

2020

The Impact of Mental Health First Aid Training on Law Enforcement Officer Mental Health Literacy

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Walden University

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Walden University

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Cindy Blankenship

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Walden University
2020

Abstract

The Impact of Mental Health First Aid Training on Law Enforcement Officer Mental
Health Literacy

by

Cindy Blankenship

MA, Saint Leo University, 2015

BS, Saint Leo University, 2001

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Public Policy and Administration
Criminal Justice

Walden University

February 2020

Abstract

An increasing number of juvenile offenders with untreated mental health issues are entering the justice system. Lack of adequate training of criminal justice personnel enhances the possibility of this population being arrested which is creating an overwhelming problem for stakeholders. This study sought to determine if implementation of Mental Health First Aid (MHFA) Training impacted law enforcement officers' (LEOs') mental health literacy. This mixed-methods study used a quasi-experimental, one-group, pretest–posttest design, with a qualitative survey. Participants consisted of a sample of 28 LEOs from a rural Southeastern United States law enforcement agency. Study findings indicated that MHFA training increased LEOs' mental health literacy. LEO participants reported feeling better prepared to identify and appropriately address juveniles with mental health issues. The findings of this study indicated that increased mental health literacy provides LEOs the ability to appropriately address this vulnerable population, which has the potential to increase the safety element of the encounter. Recommendations derived from this study are to provide MHFA training to all LEOs to increase or enhance mental health literacy as encounters with juveniles with mental health issues are occurring on an increasing basis. Social change implications include informing policymakers of the importance of implementing MHFA training to LEOs to increase identification skills of mental health issues, which promotes safety for the individuals as well as the officers. Study results could impact the way juveniles with mental health issues are addressed, promoting decreased numbers of this population entering the juvenile justice system.

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Dedication

I would like to take a moment to thank several important people in my life. First, I would like to thank my Heavenly Father for blessing me with this amazing journey and the ability to accomplish my dream. I would also like to send a big thank you to my amazing mother who, although you were not on this earth to see me accomplish my goal, I know you are in heaven looking down and smiling your big beautiful smile that is full of sunshine. I would also like to thank my biggest supporter, my sister Paula, you are the wind beneath my wings and are always there supporting me in whatever endeavor I take on. Tommy, my soul mate, thank you for all of your support and for riding this very emotional roller coaster with me – could not have done this without you. And lastly to my children, Chrissy, Jessica, and Wesley, you have always been my inspiration to reach for the stars – thank you for always believing in me and loving me even through all of my craziness throughout this journey called life.

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Chapter 1: Introduction to the Study

Introduction

An increasing number of juvenile offenders with untreated mental health issues are entering the juvenile justice system (White, 2016). Lack of adequate training of criminal justice personnel enhances the possibility of this population being arrested and introduced into the juvenile justice system, which is creating an overwhelming problem for the system (Cummins & Edmondson, 2016). This research sought to determine if and how the Mental Health First Aid (MHFA) training had an impact on the mental health literacy of law enforcement officers (LEOs). An increase in mental health literacy could impact a LEO's decision to arrest a juvenile offender with mental health issues or to refer her or him to appropriate services. Determining the impact of this training may inform police departmental policy on training and policy because it relates to mental health incidents. The theoretical framework used for this study, social innovation theory, was chosen because the focus was on creating positive social change and improving social relations and collaboration (Hean, Willumsen, Ødegård, & Bjørkly, 2015). This study was seeking to determine if and how implementation of MHFA training impacted a LEO's mental health literacy. Participants consisted of a purposive sample of 28 LEOs, from a rural southeastern United States law enforcement agency, who had not previously received MHFA training. This mixed-methods study used a qualitative survey of the participants and a quasi-experimental, one-group pretest–posttest design which included a collection of secondary data from the MHFA training class consisting of pretest and posttest data analyzed with descriptive analysis. Descriptive analysis was also used to

obtain the mean, median, and mode as well as the effect size of LEO mental health literacy obtained from the pre- and posttests. The survey data was coded and analyzed for common themes.

Implications for social change include informing policy makers of the importance of implementing MHFA training with LEOs to increase their ability to identify mental health issues through increased mental health literacy, which would promote safety for the juvenile offenders as well as for the officers. Study results could impact the way juveniles with mental health issues are addressed, decreasing numbers of this population entering the juvenile justice system and receiving proper care and treatment.

Problem Statement

An increasing number of juvenile offenders with untreated mental health issues are entering the juvenile justice system. This phenomenon is creating an overwhelming problem throughout the system. Lack of adequate training of criminal justice personnel enhances the possibility of this population being arrested and introduced into the juvenile justice system (Osterlind, Koller, & Morris, 2007).

Pullmann et al. (2006) indicated that between 68% and 83% of detained juveniles presented with symptoms that met mental health diagnosis criteria. Furthermore, a study by Osterlind et al. (2007) indicated that approximately 70%–91% of juveniles referred to the juvenile justice system through law enforcement contact suffered from comorbid or multiple mental health disorders.

Wood, Watson, and Fulambarker (2016) posited that the increasing number of juvenile offenders entering the criminal justice system is due to law enforcement officers

lack of appropriate skills in identifying and addressing those with mental health issues. According to Kroll (2005), appropriate training would better equip LEOs in their decision-making process when encountering youth with mental health issues. Thus, implementing MHFA training with LEOs is an opportunity to increase their mental health literacy and enhance their skills at identifying and appropriately addressing youth with mental health issues by using the skills taught in the training. Furthermore, skill-building has the potential to reduce the number of offenders with mental health issues who are being inappropriately introduced into the juvenile justice system.

There is a gap in the literature on the cause for the increasing number of juvenile offenders with mental health issues who are entering the juvenile justice system with a relation to a lack of adequate training of law enforcement officers. Therefore, a study that examines the impact of MHFA training on LEO mental health literacy could inform training and departmental policy. Furthermore, with the overwhelming number of juveniles with mental health issues in the system there is a need to identify training that prepares officers to properly deal with juveniles who have mental health issues.

