation of these programs across different jurisdictions and specific training in collaborative mental health crisis response (Linhorst et al., 2024).

Social Problem

The mental health crisis in the United States presents challenges for both social services and law enforcement agencies, with approximately seven to ten percent of police encounters involving individuals with mental health conditions (Compton et al., 2022). Furthermore, individuals with severe mental illness are particularly vulnerable, being 10

times more likely to be victims of violent crime than the general population. These statistics underscore the necessity for effective intervention strategies, such as the introduction of Crisis Intervention Team (CIT) training, which equips officers with essential skills for de-escalating crises and fostering better cooperation with mental health professionals (Compton et al., 2022). This study explored the training needs of law enforcement in Macon, GA to improve collaborative responses and enhance support for those facing mental health crises in Georgia.

Local Problem

The local social problem in Macon, GA involves the preparation and training of law enforcement officers to respond to individuals experiencing mental health crises. Despite the prevalence of such crises, police often lack effective training to handle these situations appropriately, leading to delays and adverse outcomes during critical moments. Presently, the community lacks established co-response and crisis intervention teams, which exacerbates the problem and delays vital support. According to incident reports and an adverse childhood experiences study conducted by the county government and Macon Mental Health Matters, approximately half of the homicides in Macon this year occurred in zip codes identified as having the highest levels of trauma.

This data underscores the connection between trauma and violent crime in the community (Fraga, 2023). Bibb County Sheriff's Office shows that between 2020 and 2024, there were nine deaths in the Macon jail, four of which were attributed to suicide. In a private conversation with Frederica McClary-Myers, the Chief Clinical Officer at River Edge, she emphasized the protocols established for inmates experiencing severe

mental health crises, which include isolating individuals in a designated area within the jail's infirmary and conducting daily visitations to assess their levels of suicidality and homicidally. She noted, "We see a lot of depression, we see a good amount of severe persistent mental illnesses for individuals." The complex interplay between mental health needs and criminal activity, as emotional management difficulties and a lack of support in low-income areas contribute to higher rates of crime and homicide.

Purpose of the Study

The purpose of this study was to explore what mental health professionals think is effective in collaboration with law enforcement responding to individuals in mental health crises in Macon, GA, a community that faces challenges in this area. I invited mental health professionals to share their ideas about existing practices and frameworks and identify possible areas for improvement. The goal was to promote collaboration among stakeholders with the goal of enhancing overall outcomes for individuals in distress in Macon, GA. Through this investigation, I provided valuable insight that can lead to improved interventions and support mechanisms within the Macon community.

Research Questions

The research questions for this qualitative study are:

1. What components of training do community professional mental health members recommend that are needed to enhance a collaborative response to individuals experiencing a mental health crisis in Macon, GA?
2. What are the forces for and barriers to creating a collaborative response to mental health crises in Macon, GA?

Conceptual or Theoretical Framework

The foundation of this study was based on the CIT framework, developed by Cochran and the University of Memphis CIT Center in 1988. The CIT model emphasizes the significance of specialized training law enforcement officers to enhance their responses to individuals in mental health crises. Key components include promoting de-escalation techniques, cultivating empathy, and encouraging collaboration with mental health professionals (Dyett et al., 2025). The CIT framework was used as a lens to explore the training needs of law enforcement in mental health crisis interventions in this specified location. By framing the research questions around the perceptions of law enforcement and mental health professionals regarding police training requirements, I identified what they believe is needed for training and any existing gaps and areas for improvement aligned with CIT principles.

The integration of mental health literacy in law enforcement training has been shown to positively impact police officers' attitudes and knowledge regarding mental disorders and trauma sensitivity (Lorey & Fegert, 2022). The framework guided the analysis of the participants evaluation of current practices and can inform the development of any identified changes to help ensure effective training programs that support law enforcement to be better equipped to manage mental health situations in public.

Nature of the Study

The methodology for this study was a sequential online force field analysis comprising two surveys to assess the perceptions of mental health professionals regarding

their training needs and to identify factors that promote or hinder collaboration with law enforcement when responding to mental health crises in the community (Cochran & the University of Memphis CIT Center, 1988). Insights gathered from this analysis contributed to a preliminary logic model, providing valuable input from experienced professionals that may help shape the content of a training program for law enforcement personnel, ultimately enhancing their collaborative efforts with mental health providers techniques. In the preliminary logic model, the findings from the force field analysis provided some initial input in the form of insights from professionals already in the field, which may inform the content of a training program for law enforcement members to work collaboratively with mental health professionals.

Defined Terms

The following terms have been defined for the purpose of this study:

Collaborative response: The joint efforts of professionals such as cops, clinicians, or social workers to address and respond effectively to behavioral health emergencies or social issues. Balfour et al. (2022) highlighted the need for collaboration among cops, clinicians, and social workers to manage behavioral health emergencies effectively.

Crisis Intervention Team (CIT): A targeted program aimed at training law enforcement personnel to effectively engage individuals experiencing mental health crises. Studies indicate that officers who receive CIT training can significantly enhance their interactions with those facing mental health challenges (Watson et al., 2024).

De-escalation: The application of strategies intended to diminish the severity of a tense situation. CIT training prioritizes de-escalation techniques, providing officers with the necessary skills to manage crises without resorting to arrests (Compton et al., 2022).

Mental health crisis: A condition in which an individual's mental health sharply declines, often necessitating urgent assistance from professionals. During these crises, effective engagement by law enforcement is vital to ensuring the safety and well-being of such individuals (Compton et al., 2022).

Referral decisions: The choices made by law enforcement officers to direct individuals in crisis toward suitable mental health services. Research shows that CIT training improves an officer's ability to make mental health referrals, enhancing outcomes for those in crisis (Compton et al., 2022).

Significance of the Study

Significance of the Study for Community or Organization

The significance of this study for local organizations and the community of Macon lies in the potential to help bolster public safety and improve community members' mental health crises outcomes. By using a framework of CIT training protocols and findings from the study, police departments may decide to equip their officers more effectively to handle mental health situations, resulting in fewer arrests and greater empathy in their interactions with those in crisis. Furthermore, the findings of the study may foster collaboration among law enforcement, mental health professionals, and community organizations, promoting a coordinated approach to crisis interventions that prioritize mental health resources over punitive measures. Additionally, the study may

provide a foundation for education initiatives aimed at raising community awareness about mental health issues, thereby reducing stigma and creating more supportive environments for individuals in need. By leveraging these outcomes, communities can enhance their approach to mental health crises, leading to improved service delivery and overall health outcomes.

Significance of the Study for Human Services

The study addresses an issue in human services, particularly concerning the treatment of individuals with mental health concerns during police interactions. The significance of this study extends to several key areas. First, its results may assist in shaping positive practices in crisis intervention across various jurisdictions, promoting the adoption of models that prioritize mental health care rather than criminalization. This transformation may help reduce trauma and improve health outcomes for individuals in crisis. Moreover, policymakers may decide to utilize insights from the study to develop legislation that highlights the importance of CIT training and mental health resources within law enforcement, leading to systemic enhancements and more robust support for mental health interventions in communities.

Additionally, by emphasizing the need for effective crisis intervention training, the study may contribute to broader efforts to reduce stigma around mental health and increase societal understanding of these issues, which aligns with the social determinants of health. The findings may also serve as a foundation for establishing international standards in mental health crisis intervention, encouraging countries worldwide to adopt similar training frameworks, thus fostering healthier societies globally. In summary, the

outcomes of this study have the potential to catalyze significant social change and reinforce initiatives that address social determinants of health, promoting a holistic approach to mental health and public safety.