Purpose

The purpose of this mixed-methods study was to determine if MHFA training can have an impact on LEOs' mental health literacy. The potential impact of this training is significant because it may reduce the arrest rate of juvenile offenders with mental health issues and divert this population to appropriate mental health resources through increased LEO mental health literacy.

This mixed-methods study consisted of a quasi-experimental, one-group, pretest–posttest (see Appendix C for the MHFA quiz) design approach. Additionally, the study included a qualitative survey (See Appendix D for survey questions) of the LEO participants to identify any common themes related to any impact the training had on the participants’ mental health literacy. The participant pool consisted of 28 LEOs from a Southeastern United States rural law enforcement agency who had not previously received MHFA training. The MHFA training is a 1-day, 8-hour training (see Appendix B for the curriculum). The study design included the collection of secondary data, which consists of a limited data set of pretest and posttest data from the MHFA training class for statistical analysis. The study design also included the collection of qualitative survey data from participants (see Appendix D) that were coded. Common themes were identified to determine how implementation of the training impacted officers’ mental health literacy as well as their decision to arrest versus referral to services of juveniles with mental health issues. More details will be described in Chapter 3.

Significance

LEOs are encountering individuals with mental health issues on an increasingly frequent basis (Myers, 2017). Less is known about the increasing number of juvenile offenders with mental health issues who are entering the juvenile justice system through LEO encounters. Inadequate training of criminal justice personnel enhances the chance that members of this population will be arrested and introduced into the juvenile justice system (Osterlind et al., 2007). There is a gap in the literature on studies examining appropriate options, such as MHFA training for LEOs, that can be implemented through

policy change and training to improve outcomes and reduce the arrest of juvenile offenders with mental health issues.

It is expected that the results of this research study will present an original contribution to the literature and affect policy and practice in the criminal justice system. This study's results could promote MHFA training for criminal justice personnel as well as enhance LEOs' mental health literacy and their ability to identify individuals with mental health issues. Additionally, providing LEOs with appropriate training could promote safety for the juvenile suspects as well as the officers. Furthermore, results of this study could impact the way juveniles with mental health issues are addressed, which could decrease the number of this vulnerable population entering the juvenile justice system.

The benefits of policy changes that could derive from this research study are numerous and could have widespread positive social change effects. Implementing training to LEOs to provide them with increased mental health literacy and the skills to identify and appropriately address juveniles with mental health issues could promote a safer interaction for the officers and the individual. Additionally, implementing appropriate services for the juvenile, in lieu of arresting them and placing them in a situation that could exacerbate their instability, addresses the safety aspect of the detention staff as well as the financial aspect of housing them. All stakeholders that are involved with the juvenile justice system would benefit, including the community, because these juveniles would receive appropriate services rather than simply be

detained for a brief time and returning to the community in the same or worse condition than they were prior to their detention.

This research study could lead to a change in the way LEOs handle juvenile offenders with mental health issues. The research results could present a case for the impact MHFA training has on officer mental health literacy. An improved mental health literacy could lead to better outcomes of incidents involving juveniles with mental health issues. Additionally, this research could present results that promote further studies regarding the impact experienced by the juveniles, the juvenile justice system, and the community resulting from diverting this population of juvenile offenders out of the juvenile justice system and into appropriate services.

Background

Numerous studies have been conducted to investigate potential reasons for the increasing number of juvenile offenders with mental health issues entering the juvenile justice system. Lurigio, Smith, and Harris (2008) posited that criminalization of the behaviors derived from mental illness has impacted the criminal justice system at all levels. Study results indicated that when crisis intervention or basic mental health training was provided to small units of LEOs, arrest rates for offenders with mental health issues were reduced. Osterlind et al. (2007) indicated that the overrepresentation of juveniles with mental health issues in the juvenile justice system can be, in part, attributed to the lack of appropriate training of educational and criminal justice personnel and their inability to appropriately identify juvenile mental health issues. According to Pullmann et al. (2006), there is a need to educate criminal justice personnel on the importance of

providing appropriate services to youth with mental health issues to facilitate the rehabilitative process.

Kroll (2005) posited that to address the overrepresentation of offenders with mental health issues population, law enforcement personnel should be provided with training to improve their mental health literacy. Wolfe (2014) promoted the use of appropriate training to law enforcement personnel to facilitate improved identification skills when addressing juveniles with mental health issues. Wood et al. (2016) provided a perspective on the number of law enforcement encounters and the manner in which the situation was handled, that is, when addressing individuals with mental health issues who demonstrated behaviors that were not considered appropriate by society but did not reach the level of a tragic encounter. Zilnyk (2010) identified and discussed the benefits of providing the MHFA training program and the benefits of the training materials for criminal justice personnel.

A study conducted by White (2016) indicated that youth with mental health issues and prior mental health interventions had a higher prevalence of receiving judicial dispositions for confinement either in a detention setting or a commitment facility. A study conducted by Brogan et al. (2015) found that implementation of the risk-needs-responsivity model promoted better allocation of services by applying more resources to moderate- and high-risk offenders and keeping lower-risk offenders either in less intensive services or out of the system to reduce negative outcomes. Matthews et al.'s (2011) results promoted the use of programs that provide wrap-around services to youth involved in juvenile justice who have mental health issues.

Theoretical Framework

The theoretical framework for this study, which aligns with the dissertation topic and problem statement, is the social innovation theory. To fully understand the reasoning behind the chosen theory one must begin with the behavior theories. Behavioral theorists posit that behavior is developed through learning experiences. The hallmark of behavioral theory is that individuals change their behavior according to the reactions their behavior elicits in other people (Moore, 2011). Behaviorists view crimes as learned responses to life's situations. Social learning theory, a branch of behavior theory, posits that changing LEOs' reactions or responses to individuals with mental health issues has the potential to change the individual's behavior as well. Implementing MHFA training with LEOs to increase mental health literacy and provide them with appropriate tools/skills to address individuals with mental health issues can facilitate a change in the LEOs' response. In alignment with the behavioral theory/social learning theory, changes in LEOs' response to this population, as well as the appropriate handling of an individual with mental health issues, could influence the offender's behavior.