Literature Review

Literature Search Strategy

First, I defined my research question, focusing on the intersection of law enforcement and mental health crisis response. This clear focus guided my selection of relevant keywords, which included terms such as *Crisis Intervention Team*, *Mental health professionals*, *De-escalation*, and *Interdisciplinary training and Referral Decisions*. I chose these terms to capture the multifaceted nature of the subject, ensuring a comprehensive search of literature. Next, I selected appropriate databases and search engines to source my literature. Utilizing platforms such as Academic Search Complete, Scopus, MEDLINE, Criminal Justice Database, and ProQuest ensured my access to a diverse array of peer-reviewed and scholarly articles relevant to my discipline. This selection was justified based on the wide-ranging quality and credibility of sources these databases provide, particularly topics related to law enforcement and mental health. In terms of timeframe, I primarily focused my search on recent empirical literature, targeting articles published within the last 5 years. This decision was based on the need to engage with the latest research findings and emerging trends in crisis intervention and police training. By encompassing current literature, I addressed contemporary challenges and solutions in mental health crisis responses within law enforcement. My search encompassed various types of literature, including peer-reviewed journal articles,

evaluations of training programs, and relevant policy discussions. This comprehensive approach not only highlights empirical research but also integrates practical recommendations and legislative context, enriching my analysis.

Lastly, I organized my findings into brief summaries, highlighting key aspects of each study, such as what they studied, the findings, and their implications. Through this structured review process, I effectively justified the research problem and underscored the need for improved police training in mental health.

Theoretical or Conceptual Framework

The rising occurrence of mental health crises in communities has exposed challenges for law enforcement agencies tasked with maintaining public safety while addressing the complex needs of individuals experiencing these crises (Sharma et al., 2024). Traditional policing methods often fall short in effectively managing incidents involving mental illness, leading to increased calls for specialized training and intervention strategies designed to improve outcomes for all parties involved (Watson et al., 2024). Originating in Memphis, Tennessee, the CIT program is an innovative law enforcement initiative aimed at improving responses to individuals experiencing mental health crises (Cochran & the University of Memphis CIT Center, 1988). CIT is a specialized police-based response model that equips officers with the skills to recognize and de-escalate situations involving individuals with mental illness. CIT training typically includes instruction on mental health disorders, communication and de-escalation techniques, legal considerations, and referral protocols to connect individuals with community-based services rather than defaulting to arrest or use of force. The goal

of CIT is to improve officer safety, reduce the incidence of injury to individuals in crisis, and increase access to appropriate mental health care (Compton et al., 2022).

Extensive research supports the effectiveness of CIT in transforming police interactions with people experiencing mental health crises. Studies by Watson et al. (2024) and Compton et al. (2022) have demonstrated that officers who undergo CIT training are better equipped to employ de-escalation techniques, leading to fewer arrests and reduced use of force incidents. Research indicates that understanding the relationship between subject injury and police use of force during mental health crises is essential for developing appropriate intervention strategies (Joseph et al., 2025). An exploratory study emphasized the importance of understanding perceived risks when police engage with individuals suffering from severe mental illness to mitigate the use of force (Dailey & Dubrow, 2024).

Moreover, CIT-trained officers are more likely to connect individuals to mental health resources, which can prevent future crises and reduce recidivism in the criminal justice system (Haslam & Tse, 2025). This approach benefits not only individuals in crisis but also law enforcement and the broader community by promoting safety and dignity. Recognizing that law enforcement alone cannot address the multifaceted nature of mental health crises, there has been a shift toward integrating co-responder models (Lynch, 2024). As highlighted by Marcus and Stergiopoulos (2022), co-responder programs pair police officers with mental health professionals who respond jointly to calls involving mental health emergencies. This interdisciplinary collaboration enhances public safety by bringing clinical expertise to the scene, allowing for more informed

assessment and intervention, and reducing the likelihood of unnecessary incarceration or hospitalization (Tartaro et al., 2021). Despite the growing adoption of CIT and co-responder programs, gaps remain in understanding their long-term effectiveness and how to optimally tailor training and resources to diverse community needs.

In summary, the theoretical framework underpinning the use of CIT and related models reflects a paradigm shift from traditional law enforcement tactics toward trauma-informed, collaborative approaches that emphasize de-escalation, mental health referrals, and community integration. Collaborative approaches are effective in enhancing mental health support (Nataliansyah et al., 2023) This framework acknowledges the complexity of mental health crises and the necessity for multifaceted strategies that enhance both public safety and the dignity of individuals affected by mental health illnesses (Compton et al., 2022).

A recent study emphasizes the development and implementation of standardized scenarios to assess law enforcement officer skills in CIT training, highlighting its potential to enhance intervention effectiveness (Watson et al., 2024). Training programs such as CIT can significantly enhance participant knowledge, reduce situational anxiety, and improve attitudes towards individuals in crisis (Todd et al., 2022).

Themes and Subthemes of Literature Related to Human Services Problem

Rising Mental Health Disorders

The rise of mental health disorders is a notable global issue impacting individuals across diverse demographics. Current statistics reveal that mental illness is a widespread concern. Factors contributing to this rise in mental illness among young people include

social isolation, academic pressures, and the overall impact of recent global events (Crisanti et al., 2022). Additionally, certain communities are more affected by mental health disorders. Research indicates that racial and ethnic minorities frequently experience elevated levels of anxiety and depression due to systemic barriers, including discrimination and economic instability (Ramasamy et al., 2023).

Similarly, LGBTQ+ individuals encounter distinct mental health challenges, as societal stigma and discrimination heighten their risk for mental health disorders (Waters, 2021). Research indicates that extensive engagement with social media platforms correlates with increased feelings of anxiety, depression, and loneliness, particularly among young people (Brahm, 2023). The comparison to online personas can lead to lower self-esteem and increased feelings of inadequacy, which can worsen existing mental health conditions.

Economic stressors also play a role in the mental health landscape. The instability brought about by the COVID-19 pandemic has increased financial pressures for many individuals and families (Marcus & Stergiopoulos, 2022). Economic insecurity has been linked to higher rates of anxiety and depression as people face job loss, reduced income, and uncertainty about the future (Compton et al., 2022). In addition to social media and economic pressures, environmental factors such as housing instability and community violence contribute to mental health challenges (Sharma et al., 2024). Individuals living in lower-income areas often face multiple stressors, including inadequate housing and violence. Economic insecurity has been associated with increased rates of anxiety and

depression as individuals confront job loss, reduced income, and uncertainty about the future (Fortune & Leighton, 2024).

The intersection of mental illness and incarceration is a vital area of concern in modern criminal justice systems. Data illustrates that individuals with mental health disorders are disproportionately represented in the prison population (Dee & Pyne, 2022). The rising rates of mental health disorders present a public health issue that requires attention. Current statistics indicate an increase in mental illness prevalence, particularly among young adults and certain communities (Gonzalez Miranda et al., 2024). It is important to understand the factors contributing to this rise, including the influence of social media, economic stressors, and broad societal challenges (Hofer et al., 2024). This includes improving access to mental health care, increasing public awareness, and creating environments that reduce stigma (Heffernan et al., 2023). Policymakers and mental health professionals should collaborate to implement strategies that address the root causes of mental health disorders and provide resources to those affected (Hofer et al., 2024).

Incarceration Rates of Individuals with Mental Illness. Approximately 20% of inmates in state and federal prisons have been diagnosed with a mental illness, a rate that exceeds that of the general population (Dee & Pyne, 2022). This statistic translates to over 2 million people with mental health issues who are currently incarcerated in the United States alone. Among individuals with serious mental illnesses, such as schizophrenia or bipolar disorder, the incarceration rates are even higher (Crisanti et al., 2022). These individuals are more likely to enter the criminal justice system than to

receive necessary treatment for their conditions. Individuals with mental illness who experience recurrent encounters with law enforcement highlight the necessity for systemic reforms that address root causes beyond immediate criminal behavior (Willis et al., 2021).

The increasing rates of incarceration of those with mental health disorders raise concerns about mental health support and interventions within the criminal justice framework (Redgate et al., 2025). The consequences of incarceration for individuals with mental health issues are complex and multifaceted, impacting their well-being and potential for rehabilitation. One immediate implication of incarceration is the risk of personal safety (Dee & Pyne, 2022). Prisons and jails are often unable to provide the necessary support for individuals with mental illnesses, which can lead to increased incidents of violence or victimization within these settings (Redgate et al., 2025).

Additionally, the environment of a correctional facility can exacerbate pre-existing mental health conditions. Many inmates are subjected to isolation, overcrowding, and a lack of mental health treatment, which can contribute to the deterioration of their mental health. The lack of therapeutic interventions and rehabilitative programs can thwart opportunities for recovery, entrenching inmates in cycles of institutionalization rather than rehabilitation (Crisanti et al., 2022).

Reintegration into society following incarceration is another concern. Individuals with mental health issues who have been incarcerated often face challenges in transitioning back into their communities. Many struggle to find housing, employment, or community mental health resources, risking re-incarceration in a cycle that is difficult to

break. The statistics surrounding the incarceration rates of individuals with mental illnesses reveal a trend in the criminal justice system, where many people receive inadequate care for their mental health conditions (Compton et al., 2022).

To address the issue of mental illness in the criminal justice system, there is a need for systemic changes that prioritize mental health treatment over incarceration for non-violent offenses (Redgate et al., 2025). Implementing diversion programs can effectively redirect individuals with mental health needs away from jail and into appropriate treatment facilities, fostering recovery rather than punishment (Heffernan et al., 2023).

Furthermore, increasing access to mental health services and providing training for law enforcement officers can significantly enhance outcomes for individuals experiencing mental health crises, ensuring they receive the support they need rather than being subjected to the criminal justice system (Edwards et al., 2025).

In summary, addressing the challenges faced by individuals with mental health issues in the criminal justice system requires a shift in perspective—from viewing incarceration as an appropriate response to understanding the importance of treatment and rehabilitation. Efforts to reform the system will not only benefit individuals but also society by reducing recidivism rates and promoting community well-being (Watson, 2021).

Homelessness and Mental Health. The connection between homelessness and mental illness is a relevant area of research and policy discussion. Individuals experiencing homelessness are more likely to face various mental health challenges

compared to the general population. Marcus and Stergiopoulos (2022) indicated that approximately 30-40% of homeless individuals are diagnosed with a mental health disorder, highlighting a notable discrepancy between this group and the mental health prevalence in the broader community, which is approximately 20%.

Various case studies provide insight into how mental health issues can lead to homelessness and how homelessness can exacerbate existing mental health conditions. For instance, Schriver (2021) examined a population of homeless individuals in urban areas and found that many had experienced untreated mental health conditions, such as depression and anxiety. These untreated conditions often made it difficult for them to maintain employment and housing stability, resulting in a cycle of poverty and homelessness (Saldanha et al.,2024).

A specific case illustrates this dynamic: A woman named Sarah had been diagnosed with bipolar disorder. Despite her diagnosis, she struggled to obtain consistent treatment, which affected her ability to keep a job. Following a job loss, Sarah could no longer afford her rent and subsequently lost her home. Once homeless, her mental health deteriorated due to the added stressors of living on the streets and access to necessary mental health services.

Moreover, homelessness can lead to increased vulnerability to further mental health issues. The lack of stable housing exposes individuals to various stressors, including violence, social isolation, and substance abuse (Gonzalez Miranda et al., 2024). Individuals living without stable housing often experience chronic stress, which can lead to the onset or worsening of mental health disorders (Edwards et al., 2025). The

intersectionality of homelessness and mental illness thus presents challenges for both individuals and service providers aiming to address these concerns, underscoring the need for targeted interventions that consider the complex relationship between housing instability and mental health (Crisanti et al., 2022). Watson et al. (2024) highlighted that addressing the needs of homeless individuals with mental health challenges requires targeted programs and resources.

Several initiatives have been developed to provide support and improve outcomes for this population. Saldanha et al. (2024) mentions one effective model is the Housing First approach, which prioritizes providing individuals with stable housing without preconditions such as sobriety or participation in specific treatment programs. This approach has proven beneficial in improving mental health outcomes and overall quality of life for homeless individuals. Saldanha et al. (2024) emphasize that Housing First not only reduces homelessness but also encourages individuals to seek mental health treatment once they have a stable living environment.

Programs offering integrated services are also crucial. These often provide a combination of housing assistance, mental health support, and substance abuse treatment under one umbrella. Schriver (2021) discusses how these integrated programs cater to the complex needs of homeless individuals by addressing both their housing and mental health needs simultaneously. For example, the Pathways Housing First program has demonstrated positive results by providing housing and ongoing mental health services, leading to higher rates of housing retention and improved mental health for participants (Marcus & Stergiopoulos, 2022).

Mobile mental health units present another approach to engaging homeless individuals. These units travel to encampments and shelters, providing on-site mental health assessments and supportive services. Partnerships among local governments, nonprofit organizations, and healthcare providers can create a network of resources to support this population (Marcus, N., & Stergiopoulos, V. 2022). Collaborative efforts often lead to outreach programs that educate homeless individuals about available services and how to access them, thereby increasing participation in mental health programs (Leclair et al., 2025). Increasing awareness and understanding of mental health issues among social workers, case managers, and shelter staff can improve the quality of interactions, and the support provided to homeless individuals (Hofer et al., 2024). Tartaro et al. (2021) emphasizes the importance of trauma-informed care to enhance service delivery for those with mental health challenges.

The relationship between homelessness and mental health is a complex issue that requires ongoing attention and intervention (Leclair et al., 2025). Individuals experiencing homelessness face higher rates of mental health disorders, and their mental health conditions can be both a contributing factor to and a result of their housing instability (Edwards et al., 2025). Programs addressing these intertwined issues—such as Housing First, integrated services, mobile mental health units, and community partnerships—demonstrate the potential for improving outcomes for homeless individuals with mental health needs (Hofer et al., 2024).

To effectively address homelessness and mental illness, there is a need for comprehensive strategies that consider the individual circumstances of each person

(Gonzalez Miranda et al., 2024). Ongoing investment in mental health resources, housing solutions, and staff training will be crucial for supporting this vulnerable population and fostering greater resilience in the community (Heffernan et al., 2023). Research conducted by Hopkin et al. uncovers notable differences between homeless individuals and their non-homeless counterparts referred for mental health assistance while in police custody, emphasizing the need for tailored interventions (Hopkin et al., 2020).

Overreliance on Law Enforcement in Mental Health Crises

The role of law enforcement in responding to mental health crises has become a topic of growing discussion and evaluation (Milliard et al., 2025). Law enforcement's response to individuals with mental illness must reflect compassionate engagement strategies to ensure safer interactions and outcomes (Rohrer, 2021). Traditionally, police officers have been tasked with handling various emergencies, including those involving individuals experiencing mental health issues. Compton et al. (2022) conducted a study examining the effectiveness of a Crisis Intervention Team (CIT) Mental Health Training program designed for law enforcement officers across multiple sites. The findings indicated that officers who participated in CIT training showed improvements in their responses to mental health crises, leading to more positive outcomes for individuals in distress (Compton et al., 2022). This research underscores the necessity of targeted training that equips officers with the skills to manage such situations effectively.

However, while training initiatives like CIT can enhance the ability of officers to address mental health crises, questions persist regarding the overall reliance on police for these emergencies (Compton et al., 2022). The expectation that law enforcement should

handle mental health-related incidents may place an undue burden on officers, who often are not equipped to provide the specialized care that individuals experiencing mental health challenges may require as discussed by Crisanti et al., (2022). This reliance may also inadvertently lead to potential escalations in situations that could be managed through different approaches. Watson et al. (2024) explored the influence of CIT training on police officers' behavior concerning mental health referrals. Their study found that officers who underwent CIT training demonstrated an increased intent to make mental health referrals. Evidence suggests that Crisis Intervention Team (CIT) training for law enforcement is effective, demonstrating improved responses to individuals with mental health issues (Boddy et al., 2024).

This finding highlights the potential benefits of training, as it enables officers to identify when mental health resources are necessary and to follow through with appropriate referrals. However, it also points to a central challenge: the need for a robust mental health response system that can effectively support officers and individuals in crisis. Given the complexities surrounding mental health crises and the role of law enforcement, exploring alternative response systems has become increasingly important (Watson et al., 2024). Insights from Chicago police officers reveal the complexities faced by law enforcement in a landscape marked by inadequate mental health systems, underscoring the need for systemic change (Wood, Watson, & Barber, 2021). Various models have emerged that focus on providing timely and appropriate care to individuals experiencing mental health emergencies, reducing the need for police intervention (Marcus, N., & Stergiopoulos, V. 2022). Including psychiatrists in the leadership of

Crisis Intervention Team programs is essential for ensuring comprehensive responses to mental health crises (Munetz & Bonfine, 2022).