Social innovation theory is focused on creating positive social change and improving social relations and collaborations to address a social demand (Hean, Willumsen, Ødegård, & Bjørkly, 2015). The social innovation framework, a four-dimensional model, offers a complementary perspective, one that describes innovation in terms of four key dimensions: (a) identification of new/unmet/inadequately met social needs, (b) development of solutions in response to these social needs, (c) evaluation of the effectiveness of recommended solutions in meeting social needs; and (d)

implementing and scaling up of effective social innovations (Hean et al., 2015). Social innovation theory encompasses the criminal justice system and mental health system collaboration and development of informed strategies to optimize inter-organizational working to address social needs (Cajaiba-Santana, 2014). The framework encompasses the foundational basis for the stated study. The key dimensions of the theory address the topic and problem in that the concept of this theory is to find an unmet need, develop solutions, implement the recommended solutions, and evaluate the effectiveness through a collaboration between the mental health and criminal justice systems.

Research Questions

Quantitative RQ1: What impact does completion of MHFA training have on LEO mental health literacy?

Qualitative RQ2: How does completion of MHFA training impact LEO mental health literacy?

Nature of the Study

The nature of this mixed-methods study was to determine the impact MHFA training had on LEO mental health literacy relating to decision to arrest outcomes versus referral to services for juveniles with mental health issues. Mixed methodology research is consistent with identifying the significance of the impact an independent variable has on a dependent variable. The quantitative portion of this study involved a pretest–posttest design, which was used to measure the degree of dependent variable change occurring as a result of treatments or interventions (O’Sullivan, Tassel, Berner, & Taliaferro, 2017). Specifically, LEOs who received the training were first given a pretest and then, at the

conclusion of the 8-hour training, they received a pretest. The deidentified, limited data set of secondary data was provided to the researcher by the MHFA trainers upon completion of the training program. The aggregate scores from the pretest were analyzed against the aggregate scores of the posttest (see Appendix C for the pre-/posttest). The second portion of this study involved a qualitative approach in order to gather in-depth information to facilitate understanding of how the MHFA training impacted LEOs' mental health literacy. Specifically, the qualitative approach used a survey (see Appendix D). Qualitative surveys are conducted to provide the researcher with more in-depth information regarding the individual's perspective of the particular phenomenon or study topic (Ravitch & Carl, 2016). The purpose of this study was to examine the impact that MHFA training had on LEO mental health literacy and enhance an understanding of how this training impacted a LEOs' mental health literacy. Conducting a mixed-methods study by collecting and analyzing pre/post data as well as qualitative survey data from the participants provided a better understanding to the stated research questions. Using a mixed methodology design allowed the researcher to obtain statistical data as well as in-depth information regarding participant perspectives.

Possible Analytical Strategies

This study used descriptive statistics analysis for secondary data analysis and demographic data analysis. The analysis was conducted to obtain the mean, median, and mode for the pre-/posttest results to obtain results for the overall or average statistical change in LEO mental health literacy scores. Frequency analyses were run to obtain the mean, median, and mode as well as to assess whether mean differences existed between

the pretest/posttest results. A frequency analysis was used to obtain the effect size of LEO mental health literacy obtained from the pre- and posttest of the participants. The analysis used a 95% confidence interval. Descriptive analysis is appropriate when organizing and describing data collected from a sample (Frankfort-Nachmias & Leon-Guerrero, 2015). Frequency distributions are run for reporting the number of observations that fall into each category of the variable (Frankfort-Nachmias & Leon-Guerrero, 2015).

Qualitative surveys were also conducted to gather personal perspectives from the participants in order to determine how the MHFA training impacted LEOs' mental health literacy. The survey was conducted immediately following, but separate from, completion of the training. The survey responses were coded to identify common themes found throughout the participants' responses. A more detailed description of the survey procedures and analysis are provided in Chapter 3.

Definitions

Mental Health First Aid (MHFA): an evidenced-based training program that teaches members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis (MHFA, 2018).

Rural: A type of community comprised of unincorporated and agricultural areas, which lies outside suburban areas; relating to, or characteristic of the country, country life, or country people (Dictionary.com, 2019).

Mental health literacy: the knowledge and beliefs about mental disorders which aid in recognition, management or prevention including the ability to recognize specific

disorders, knowing how to seek mental health information, knowledge of risk factors and causes, of self-treatments, and of professional help available, and attitudes that promote recognition and appropriate help-seeking (Dictionary.com, 2019).

Assumptions

The assumptions made for this study included the following: (a) The instrument used to gather quantitative data derived from the MHFA training curriculum was appropriate for examining the impact that completion of the training had on participant mental health literacy, (b) The MHFA training quiz accurately measured what it was intended to measure. A more in-depth understanding of participant perceptions of the training and the impact the training had on their mental health literacy derived from qualitative surveys completed by the participants. Study findings may be generalizable as well as transferable to other LEOs in rural or urban counties. Study findings could lead to positive social change and law enforcement agency policy changes.

Scope and Delimitations

The purpose of this study was to examine the impact of MHFA training on LEO mental health literacy. Therefore, measuring the pretest and posttest mental health literacy of participants assessed the impact of the training. Additionally, conducting qualitative surveys to obtain personal perceptions from the participants provided a more in-depth understanding of how the training impacted mental health literacy. This study sought to identify a potential remedy to the issue of the increasing number of juveniles with mental health issues entering the juvenile justice system in lieu of being diverted to appropriate treatment resources.

The study used LEOs from a Southeastern United States rural sheriff's office who had not previously completed MHFA training. The sample included only those officers who worked in the community and were the first point of contact with a juvenile offender and were in a position to make arrest or referral determinations. Excluded from this study were LEOs who did not work in the community, such as detention staff, and did not have contact with juveniles.