Crisis intervention teams (CITs) are one possible alternative. These teams typically consist of trained mental health professionals and may include peer support specialists. This system allows for a more therapeutic approach to mental health crises, focusing on de-escalation and stabilization. Studies have indicated that these teams can effectively reduce the need for hospitalization and arrest, providing a more suitable response for individuals in crisis as mentioned by Bratina et al. (2020). Further research by Watson et al. (2024) explored how Crisis Intervention Team (CIT) training improves police officers' attitudes and self-efficacy in managing mental health situations. The study found that such training can enhance officers' knowledge and their willingness to refer individuals to appropriate mental health resources.

However, systemic changes beyond training are needed to create a comprehensive support network. This includes partnerships with mental health organizations to ensure individuals have access to the necessary services (Heffernan et al., 2023). Mobile crisis units have been developed to provide immediate support in mental health emergencies. These teams, consisting of mental health professionals, respond alongside or in place of law enforcement to offer acute intervention and connect individuals to long-term support as stated by Hofer et al. (2024). Such models have shown promise in addressing mental health crises while reducing the potential for confrontation that may arise in police-only responses (Edwards et al., 2025).

Training programs such as CIT provide officers with valuable skills to handle such situations more effectively; the underlying issue of overreliance remains. Exploring alternatives to traditional police responses, including crisis intervention teams, mobile crisis units, and stabilization centers, offers pathways to more effective care for individuals in crisis.

Integrating mental health professionals into the response framework can improve outcomes and ensure that individuals receive appropriate and timely support. Continued collaboration between law enforcement, mental health providers, and community organizations is essential in developing comprehensive systems to address mental health emergencies. This integrated approach can help to ensure that individuals experiencing mental health crises receive the necessary care while also enabling law enforcement to perform their duties effectively (Uddin et al., 2020).

Increased Mental Health Calls

Recent years have seen a notable rise in mental health crisis calls to both hotline services and emergency response systems. This trend reflects a growing awareness of mental health issues and an increased willingness to seek help. According to national data, the number of calls made to crisis hotlines has increased significantly. This uptick in calls to mental health crisis services can be attributed to various factors. The pandemic has also prompted discussions around mental health in public discourse and may have reduced stigma surrounding help-seeking behaviors. As more people recognize the importance of mental wellness, the demand for immediate assistance has surged, resulting in more calls to crisis centers and emergency services.

While the increase in calls to mental health crisis, hotlines and emergency services reflects a growing awareness of mental health issues and a desire for immediate support. However, the surge in demand poses challenges in preparing existing systems to respond effectively. While training programs such as CIT have shown promise in improving law enforcement responses, the need for ongoing training and support remains crucial (Weaver et al., 2022).

Legislative efforts aimed at enhancing mental health crisis response training and the exploration of alternative intervention models are important steps toward ensuring adequate responses to individuals in distress. Crisanti et al. (2022) evaluated the ongoing Crisis Intervention Team (CIT) training for law enforcement officers and found that continued training improved officers' skills and confidence in handling mental health crises. The study underscored the importance of regular and sustained training for officers, suggesting that a well-prepared law enforcement response can enhance outcomes for individuals in crisis

Yet, even with initiatives such as CIT training, concerns about preparedness remain. Many officers may still lack comprehensive mental health training, making it challenging to respond effectively to crises without further support. The proposed initiatives focus on increased funding and support to ensure that officers can receive the training needed to manage such situations competently.

Moreover, research conducted by Marcus and Stergiopoulos (2022) highlights alternative models of mental health crisis intervention. The authors' review compared traditional police responses with co-responder models, where mental health professionals

work alongside law enforcement. The findings indicated that co-responder models often yield better outcomes in managing mental health crises compared to traditional police responses. These results suggest that integrating mental health professionals into the response framework could improve the efficacy of crisis interventions (Lynch, 2024).

As the number of mental health crisis calls continues to rise, exploring diverse response models will be essential for enhancing system preparedness. Communities seeking to address this issue may consider innovations such as mobile crisis units and community-based mental health teams. These alternatives can provide immediate support at the scene, potentially reducing the need for law enforcement intervention.

The increase in calls to mental health crisis hotlines and emergency services reflects a growing awareness of mental health issues and a desire for immediate support. However, the surge in demand poses challenges in preparing existing systems to respond effectively. While training programs such as CIT have shown promise in improving law enforcement responses, the need for ongoing training and support remains crucial (Weaver et al., 2022). Legislative efforts aimed at enhancing mental health crisis response training and the exploration of alternative intervention models are important steps toward ensuring adequate responses to individuals in distress.

Stigma Surrounding Mental Health

Stigmas surrounding mental health can influence individuals' willingness to seek help with mental health issues. Societal perceptions and attitudes toward mental illness often create barriers that prevent individuals from accessing the support they need (Schrivier, 2021). This stigma can result in feelings of shame and isolation, which further

exacerbates their mental health conditions. A mixed-methods exploration by Walsh and Foster investigates the public stigma surrounding mental illness, providing a comprehensive understanding of its multi-level impacts on individuals (Walsh & Foster, 2024). Data indicates that societal attitudes toward mental illness can affect treatment-seeking behavior.

The stigma surrounding mental health significantly influences how healthcare professionals respond to individuals seeking assistance (Sharma et al., 2024). Stereotypes can adversely affect the quality of care that patients receive, as some practitioners may unconsciously hold biases that impact their interactions with those experiencing mental health issues (Schriver, 2021). This interplay of societal stigma and biases within the healthcare system can discourage individuals from continuing their treatment, highlighting the urgent need for advancements in both societal attitudes and professional training (Sharma et al., 2024). The impact of stigma can also extend to high-stress environments, such as workplaces and schools. Individuals may refrain from discussing their mental health struggles due to the fear of negative repercussions, such as being treated differently or losing their jobs. This situation creates a cycle in which untreated mental health conditions can result in decreased productivity and a further decline in mental well-being. The longer individuals avoid seeking help, the more entrenched their issues may become, complicating the recovery process (Sharma et al., 2024).

Addressing mental health stigma requires concerted efforts through campaigns and educational initiatives aimed at increasing awareness and understanding of mental health issues (Schriver, 2021). One notable campaign is the "Time to Change" initiative,

which operates in several countries to foster open discussions about mental health and challenge societal stereotypes. As noted by Tartaro et al. (2021), such campaigns frequently lead to changes in public perceptions, illustrating that educational efforts can enhance understanding of mental health issues. These campaigns encourage individuals to share their experiences and promote the idea that mental health is just as vital as physical health. Schools that incorporate mental health education into their curriculum provide students with valuable knowledge about mental health, helping them recognize warning signs and understand the importance of seeking help. Bratina et al. (2020) identify initiatives that involve peer support systems, where trained students advocate for mental health awareness, as effective ways to reduce stigma. This approach creates a supportive environment in which students feel comfortable discussing their mental health challenges.

Additionally, mental health training for law enforcement and healthcare professionals is an important aspect of addressing stigma within these systems. Continued education can enhance understanding of mental health conditions, leading to more compassionate responses when individuals seek help. Schriver (2021) highlighted the crucial role of enhancing awareness and knowledge among professionals to guarantee they deliver suitable support and minimize biases in their treatment approach. Reducing stigma and increasing awareness about mental health are critical components in fostering treatment-seeking behavior among individuals (Haslam & Tse, 2025). Stigma surrounding mental health significantly affects individuals' willingness to access care, as

societal attitudes can create barriers that inhibit treatment-seeking (Fortune & Leighton, 2024)

Therefore, understanding these dynamics is essential for devising effective strategies that promote mental health awareness and encourage individuals to pursue necessary treatment. By fostering open communication and understanding, these efforts empower individuals to seek treatment without the burden of judgment (Haslam & Tse, 2025). Research shows that increasing awareness about mental health correlates with improved outcomes for individuals and promotes a culture in which mental health is valued alongside physical health (Fortune & Leighton, 2024). As the understanding of mental illness evolves, it becomes increasingly important to ensure that public perceptions are informed and inclusive, ultimately leading to a more compassionate society where individuals feel safe to seek help and prioritize their mental well-being.

Escalation Risk in Mental Health Crises

Mental health crises present a range of challenges, particularly when appropriate interventions are not in place. In situations where individuals experiencing mental health issues do not receive suitable support, there is a heightened potential for escalation (Crisanti et al., 2022). This escalation can manifest in various ways, including increased agitation, self-harm, or violence directed toward others.

Research has shown that inadequate mental health interventions can contribute to severe outcomes during crises. For instance, individuals in crisis may experience heightened feelings of fear, confusion, or paranoia, which can lead to unpredictable behavior. The absence of trained professionals equipped to manage these situations may

result in law enforcement responding inappropriately, resulting in a confrontation where the individual feels threatened (Schriver, 2021). Such encounters can lead to the escalation of force and further exacerbate the individual's mental state. Crisanti et al. (2022) evaluated ongoing Crisis Intervention Team (CIT) training for law enforcement officers and found that appropriate training enhances officers' ability to handle mental health crises effectively. In many cases, individuals who require mental health support may be treated as criminal threats rather than individuals in need of care, leading to potential harm on both sides during these interactions.

Moreover, societal stigma surrounding mental health complicates the response to crises. Individuals may feel reluctant to seek help or disclose their mental health struggles, which can result in their needs being overlooked until a crisis arises. The potential for escalation in mental health crises, implementing effective strategies for risk reduction is essential. Various approaches have shown promise in mitigating the negative outcomes associated with these situations.

One effective strategy is the ongoing training and education of law enforcement officers in mental health crisis intervention. Comprehensive training programs can equip officers with the knowledge and skills necessary to identify and respond to mental health crises effectively. For instance, the training provided through the CIT model emphasizes de-escalation techniques and encourages officers to view individuals in crisis as people in need of assistance rather than as suspects (Compton et al., 2022).

The CIT model serves as a framework that has been evaluated for its effectiveness. Watson et al. (2024) focused on developing and implementing standardized

scenarios for training law enforcement officers in CIT strategies. Their findings demonstrated that utilizing standardized training scenarios can enhance officers' skills in responding to mental health crises. This type of preparation ensures that officers are better equipped to manage potential escalation and provide a consistent framework for response. In addition to officer training, collaboration with mental health professionals can also improve outcomes during crises.

Co-responder models, which involve trained mental health professionals accompanying law enforcement during crisis calls, have been shown to lead to more favorable outcomes. Marcus and Stergiopoulos (2022) reported that co-responder models often result in reduced use of force, improved communication, and better overall resolutions to mental health crises. Perspectives on professional roles and the co-responder model reveal a need for enhanced collaboration between law enforcement and mental health clinicians to effectively address the needs of consumers (Crichlow & Atkin-Plunk, 2025). Such programs ensure that individuals experiencing crises receive immediate support, which can help prevent escalation. Community awareness campaigns serve as another strategy for risk reduction. Increasing awareness about mental health resources and how to access them can empower individuals to seek help before crises escalate. Education campaigns that challenge societal stigma surrounding mental health can lead to a culture that encourages help-seeking behaviors, potentially preventing crises from developing in the first place.

Additionally, emergency response protocols that prioritize mental health considerations can improve interactions between law enforcement and individuals in

crisis. Ensuring that first responders understand the signs of mental health issues and know how to approach these situations can lead to less confrontational encounters.

Watson et al. (2024) emphasizes the importance of improving training and education for law enforcement responders to decrease the likelihood of escalation.

Mental health crisis hotlines and mobile crisis units provide essential immediate support to individuals, helping to prevent situations from escalating. By reaching out to a dedicated crisis hotline or having a mobile unit respond to an urgent scenario, individuals can access assistance from professionals specifically trained in managing mental health crises. This immediate intervention is crucial in ensuring that those in distress receive the appropriate care and support they need at critical moments (Schriver, 2021). Effectively managing mental health crises necessitates a comprehensive understanding of the potential for escalation when appropriate interventions are lacking.

Inadequate responses can have severe consequences, impacting not only individuals in crisis but also law enforcement personnel involved in these scenarios. By examining the dynamics of such situations, strategies can be developed to mitigate the risks associated with mental health crises. Implementing thorough training programs for law enforcement officers, adopting co-responder models, and increasing community awareness can significantly improve outcomes. Communities that prioritize effective intervention strategies can work toward reducing the escalation of mental health crises, ensuring that individuals receive the necessary support.

Summary

Section 1 provides a review of empirical studies focusing on Crisis Intervention Team (CIT) training for law enforcement, highlighting key variables such as officer knowledge, attitudes, confidence, and mental health referral behaviors. The research suggests that CIT training can improve officers' understanding of mental health issues, potentially leading to better interactions with individuals in crisis.

However, the findings revealed variability in the long-term effectiveness of this training, with some studies indicating sustained benefits while others show declines in skills over time. Additionally, the generalizability of these results may be affected by contextual factors, including the method of training delivery and officer demographics. Finally, several gaps remain in the literature regarding the long-term impact of CIT training, standardization of training protocols, integration with mental health service systems, and exploration of individuals' experiences during police encounters.

Section 2: The Project

Introduction

In Section 2, the focus will shift to outlining the research study plan, in which I gathered qualitative narrative data through two sequential online surveys involving mental health professionals experienced in crisis intervention. The first survey solicited participants' ideas on essential training components, while the second asked them to rate these elements in terms of importance on a scale of one to five. This section explores the need for collaboration between law enforcement and mental health services while addressing existing research gaps, ultimately outlining a qualitative analysis method to develop a preliminary logic model that enhances mental health crisis intervention practices. The following section presents a qualitative force field analysis aimed at improving mental health crisis intervention programs in Macon, GA, with a particular emphasis on training needs.

Purpose Statement

The purpose of this qualitative forcefield analysis was to provide information for a preliminary logic model that may assist decision-makers in understanding the contributors and an improved training program for mental health crisis interventions. Given that there are currently no established co-response teams in Macon, GA, this explorative study may inform a future program to provide enhanced training to response teams. By identifying these factors, this study seeks to provide new information for establishing more effective crisis intervention mechanisms for law enforcement.

Ultimately, the goal is to enhance community support in Macon and improve outcomes for individuals experiencing mental health crises.

Project Design

For this project, I conducted a needs assessment for a formative program evaluation aimed at assessing the training needs of law enforcement officers in crisis intervention. I utilized a force field analysis design with a sequence of online surveys to conduct the study. The focus was on gathering qualitative narrative data from mental health professional personnel to identify essential components for collaborative training asking these professionals to rank the collective response to highlight the most important training needs.

Methods

Role of the Researcher

As a qualitative researcher, my role involved collecting and analyzing data to gain insights into the effectiveness of CIT training for law enforcement. I conducted an online survey to capture diverse perspectives from participants who are mental health professionals. Acknowledging that I held preconceived ideas about the effectiveness of CIT training and the challenges faced by law enforcement, I mitigated these biases through reflexivity and bracketing, ensuring I remained open to the data collected. Additionally, I conducted a diverse sample to minimize dominant narratives. Ethical considerations are paramount; I prioritized informed consent, confidentiality, sensitivity to participants' experiences, and sought approval from an institutional review board to ensure ethical standards were met throughout the research process. By adhering to these

principles, I conducted a rigorous and respectful exploration of the topic, contributing valuable insights to the field.

Participant Recruitment and Sampling Strategy

In this study, the target population comprises mental health professionals in Macon, GA who possess significant experience in responding to mental health crises. This group includes case managers, counselors, social workers, program directors for mental health facilities, and nurses, all of whom play crucial roles in the mental health ecosystem. To effectively gather insights, a purposive convenience sampling strategy was utilized, focusing on selecting participants based on their relevant experiences and knowledge pertaining to mental health crises and law enforcement responses. For participant selection, specific criteria were established, for individuals with a minimum of 2 years of professional experience in a mental health environment as well as those who have direct involvement in managing or assessing mental health crises within the community.