Study findings have the potential to be generalizable to other law enforcement agencies in rural communities due to the similarity of experiences and/or contacts with juvenile offenders who have frequent contact with officers. Furthermore, study findings have the potential to be transferable to other law enforcement agencies due to the frequent contacts with this specialized population.

Limitations

One identified limitation of the study is generalizability. Due to the size and location of the participant sample selection, the ability to generalize the findings to other law enforcement agencies is limited. Although many law enforcement agencies have similar experiences, there are also differing policies and protocols that could impact study findings if performed in other locations. Therefore, additional studies should be conducted in differing locals to enhance findings of this study. An additional limitation of the study is the purposeful participant sample that was used, as only field officers and school resource officers of a Southeastern United States rural law enforcement agency were used, which may result in a different perspective than other rural or even urban agency officers.

Summary

The overwhelming issues of an increasing number of juvenile offenders with untreated mental health issues entering the juvenile justice system has created a problem for stakeholders throughout the system. The increasing number of offenders entering the criminal justice system is due in part to LEOs' lack of appropriate skills in identifying and addressing individuals with mental health issues. Therefore, the need to identify appropriate potential solutions to address this issue is important. The purpose of this mixed-methods study was to determine the impact of MHFA training on LEO mental health literacy. The social innovation theory was used as the theoretical foundation. Participants included LEOs from a Southeastern United States rural law enforcement agency that had not previously received MHFA training. This research is significant in that it may provide a more in-depth understanding of (a) the impact of specialized mental health training for law enforcement on mental health literacy and (b) whether the scope of this type of training is sufficient to meet the needs of LEOs regarding mental health literacy.

Chapter 2 will present a literature review of prior studies conducted that used MHFA training in other professional arenas. However, studies using LEOs were not located. The literature review also addresses the increasing issue of introducing juveniles with mental health issues into the juvenile justice system and the unintended consequences for the juvenile, the family, the system, and the community.

Chapter 2: Literature Review

Introduction

The impact of the increasing number of youth with mental health issues who are being criminally charged and entering the juvenile justice system has become an overwhelming issue for these youth, the juvenile justice system, and the community (Brogan et al., 2015). This issue has expedited the need to identify a potential remedy to a problem that affects the youth's experience, creates immediate and long-lasting unintended consequences, as well as enhances the impact on the juvenile justice system. For youth with mental health issues, being addressed by the juvenile justice system, without being afforded appropriate mental health treatment to make positive changes in their lives, could lead to recidivism (Pullman et al., 2006). In the juvenile justice system, the increasing number of youth with mental health issues that are entering the system has created an overwhelming problem that the system is not equipped to address in a positive and rehabilitative manner. According to the National Center for Mental Health and Juvenile Justice (2018), there is a high prevalence of youth with mental health issues in the juvenile justice system not due to the seriousness of the offense committed but due to the lack of availability of appropriate community services. According to Rijo et al. (2016), research has consistently indicated a high prevalence of juvenile offenders in the juvenile justice system who have identified and/or diagnosed mental health issues. Furthermore, demonstration of behavioral issues due to unidentified mental health issues has become an increasing problem. It has facilitated the criminalization of bad behavior

instead of promoting referrals to needed services to identify and address both mental health issues as well as the criminogenic needs of the juvenile.

In contemporary society, the number of untreated individuals with mental health issues that come in contact with the criminal justice system has created an overwhelming issue for the stakeholders throughout all aspects of the system, beginning with the first initial contact, LEOs. Additionally, often due to lack of adequate training of criminal justice personnel, juvenile offenders are charged with offenses, enter the juvenile justice system, and do not receive appropriate services to address their underlying mental health issues nor assist them make positive changes in their lives (Osterlind, Koller, & Morris, 2007). Furthermore, Wood, Watson and Fulambarker (2016) posited that many LEOs in the field have not been afforded the opportunity to learn the appropriate skills in identifying and addressing individuals with mental health issues, especially with the juvenile population.

Numerous studies have been conducted to examine the prevalence of youth with mental health issues involved in the juvenile justice system. Furthermore, there is a large amount of research examining the rate of juveniles with mental health issues regarding the differing rate of prevalence in conjunction with the level the youth has penetrated the system such as diversion, arrest, detention, probation, commitment, and/or transferred to the adult criminal justice system. Additionally, there are several studies examining the impact of specialized crisis intervention training for LEOs and the outcome regarding officer and offender safety. However, there is minimal research available examining the

impact MHFA training has on LEO mental health literacy related to officer decision to arrest versus referral to services outcomes of juvenile offenders with mental health issues.

A review of research strategies will be presented to assist in locating articles and statistics for future reference. The remaining contents of this literature review will present research that has examined the prevalence and impact of juvenile offenders with mental health issues being addressed within the criminal and juvenile justice system. The literature review is presented to provide a better understanding of the over-representation of juveniles with mental health issues in the juvenile justice system, as well as the overall impact the lack of appropriate training has on the juvenile, their family, and all stakeholders within the criminal justice system. This review will also present a strong platform for understanding the importance of addressing this problem at the gatekeeper, or law enforcement, point of the criminal justice system. Lastly, a review of the social innovation theory will provide insight into how implementing MHFA training to LEOs is a potential solution to addressing the issue of the over-representation of juveniles with mental health issues entering the juvenile justice system.

Literature Search Strategy

The literature research was conducted using the following databases, phrases, and websites.. The following databases were used: Criminal Justice, PsycINFO, ProQuest, SAGE, and Thoreau. The following phrases were used: *juvenile offender*, *mental health*, *Mental Health First Aid*, *law enforcement training*, *school resource officer*, *delinquency*, *gender and juvenile delinquency*, *race and juvenile delinquency*, *age and juvenile delinquency*, and *juvenile rehabilitation*. The following websites and their databases were

used: National Institute of Justice, the Bureau of Justice, the Florida Department of Juvenile Justice, and the National Alliance on Mental Illness. Little literature was found that addressed the impact of providing MHFA training to LEOs regarding mental health literacy and the decision to arrest juveniles with mental health issues or refer them to appropriate mental health services. However, several articles addressed the impact of MHFA training on the mental health literacy of other professionals as well as individuals with no prior mental health training.