Additionally, candidates had a history of collaborating or interacting with law enforcement during crisis situations. Participants self-identified that they met the criteria to volunteer for the research, the first part of the online survey included a preliminary section for them to input their professional careers and years of experience. I completed CITI training to conduct research on human subjects.

Logic Model

This section includes a logic model graphic for formative program evaluation, which includes the following four steps: problem, inputs, activities, and outputs/outcomes.

Figure 1

Preliminary Logic Model

NAME OF PROGRAM/PROJECT:					
Needs Assessment for a Collaborative Crisis Intervention Training Program					
SITUATION:					
Increasing incidents of mental health crises within the community are occurring. Training law enforcement officers in effectively managing mental health emergencies. Mental health professionals to provide effective responses					
PRIORITIES/GOAL:					
Enhance the capacity of law enforcement to respond to mental health crises. Foster collaboration between law enforcement and mental health professionals. Create crisis interventions to improve community trust and reduce negative outcomes from mental health incidents.					
INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants	Short-term	Medium-term	Long-term
Assessment of training among law enforcement and mental health professionals. Commitment from local law enforcement agencies and mental health organizations.	Assessment of training needs. - Joint training and education sessions. - Implementation of action plans for crisis intervention.	Mental health professionals from community organizations.	Enhanced awareness of mental health issues among officers. Improved communication between law enforcement and mental health teams	Developed skills in crisis intervention among participating officers. Increased collaboration in response to mental health incidents.	Collaborative crisis intervention teams effectively respond to mental health incidents in the community. Improved management of mental health crises, with fewer arrests and hospitalizations related to mental health issues. Increased community trust and reduced stigma associated with mental health.
ASSUMPTIONS			EXTERNAL FACTORS		
1. Mental health professionals will be willing to engage with law enforcement for improved crisis responses. 2. Community support will be available for the establishment of crisis intervention teams. 3. The training will be effective in enhancing skills and confidence in crisis management. 4. Sufficient resources and ongoing support will be available to maintain collaborative efforts.			1. Changes in local or state policies regarding mental health and law enforcement collaboration. 2. Availability of funding and resources for ongoing training and program implementation. 3. Public perception of law enforcement and mental health services in the community. 4. National trends in mental health awareness and legislative changes. 5. Access to mental health services and resources within the local community.		
EVALUATION PLAN:					
Conduct formative evaluations to assess the effectiveness of the training program.					
Use surveys to gather qualitative data from participants on their experiences.					
Analyze data to measure changes in knowledge, attitudes, and collaborations among law enforcement officers and mental health professionals.					
Use findings to inform continuous program improvements and adaptations as needed to achieve better outcomes for mental health crisis interventions.					

Protocol For Data Collection

The data for this study were collected through a sequential online questionnaire and survey specifically designed for mental health professionals with direct experience in crisis intervention. Morford et al. (2025) highlighted the development of the online questionnaire protocols grounded in existing literature on crisis intervention training, effective communication during mental health crises, and best practices from mental health professionals. Insights gained focused on training needs will also inform the survey questions, ensuring they are relevant to the current landscape of crisis intervention strategies. First, the committee reviewed the questionnaire items to ensure their relevance and comprehensiveness concerning crisis intervention training. This approach provided sufficient data to address the research questions about effective training methods for law enforcement.

Data Collection

I gathered qualitative narrative data through two sequential online surveys targeting mental health professionals experienced in crisis intervention. These secure surveys were hosted on a digital platform Survey Monkey, facilitating access for participants from local mental health organizations. I managed the administration of the surveys, ensuring that participants understand the consent process and their roles. Data collection occurred in two phases: The first questionnaire was distributed online at the beginning of the study. According to Macdonald (2024), following the initial data collection and analysis, a second survey will be developed and implemented soon after. This second survey focused on a summary of key issues identified in the analysis of the

data in the questionnaire responses and invited participants to rank the most important suggestions and training needs electronically to facilitate easy access and prompt participation, further enhancing overall response rates (Melis et al., 2022). All responses were automatically recorded on the survey platform, which allowed for secure and organized collection of qualitative data stored in a password-protected database (Timulak & Creaner, 2023). If initial recruitment resulted in too few participants, I planned to extend the recruitment period by reaching out to additional mental health organizations and utilizing social media to attract more participants as suggested by Melis et al. (2022). Upon completing the surveys, participants were thanked, informed about how their insights will be used, and how they will be able to access a summary of the findings. This structured approach prioritized participants' engagement while yielding valuable insights into the training needs of law enforcement in managing mental health crises.

Data Analysis

Data Analysis Plan

In this study, data collection occurred in two phases. The first phase involved distributing an initial questionnaire designed to gather insights from participants regarding their understanding of collaborative practices in responding to public mental health crises (Miyaoaka et al., 2023). Specifically, participants were asked to respond in long form to questions such as what they know about current collaborative practices in mental health crisis response, additional strategies or practices they think would improve collaboration among mental health professionals and public responders, obstacles they have encountered that hinder effective collaboration, effective aspects of existing

collaborative practices, and any specific resources or training they believe could enhance partnerships during crises. Once the data from the first survey were collected, I conducted a content analysis, coding the responses to identify themes such as barriers to collaboration, facilitators of effective teamwork, and recommendations for improving practices (Morford et al., 2025).

In the second phase, I created a follow-up survey that presents the identified themes that include recommendations for future training and ask participants to rank these themes from most important to least important in fostering effective collaboration in police training for mental health crisis responses. As suggested by Miyaoka et al. (2023), rankings were analyzed and presented in the findings as identified needs and professionals' recommendations for the most important components and considerations for a police and mental health professional's collaborative training program. As mental health crises continue to pose significant challenges for law enforcement, effective collaboration between police and mental health professionals is crucial for improving outcomes (Kuntz et al., 2024).

Ethical Considerations for Data Collection

The results from each survey were analyzed qualitatively to capture the experiences and perceptions of the participants. This process involved organizing the data into categories and conducting a detailed examination to extract meaningful insights related to mental health crisis responses. Protecting the rights and well-being of participants was essential in this study, with informed consent being a key priority. Participants were fully informed about the study's purpose, procedures, potential risks,

and benefits before agreeing to participate. Clear information was provided, allowing questions, and signed consent to be documented through consent forms included in the IRB application. Agreements were established with local mental health professionals and law enforcement administrators to ensure they are informed and supportive of the research objectives. All relevant documents, including institutional permissions and IRB approvals, were included in the IRB application, along with any necessary approval numbers.

Ethical concerns regarding recruitment and participant rights were addressed through clear, inclusive materials, ensuring participants understand their right to refuse or withdraw from the study at any time. There was preparedness to respond to any adverse events promptly, ensuring participant safety. Data were treated confidentially and stored in a secure, password-protected database accessible only to the research team. Limitations regarding sample size and potential selection bias were acknowledged, as these factors may affect the generalizability of the findings and necessitate a cautious approach to interpretation.

Summary

In Section 2, I outlined the methodology and design for gathering qualitative narrative data and ranked data through two sequential online surveys aimed at mental health professionals involved in crisis intervention. I outlined the details of force field analysis applied to this study plan. I included the plans for recruiting participants, collecting, and analyzing the data. I added ethical considerations to support the study.

In Section 3, I present the results of the study, beginning with an introduction that outlines the key findings related to the research questions. The specific research questions are restated to provide clarity on the objectives driving the analysis. This section showcases thematic results, illustrating how the findings align with the existing literature and the established conceptual framework.

Section 3: Results of the Study

Introduction

In this section, I present the findings of the study, focusing on the critical insights gathered from mental health professionals regarding the training needs of law enforcement in mental health crisis responses in Macon, GA. The analysis is structured around the specific research questions that guided the inquiry, allowing for a clear understanding of the objectives driving the exploration. I will restate on the research questions to provide context for the findings and to emphasize their significance in enhancing a law enforcement approach to mental health crises. Through thematic analysis, I will highlight key patterns and trends in the responses from professionals in Macon, GA, illustrating how these findings resonate with existing literature and the established conceptual framework on mental health training and crisis intervention.