Theoretical Foundation

The theoretical foundation used for this study was the social innovation theory. This theory plays an integral role in attempting to understand criminal behavior of individuals with mental health issues as well as implementing a potential solution to addressing the increasing number of youths with mental health issues entering the juvenile justice system. The following is a more in-depth examination of the social innovation theory as well as further explanation for choosing this specific theory as the theoretical foundation for this study.

Although the social innovation theory has begun to obtain more attention within the past several decades, the foundational themes and concepts have existed throughout history. Many 19th century reformists used social innovation as a foundation to promote social change and implement cooperative movements in society. Furthermore, key components of the social innovation theory can be found in the works of sociologists such as Karl Marx, Max Weber, and Émile Durkheim throughout their research which focused on social change aspects (Hean et al., 2015). Additionally, in the early 20th

century, Schumpeter used the process of social innovation in his theory of creative destruction, also referred to as Schumpeter's gale, when addressing creation and implementation of industrialization (Howaldt & Schwarz, 2017).

The foundational component of the social innovation theory is the emphasis on public value and social need (Hean et al., 2015). Social innovation can be described as the development and implementation of potential actions/solutions that address social needs through a collaborative effort that builds social relationships (European Commission, 2013). Social innovation is grounded in social theory, which incorporates interrelationships facilitating the processes of social change involving manifestations, individuals and cultural contexts (Howaldt & Schwarz, 2017 p. 163).

The social innovation theory derives from a foundation of collaboration between the criminal justice and mental health systems that provides a more rounded approach to societal issues of this specialized population (Hean, Willumsen, Ødegård, & Bjørkly, 2015). This theory identifies key components of addressing societal issues that are present in the lives of individuals with mental health issues who come in contact with the criminal justice system. The importance of identifying societal needs, developing and implementing potential solutions, and evaluating and improving outcomes is key to this theory. The collaboration between the primary systems, criminal justice and mental health, focuses on creating positive social change while improving social relations and collaborations to address a social demand (Hean, Willumsen, Ødegård, & Bjørkly, 2015).

Literature Review Related to Key Variables

Mental Health

Mental health issues have become increasingly prevalent in contemporary society throughout the United States. In the mid-1960s the movement to deinstitutionalize individuals with mental health issues and provide community services began. Following the implementation of the deinstitutionalization movement, and during the peak time from the mid-1960s to the mid 1970s, stakeholders of the criminal justice system began experiencing a rise in crime rates as well as an increasing number of individuals with mental health issues being addressed throughout all aspects of the system (Lurigio, Smith, & Harris, 2008).

During the 1970s, following the implementation of deinstitutionalization, every state in the United States revised statutes addressing involuntary psychiatric hospitalization making mental health commitment more difficult while also making release easier and less restrictive (Fisher, Silver, & Wolff, 2006). In 2004 the Mentally Ill Offender Treatment and Crime Reduction Act (S.1194) was signed into law supporting collaborative efforts between mental health, criminal justice, and juvenile justice agencies (Fischer et al., 2006). The act allowed for non-violent offenders to be diverted from the criminal justice system into the mental health system providing for more access to needed services (American Psychological Association, 2004). The intent of this act was to improve access to mental health services in lieu of this population of offenders being addressed in a criminal justice system that was ill equipped to provide sufficient services which in turn facilitated recidivism.

Mental health professionals report that approximately one-half of all chronic mental illness begins around the age of 14, with three-quarters by the age of 24 (Gardner, 2015; NAMI, 2018). According to the National Alliance on Mental Illness (NAMI), 43.8 million adults in the United States experience mental illness in any given year, which equates to approximately one in five, or 18.5%, of adults in the United States (NAMI, 2018). Furthermore, approximately 1 in 25, or 10 million, adults have a serious mental illness (NAMI, 2018). Additionally, 10.2 million adults have co-occurring mental health and addiction disorders (NAMI, 2018). An estimated 26% of homeless adults staying in shelters have a serious mental illness and an estimated 46% have a co-occurring mental illness and/or substance use disorder (NAMI, 2018). Criminal justice statistics indicate that approximately 20% of state prisoners and 21% of local jail inmates have a history of serious mental health issues (NAMI, 2018). Furthermore, according to Gottfried and Christopher (2017), in 2006 data indicated that 75% of female detainees and 63% of the male detainees in United States jails reportedly had a mental health issue. Additionally, state prison data indicated that 73% of the female inmates and 55% of the male inmates reportedly had a mental health issues (Gottfried & Christopher, 2017). A study conducted by the Treatment Advocacy Center in 2012 produced findings indicating that there were approximately ten times as many individuals with mental illness incarcerated as there were in psychiatric hospitals (Gardner 2015). Additionally, the National Institute of Justice (NIJ) reported study findings that 52%–57% of juvenile offenders commit criminal acts into adulthood with the prevalence of offending increasing from late

childhood with the peak being in the teenage years, from 15–19 years of age, and then declining in the early 20s (NIJ, 2018).

Statistics of youth with mental health issues in the United States indicate that one in five youth meet the criteria and/or demonstrate symptoms of a diagnosable mental health disorder (Hammond, 2007; Cullins, et al., 2016). However, approximately 21.4% of children between the ages of 13 and 18 experience a severe mental disorder at some point during their life (NAMI, 2018). Additionally, approximately 13% of children between the ages of eight and fifteen experience a severe mental health disorder (NAMI, 2018). Furthermore, Rowe (2010) reported that one in ten youth attending school have a mental health illness with the majority going undiagnosed. However, approximately 70% of juveniles in the juvenile justice system have at least one mental health condition and an estimated 20% of the juveniles have been diagnosed with a serious mental illness (NAMI, 2018; Hammond, 2007; Cullins et al., 2016). The National Center on Addiction and Substance Abuse 2004 report estimated that approximately 17%–27% of detained and/or incarcerated youth in the juvenile justice system have been diagnosed with a serious mental illness (Erickson, 2012). Studies conducted on the prevalence of youth with mental health issues in the juvenile justice system also indicate that approximately 65%–70% of the youth have at least one mental health disorder, with 79% having two or more diagnoses (White, 2016; Burke, Mulvey, & Schubert, 2015). McCormick and Peterson-Badali (2017) concur with the statistics of the high prevalence of juveniles in the system with mental health issues reporting that rates range from 50%–90% of justice involved youth with mental health diagnoses. Additionally, Holzer, Oh, Salas-Wright, Vaughn,

and Landess (2018) reported study findings indicating 50% to 80% of youth in the system met the criteria for a mental disorder, with the highest rates of youth with mental health disorders in commitment facilities.

Compared to the prevalence rate of 21.4% of youth with mental health issues in the general public, the disproportionate number of youths in the juvenile justice system with mental health issues is concerning (Burke et al., 2015). A study conducted by Stout and Holleran (2012) in 2004 to determine the prevalence of mental health issues of incarcerated juveniles produced findings that align with previous research that reported findings indicating that 67.2% of the 320 participants had one or more diagnosable mental health disorder. Colwell, Villarreal, and Espinosa (2012), posited that juvenile justice data indicated that youth with mental health disorders received harsher outcomes, twice the rate of adjudications, and were funneled deeper into the system than youth that were not identified as having mental health disorders.

In contemporary society, the number of untreated individuals with mental health issues in the community that come in contact with the criminal justice system has created an overwhelming issue for not only the individual, but for the community as well as for the stakeholders throughout all aspects of the system. Furthermore, this population accounts for an approximate annual cost of \$247 billion in the United States (Cullins, et al., 2016). Additionally, data indicates there are approximately 70%–72% of youth with mental health issues in need of treatment that do not receive services (Cullins, et al., 2016).

Impact of Mental Health Issues

Individuals living with mental health issues are only one aspect of the identified problem. Undiagnosed and untreated mental health issues can be equated to a ripple in the pond effect, which has been the experience of the youth and stakeholders of the juvenile justice system. Youth that have undiagnosed and/or untreated mental health issues impact the family unit, school systems, neighborhoods and communities, law enforcement, juvenile justice, and the court system. Studies have shown that a disproportionate number of juveniles who were arrested and placed in secure detention facilities had current diagnosed mental health disorders or met the criteria for a diagnosis of a mental health disorder (Pullmann, et al., 2006). Furthermore, Pullmann et al. (2006) posited that between 68% and 83% of detained juveniles met the criteria for a mental health diagnosis. However, findings also indicated that there was a lack of appropriate services available to meet the needs of the detained youth. Additionally, findings of a study conducted by Osterlind et al. (2007) posited that approximately 70%–91% of youth referred to the juvenile justice system were suffering from comorbid or multiple mental health disorders.

The juvenile justice system has often been referred to as the de-facto mental health system for juveniles with behavioral issues or mental health problems (Pullmann et al., 2006). A common misconception of contemporary society is that once a youth becomes involved with the juvenile justice system they will receive the needed services. There are numerous re-occurring instances of which this is not the case. According to Underwood and Washington (2016) the United States Department of Justice has

documented that the mental health services for youth in the juvenile justice system is often inadequate or not available at all. Furthermore, Gottfried and Christopher (2017) posit that despite the need for mental health treatment for juvenile justice involved youth, the system has fallen short of demonstrating the ability to address this population in an adequate manner. Many times, once a youth has entered the system the label of juvenile delinquent creates increased issues in their life. Therefore, for a youth that is suffering from mental health issues adding the label of delinquent has increased long lasting negative consequences that are almost impossible to overcome without appropriate rehabilitation and mental health services.

According to Erickson (2012), youth that suffer with serious mental health issues have contact with the juvenile justice system three times more often than youth that do not suffer from mental health issues. Erickson (2012) reported that due to the behavioral issues that youth with serious mental health issues demonstrate, society's response is to have law enforcement address the situation instead of the appropriate mental health service providers. Studies have also indicated that the rate of youth with serious mental health issues being arrested and detained in a detention center and/or a commitment facility are two to five times higher than youth without serious mental health issues. Additionally, the high prevalence of youth with mental health issues being involved in the juvenile justice system has been reported at approximately 60%–90%, however, youth with serious mental illness has been reported to be approximately 17%–27% (Erickson, 2012).

Gender and Mental Health

Research has indicated that having a mental health disorder was a stronger predictor of delinquency and involvement with the juvenile justice system for female offenders than for male offenders (Welch-Brewer, Stoddard-Dare, & Mallett, 2011). Pullman et al. (2006) reported study findings of detained youth indicating that 60% of the male detainees and 68% of the female detainees met the diagnostic criteria for one or more mental health disorder. Additionally, 10.8% of males and 13.7% of females reportedly had a serious mental health disorder and a substance use disorder (Teplin et al., 2006). Underwood and Washington's (2016) study produced findings indicating that two-thirds of males and three-quarters of females in detention facilities meet the criteria for a diagnosable mental health disorder. Additionally, Espinosa, Sorenson, and Lopez (2013), reported findings indicating that female offenders with mental health issues are funneled deeper into the system for less serious offenses than male offenders.

Statistics from the Florida Department of Juvenile Justice indicate that the arrest rate for offenders during the 2016–2017 fiscal year consisted of 77% males and 23% females (FDJJ, 2018). Further breakdown of the youth's demographic indicated that of the youth arrested in 2016–2017 fiscal year, there were 15% Hispanic, 33% White, and 52% Black (FDJJ, 2018). The rates for age ranges consisted of 13–14 years of age youth at 20%, 15–16 years of age youth at 45%, and 17–18 years of age youth at 30 % (FDJJ, 2018). However, statistics indicate that the percentage of youth in residential commitment facilities in Florida during the 2016-2017 fiscal year were 31% Hispanic, 45% White, and 21% Black with 51% males and 49% females (FDJJ, 2018). As stated

previously, studies have indicated that between 68% and 90% of the youth involved with the juvenile justice system have mental health issues, with most mental health issues beginning around the age of 14 years old.