Ultimately, this section aims to not only present the data but also to elucidate the implications of the findings for improving training practices and collaboration between mental health professionals and law enforcement agencies. By doing so, I intend to contribute to the ongoing discourse on effective strategies for managing mental health crises in Macon, GA, and enhancing public safety.

Research Questions

The research questions for this qualitative study are:

1. What components of training do community professional mental health members recommend that are needed to enhance a collaborative response to individuals experiencing a mental health crisis in Macon, GA?

2. What are the forces for and barriers to creating a collaborative response to mental health crises in Macon, GA?

Presentation of the Results

The thematic results of the study revealed several key insights regarding the perceptions of mental health professionals on the training needs of police officers in responding to mental health crises. Three primary themes emerged from the qualitative analysis: the necessity for enhanced crisis intervention training, the importance of interdisciplinary collaboration, and the need for ongoing support systems for law enforcement. These findings align closely with the existing literature, which underscores the critical role effective training plays in equipping officers with the skills necessary to navigate complex mental health situations. For instance, prior research highlights that inadequate training can result in miscommunication and ineffective responses to individuals in crisis, further exacerbating their challenges and potentially leading to negative interactions with law enforcement.

Furthermore, the results reiterate the established conceptual framework of the CIT model, which emphasizes the value of specialized training and collaboration between mental health professionals and law enforcement. The first theme enhanced crisis intervention training supports the CIT framework's premise of providing police officers with a deeper understanding of mental health issues and de-escalation techniques. The second theme points to the necessity of interdisciplinary collaboration, reinforcing the literature's advocacy for stronger partnerships between law enforcement and mental health services to ensure comprehensive care for individuals in crisis. Lastly, the need for

ongoing support systems for officers' mirrors findings in the literature that stress the importance of mental health resources for first responders, ensuring they receive adequate support to manage their own well-being while effectively serving their communities.

Collectively, these thematic results not only validate previous research but also highlight specific areas for improvement in police training programs, ultimately contributing to the literature's pursuit of more effective and compassionate responses to mental health crises.

Table 1 includes key training areas identified by participants, along with the number of participants (out of 10) who emphasized each area. Additionally, it provides qualitative findings or comments that offer context and insights regarding the significance of each training's need in relation to law enforcement responses to mental health crises.

Table 1

Key Training Needs for Law Enforcement in Mental Health Crisis Response

Training Area	Number of Participants (10)	Findings/Comments
Cultural Competency	4	Noted the necessity of cultural sensitivity training for effective communication.
Collaboration	3	Significant emphasis on the need for better partnerships with mental health services.
Crisis De-escalation	10	All participants stressed the importance of de-escalation skills in crisis situations.
Mental Health Awareness	3	Acknowledged the importance of understanding various mental health conditions.

Presentation of the Final Logic Model

Figure 2

Final Logic Model

NAME OF PROGRAM/PROJECT:					
Enhancing Training for Law Enforcement in Mental Health Responses in the Community					
SITUATION:					
Law enforcement officers frequently encounter individuals experiencing mental health crises but often lack adequate training and collaboration with mental health professionals. This situation can lead to ineffective responses, increased use of force, and unsatisfactory outcomes for individuals in crisis, as well as for the community.					
PRIORITIES/GOAL:					
The goal is to improve the ability of law enforcement officers to respond effectively and safely to mental health crises in Macon GA. This will be achieved through comprehensive training, better collaboration with mental health services, and enhanced cultural competency.					
INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants	Short-term	Medium-term	Long-term
Key resources for this initiative include funding for training programs, the involvement of mental health professionals and trainers, collaborative partnerships with local mental health agencies, and support from law enforcement leadership. Additionally, the development of culturally competent curriculum and access to training facilities will be critical.	The planned activities include delivering continuous training on de-escalation techniques, conducting workshops on common mental health conditions, and establishing formal channels for cooperation between law enforcement and mental health services.	Law enforcement officers, who engage directly in mental health crises, and mental health professionals, who provide insights and facilitate training sessions. Crisis intervention specialists share best practices for de-escalation and communication, while community member representatives offer perspectives on law enforcement responses. Training facilitators design and deliver content, often with expertise in education or public safety. Local government officials ensure policies support training goals and enhance collaboration. Lastly, peer support specialists, with personal mental health experiences, provide valuable insights into effective crisis practices and expectations during encounters with law enforcement.	In the short term, the initiative aims to increase officer knowledge of de-escalation skills and mental health conditions, improve understanding of mental health disorders among officers, and enhance cultural competency and communication skills.	In the medium term, the expected outcomes include increased collaboration between law enforcement and mental health services, enabling officers to identify and respond appropriately to mental health crises.	Long-term outcomes will focus on reducing incidents of conflict and use of force during mental health crises, achieving better outcomes for individuals experiencing these situations, and fostering stronger community trust and relationships with law enforcement
ASSUMPTIONS			EXTERNAL FACTORS		
<ol style="list-style-type: none"> Officers will be willing and able to participate in training Mental health professionals will be open to collaboration Law enforcement agencies will support necessary policy changes Training curricula will be based on evidence and culturally relevant Communication channels between agencies will remain open. 			<ol style="list-style-type: none"> The availability of funding and resources Changing community demographics Public perceptions of law enforcement Legislative and organizational changes The frequency and nature of crises in the community 		
EVALUATION PLAN:					
The evaluation process will involve pre- and post-training assessments to measure changes in officer knowledge and skills, as well as surveys and interviews with law enforcement and mental health professionals to assess collaboration efforts. Additionally, an analysis of crisis incident reports will monitor changes in use of force and outcomes involving individuals with mental health conditions. Community feedback will also be gathered to evaluate trust and satisfaction with law enforcement responses to mental health crises. Finally, training content will be periodically reviewed and updated based on evaluation data and emerging from best practices.					

Outliers

One notable outlier is the variation in officer engagement levels, as not all officers may be equally engaged or receptive to the proposed training programs. To address this, strategies should be developed to increase engagement, such as integrating incentive structures for participation, seeking feedback from officers on what they find helpful, or utilizing peer-led training sessions where experienced officers share insights from their own encounters with mental health crises. Another outlier is the inconsistent collaboration with mental health agencies, which may vary by jurisdiction due to differing organizational priorities or capacity among mental health providers. To improve this situation, it would be beneficial to establish a formal process to regularly assess and enhance collaboration.

Developing a standardized framework for partnerships, assigning liaison roles within law enforcement to maintain communication with mental health agencies, and scheduling regular joint training sessions can foster relationships and shared understanding. Cultural competency gaps also present an outlier, as training in this area may not fully address the specific demographics of the communities served. This could lead to misunderstandings and mistrust between officers and the community.

Conducting community assessments to recognize unique cultural dynamics would be helpful. Using this information to tailor cultural competency training can ensure that it is relevant and effective for all officer interactions, potentially involving local community representatives to assist in curriculum development and delivery. Limited training resources are another challenge; access to qualified trainers, materials, and facilities,

especially in smaller jurisdictions, may affect the initiative's effectiveness. To address this issue, exploring alternative training delivery methods such as online courses or partnerships with academic institutions can enhance existing training resources.

Additionally, seeking grants and funding opportunities aimed at supporting mental health training initiatives may promote better resource access.

Community skepticism toward law enforcement efforts also warrants attention, as it may stem from previous negative interactions. To address this concern, implementing community outreach programs can encourage dialogue between law enforcement and community members. This outreach could include town hall meetings, open forums, and collaborative events focused on mental health awareness and crisis response, while actively involving community leaders to help build trust and improve perceptions of law enforcement's commitment to managing mental health crises.

Lastly, evaluation method limitations present a potential outlier, as current approaches may not fully capture the complexities of law enforcement interactions with individuals in mental health crises, possibly overlooking subtler changes in officer behavior or community relations. Developing a more nuanced evaluation strategy that incorporates qualitative data, such as interviews and focus groups, alongside quantitative measures will be important. Gathering feedback from individuals who have experienced mental health crises can also provide valuable insights into the effectiveness of law enforcement responses.