Juveniles with mental health issues involved with the juvenile justice system have a higher prevalence rate of suicides, both attempted and successful, than youth with mental health issues in the general public (Holzer et al., 2018). Additionally, female juvenile detainees have a higher prevalence of suicidal ideations than male juvenile detainees (Holzer et al., 2018). Holzer et al. (2018) study findings indicated that between 2005 and 2014 there was an increase in the number of females with mental health issues that came into contact with the juvenile justice system, reporting the rate in 2005 was 24.4% with the rate in 2014 to have increased to 33%. A study conducted by Becker, Kerig, Lim and Ezechukwu (2012) produced similar findings indicating that there is a higher prevalence of mental health issues found with female juvenile detainees than there is with male juvenile detainees. Grande et al. (2012) obtained concurring findings indicating a significant difference in the higher prevalence rate of female juvenile detainees with mental health issues compared to their male counterparts.

Race and Mental Health

Although there has been ongoing discussion and program implementations across the United States to address the disproportionate minority contact within the criminal justice system, numerous studies have indicated that there is a higher prevalence of mental health issues found in White youth than there is in minority youth. Becker et al. (2012) reported findings indicating that higher rates of mental health issues were

identified in White juvenile offenders than their minority peers. Becker et al. (2012) reported findings indicating that overall White females were the highest category to be at-risk for continued contact with the juvenile justice system. However, younger Black females were the most vulnerable juveniles in the study in regard to recidivism.

Studies have indicated that race was a strong predictor of juvenile justice contact for youth with mental health and/or substance use disorders with White youth reporting more mental health problems than Black and other races (Welch-Brewer et al., 2011). Teplin et al. (2006) reported study findings indicating that White youth had the highest rates of mental health disorders with Black youth rates being the lowest. However, Black youth were found to have the highest rates of substance use disorders. White female youth involved with the juvenile justice system had a higher prevalence rate of mental health disorders related to delinquency than males as well as all other races.

However, a study conducted by Janku and Yan (2009) reported findings indicating that Black youth with mental health needs enter the juvenile justice system at a younger age and become deeper involved in the system than White youth. Additionally, in contrast to similar studies, their findings indicated that Black youth with mental health issues have a higher rate of being addressed through the juvenile justice system rather than being diverted to community resources to address their criminogenic needs (Janku & Yan, 2009). Furthermore, Janku and Yan (2009) posited the findings indicated that Black youth with mental health disorders were primarily addressed while incarcerated in commitment facilities, while most White youth were addressed through community

services, further indicating that only the White youth with the most serious mental health disorders were addressed in commitment facilities.

Age and Mental Health

According to Becker et al. (2012) study findings indicated that there was no difference in the prevalence rate of mental health issues found using age as an indicator in female detainees. However, there were differing prevalence rates for male detainees aged 13 and younger indicating less prevalence of mental health issues compared to male detainees between 14–17 years old (Becker et al., 2012). Additionally, study findings indicated that for male detainees 16 years old and older, approximately 90% were found to have a major mental health issue or diagnosis (Becker et al., 2012). However, study findings did indicate that the younger juvenile offenders did have a higher recidivism rate than their older counterparts (Becker et al., 2012).

Law Enforcement Officers

LEOs come in contact with individuals suffering from mental health issues on a frequent basis. Although there are many adults with mental health issues, there is an increasing number of juveniles with mental health disorders that come in contact with the criminal justice system as well. Many law enforcement agencies provide training opportunities to specialized units within the agency, however, too often these trainings are not offered to all staff that have contact with the public (Kroll, 2005). In addition, there are numerous agencies throughout the United States that do not offer any training opportunities to their staff that address this specialized population. It is important for

criminal justice personnel, especially law enforcement agency personnel, to have the appropriate skills and knowledge to address individuals with mental health issues.

Although all criminal justice personnel should receive training to learn the appropriate skills needed to identify and address an individual with mental health issues, LEO training is paramount. LEOs are the front-line criminal justice staff that have the responsibility of making the decision to charge and/or arrest a juvenile with a criminal offense in many circumstances. Therefore, when officers lack the skills and are not afforded the knowledge or ability to identify a juvenile suffering from mental health issues, the officer can exacerbate the situation by the manner in which they address the youth (Donisch, Bray, & Gewirtz, 2016).

With the prevalence of school resource officers being used on many school campuses to increase campus security, the probability of an outcome of arrest for a youth suffering from mental health issues and demonstrating non-compliant behavior in school is greatly increased (Wolf, 2014). When the school resource officer has not been afforded the appropriate training to identify mental health issues, or complete MHFA training, trauma informed training or crisis intervention training, the probability of that officer exacerbating the situation to an escalation of arrest increases exponentially (Wolf, 2014).

According to Wolf (2014) studies have shown that the main factors that a school resource officer uses in their decision-making process for an incident that occurred on a school campus include: (a) the amount of evidence to prove the crime occurred, (b) the seriousness of the offense, (c) what action the victim wants taken, (d) the suspects demeanor, and (e) the victim-offender relationship. In addition, studies found that the

relationship that school resource officers had formed with the youth factored into the decision-making process (Wolf, 2014). However, studies did not indicate that the offender's mental health issues or the officer's ability to identify mental health issues were a factor in the arrest decision-making process or decision to arrest outcome.

LEOs are required to complete specific training while in the police academy prior to receiving their certification. Although academy training is specific to the duties, laws, and rules that an officer is expected to perform once on the job, specific training to increase mental health literacy to teach these individuals appropriate skills for identifying and addressing persons with mental health issues has not been a top priority. Therefore, once officers are employed and encountering this population of offenders many times mental health or trauma reactive issues are not easily identified nor handled in a manner that will de-escalate a situation or promote a positive outcome (Wood et al., 2016).