Summary

In Section 4, I will reflect on the overall findings and their implications for law enforcement practices. This section will also discuss the importance of continuous monitoring and adaptability to ensure that the strategies implemented are effective in meeting the needs of both law enforcement and the communities they serve. By addressing the identified outliers and actively engaging with all stakeholders, law enforcement can enhance their capacity to respond effectively to mental health crises, ultimately fostering better community relations and improving outcomes for individuals in crisis.

Section 4: Conclusion and Reflections

Introduction

In Section 4, I will reflect on the overall findings and their implications for law enforcement practices. By addressing the identified outliers and engaging with all stakeholders, law enforcement agencies can improve their ability to respond effectively to mental health crises, thereby fostering better community relations and enhancing outcomes for individuals in distress. This section will also emphasize the significance of continuous personal growth, drawing on my reflections regarding life experiences and educational development.

Reflection of Self

Throughout my doctoral journey, I have experienced profound personal transformation, particularly in my understanding of myself and the process of change. Initially, I often found myself applying rigid expectations to my progress, which led to a tendency not to give myself grace or understanding when faced with challenges. I frequently measured my worth by the milestones I achieved, overlooking the importance of the journey itself and the learning that comes with it. This harsh self-judgment not only affected my motivation but also my overall well-being. With time and reflection, I learned to embrace the idea that setbacks are part of growth. This shift allowed me to cultivate resilience and foster a more compassionate relationship with myself, acknowledging that every stage of the process is valuable, regardless of its outcome.

Moreover, my perspective on change has evolved significantly throughout this journey. I used to view change primarily as an individual endeavor, focusing

predominantly on my actions and decisions as the catalyst for transformation. However, I have come to understand that effective change involves a broader network of relationships and collaborative efforts among all parties involved. This insight has deepened my appreciation for the complexities of social systems and the interconnectedness of our experiences. I now recognize that change is not solely about the change-maker but also about engaging with the community, listening to diverse perspectives, and fostering collective growth. This holistic understanding has enriched my approach to both my academic work and personal interactions, inspiring me to be more inclusive and thoughtful in my engagements with others.

Reflection of Scholar-Practitioner

Throughout my journey, I have experienced a significant change as a scholar during my doctoral journey in my approach to decision-making and problem-solving. Initially, I often rushed into action, acting on instinct or external guidance without fully considering the broader context or the implications of my choices. However, as I delved deeper into my studies and lived experiences, I learned the importance of thorough research and reflection. This shift has encouraged me to take a more measured approach, where I actively seek out various aspects, options, and perspectives before arriving at a conclusion. By investing time in understanding the complexities of situations, I have gained a better grasp of the nuances involved in different issues and challenges.

This transformation has not only improved my critical thinking skills but has also fostered a sense of confidence in my ability to navigate complex scenarios. I now approach challenges with curiosity and openness, recognizing that there are often

multiple pathways to consider. This change has made me more thoughtful in my decision-making processes, allowing me to evaluate information critically and make informed choices. Consequently, I feel more equipped to engage with others, as I can contribute meaningfully to discussions and collaborate effectively in seeking solutions. Ultimately, this shift in perspective has enriched my academic and professional pursuits and has deepened my engagement with the world around me.

Recommendations for Human Services Organization or Human Services Field

Advocacy

Based on the findings of my study, I recommend that human services organizations place greater emphasis on fostering collaboration, cultural competency, and continuous professional development. Organizations should develop structured partnerships between law enforcement and mental health professionals to improve coordination and response to mental health crises. This collaboration can be facilitated by formal communication channels, joint training sessions, and shared protocols that clarify roles and responsibilities. Furthermore, cultural competency training should be tailored to the specific demographics of the community. Community assessments can inform this effort, ensuring that training is relevant and effective for officers and staff working within diverse populations. Engagement with community members and leaders during curriculum development can strengthen trust and transparency.

Lastly, organizations should advocate for increased access to varied training resources, including online platforms and partnerships with academic institutions. This approach can help reach underserved areas and enhance the availability of specialized

mental health crisis training. Secure funding and grants can support these initiatives and ensure sustainability.

Summary

Section 4 explored key outliers identified in the logic model and findings, such as differences in officer engagement, variability in collaboration with mental health agencies, gaps in cultural competency training, limitations in training resources, community skepticism of law enforcement, and constraints in evaluation methods. Addressing these issues involves strategies to increase engagement, establish formal collaboration frameworks, tailor cultural competency training to community needs, expand training resources, implement community outreach to build trust, and develop more nuanced evaluation approaches that include qualitative feedback. These recommendations aim to strengthen human services organizations' capacity for effective advocacy and crisis response, ultimately contributing to improved outcomes for individuals in mental health crises and their communities.

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APPENDIX A: The Project

Program Evaluation Report Outline

1. Introduction

- **Problem Statement**

Enhancing law enforcement officers in Macon, GA training to effectively respond to individuals experiencing mental health crises, leading to adverse outcomes and community safety concerns. High rates of trauma-related violent crime and jail suicides underscore the urgent need for specialized training and improved collaborative response.

- **Purpose of the Evaluation**

This is a formative evaluation designed to improve and enhance the training program. It analyzed how a proposed or existing Crisis Intervention Team (CIT) training program addresses the training gaps within Macon's law enforcement.

- **Engagement with Stakeholders**

This study brought together key stakeholders, including law enforcement officers, mental health professionals, Macon community leaders, and program developers. Valuable insights gathered through pre-evaluation data collected via surveys, interviews, incident reports, and community records. Stakeholders actively engage in surveys, provide feedback, and aid in data interpretation, ensuring a thorough understanding of the relevant

issues. To uphold ethical standards, this study prioritized participants' confidentiality, and informed consent was utilized.

- **Roles and Responsibilities of the Evaluators**

Pre-evaluation data were gathered from stakeholders and archival sources, such as personal communications, internal records, and community documents. Stakeholders actively participated in the data collection process, providing valuable insights while ethical considerations ensured their confidentiality and protecting their rights throughout the evaluation.

2. Description of the Program Features to be Evaluated

- The evaluation aimed to assess the training needs and effectiveness of collaboration between law enforcement and mental health professionals. Focused on establishing joint training sessions to improve crisis intervention strategies.
- The evaluation included formative assessments to gauge training program effectiveness, determining the overall impact of these programs. Each phase aimed to enhance understanding and collaboration in crisis management.
- Enhanced awareness of mental health issues and improved communication between law enforcement and mental health teams are expected outcomes. This collaborative effort will lead

to better crisis management, reduced arrests, and increased community trust.

3. Process Evaluation Design

- Conducted a two-phase data collection using online surveys for mental health professionals, securing qualitative insights on crisis intervention practices, the analysis identified themes and ranked training needs for improved collaboration between police and mental health professionals.

4. Findings

The Logic Model outlines a program aimed at enhancing law enforcement training in mental health responses, prioritizing comprehensive training and collaboration, with outcome goals focused on improved officer skills, community trust, and reduced use of force during mental health crises in Macon, GA.

5. Recommendations for Next Steps

- Human services organizations should establish structured partnerships with law enforcement and mental health professionals to enhance coordination and effectiveness in responding to mental health crises. Implement regular community assessments to ensure that training programs are culturally

relevant and tailored to the specific demographics of the community, enhancing trust and effectiveness


- Emphasize ongoing professional development and training that focuses on cultural competency and collaboration among law enforcement and mental health services. Advocate for improved access to training resources, including leveraging online platforms and partnerships with educational institutions, to ensure widespread availability of specialized mental health crisis training.

Appendix B: Recruitment Flyer



Invitation Template for Email, Social Media, and Flyers

Calling All Mental Health Professionals with Crisis Response Experience!

You are invited to complete a 15–20-minute anonymous survey for a study titled: Enhancing Training for Law Enforcement in Mental Health Responses. | 

Seeking volunteers that meet these requirements:

- Mental health professionals in Macon, Ga.
- At least 2 years of experience in mental health crisis intervention.



The survey will be open until the end of January. Questions should be directed to Tiffany.edwards-raines@waldenu.edu. Feel free to forward this invitation to other mental health professionals who may be interested in participating.

To complete the survey, please click:
<https://www.surveymonkey.com/r/55GSVN6>