As studies have shown, 70%–91% of all juveniles that come in contact with law enforcement and are referred to the juvenile justice system are suffering from mental health or comorbid mental health disorders (Osterlind et al., 2007). When law enforcement personnel encounter a non-compliant juvenile, especially when the youth is displaying defiant or disrespectful behaviors, and the officers have not received the appropriate training to identify underlying mental health issues, the situation can quickly be exacerbated to become out of control and result in a dangerous situation and/or an arrest of the youth (Wolf, 2014).

The mishandling of a juvenile with mental health issues that is demonstrating non-compliant, defiant, or disrespectful behaviors can create a rippling effect of problems

throughout the criminal justice system which includes the youth and their family, the officers and/or the law enforcement agency, the juvenile justice system, the court system, and ultimately the community. Statistical reports indicate that approximately 7%–10 % of all officer encounters involve people affected by mental health issues and that over 90% of patrol officers have an average of six encounters with individuals in mental health crisis every month (Wood et al., 2016).

Many of the juveniles that come in contact with LEOs are considered to be in the “gray zone” because they are not currently receiving mental health treatment or their mental health issues/needs have not yet been identified and addressed. Study findings indicate that officers rely on three core features for decision making when addressing “gray zone” situations that involve individuals with mental health issues: (a) Choosing temporary solutions from an available set of remedies, (b) Using their knowledge of the local community and the individual during the decision-making process, and (c) Performing peacekeeping actions by negotiating with the individual and the complainant (Wood et al., 2016). However, when an officer has not had the appropriate training to identify possible mental health issues and are not equipped to identify a potential gray-zone situation, the handling of the situation is not conducive to a successful outcome.

A study conducted by White (2016) found that youth in the mental health system have a higher probability of being arrested than youth in the general population that do not have mental health issues. In addition, youth that demonstrate behavioral problems, which is common among youth with mental health issues, are more likely to be arrested and detained in either detention facilities or commitment facilities than youth without

mental health issues (White, 2016). Study results also indicate that a youth with the presence of mental health issues and prior mental health interventions had a higher prevalence of receiving judicial dispositions for confinement either in a detention setting or a commitment facility than their nonmental health issue counterparts (White, 2016). Additionally, results indicated that delayed identification of mental health issues, such as after entry into the juvenile justice system from arrest, also had a higher prevalence rate of harsher judicial dispositions. Furthermore, study results indicated that the presence of mental health problems and race/ethnicity both increased the likelihood of the youth being judicially ordered into some type of confinement (White, 2016).

The juvenile justice system's original intent upon inception was to act as a *parens patriae* and remove juvenile offenders from the adult punitive system while providing rehabilitative services to meet their needs. However, when a juvenile with mental health issues is arrested, detained, and handled in a court of law the mental health services needed are often times not available nor adequate to assist the youth become mentally healthier and make positive changes (Donisch et al., 2016). Therefore, the potential for continued contact with the juvenile justice system increases.

This continual pattern, which has been experienced for numerous years within the criminal justice system, is not going to change without implementation of training and appropriate intervention options. The use of time taken for an officer to address and/or arrest a juvenile offender with mental health issues, the space in a detention center, the time taken in court, and the additional hours spent by juvenile justice personnel to

address the behavioral issues while forgoing the underlying mental health issues wastes valuable time, money, and resources with no positive expected outcome (White, 2016).

The need for effective change is paramount to making a significant difference in the lives of the many youth that are suffering from mental health issues. In addition, early intervention of juvenile mental health issues can assist the youth make changes in their lives which creates a potential for reduced or no future contact with the criminal justice system throughout their life (White, 2016).

Due to the overwhelming number of youths with mental health issues that come in contact with the criminal justice system it would be practical to implement training opportunities to the front-line staff that are responsible for making the decision to arrest or divert a juvenile from the system. Many LEOs in the field today have not been afforded the opportunity to learn the appropriate skills in identifying and addressing individuals with mental health issues, especially with the juvenile population (Wood et al., 2016). However, providing MHFA training to law enforcement personnel can enhance their ability to identify possible mental health issues in the individuals they encounter.

Mental Health First Aid

The MHFA training program was created in 2001 by Betty Kitchener, a health education nurse, and Anthony Jorm, a mental health literacy professor (Defehr, 2016; MHFA, 2018). The MHFA training program derived from the Australian mental health literacy goal to educate citizens on the early detection and treatment of mental health disorders (Defehr, 2016). Since the creation of the MHFA training program the

international acceptance of training non-expert individuals has grown as evidenced by the program being adopted and used in a reported 25 countries in 2018 (MFHA, 2018).

MHFA is an evidenced based eight hours training program that is not intended to make participants experts but is intended to provide basic knowledge and skills to the participants which can enhance their abilities to address individuals with mental health issues (Zilnyk, 2010). The MHFA training program teaches participants the signs and symptoms of a variety of mental health issues as well as the appropriate skills needed to address this specific population (Zilnyk, 2010; Kroll, 2015). The targeted mental health issues that are addressed through the training program include depression, anxiety disorders, psychosis, substance use disorders, eating disorders, suicidal behaviors, and mental health crisis behaviors (MHFA, 2013). In addition, the program provides the participants with guidance on use of appropriate skills and resources to assist individuals they encounter that are experiencing mental health issues (Zilnyk, 2010). The MHFA training program provides skills to participants to assist with recognition of the early warning signs of mental illness as well as assist with providing help to this specialized population of individuals on a first aid basis by directing them to appropriate resources (Kroll, 2015; Svensson & Hansson, 2014).

According to a study conducted by Kroll (2015) the MHFA training program enhances mental health literacy of the participants. Morrissey, Moss, Alexi, and Ball (2017) obtained concurring findings which indicated participants significantly improved their mental health knowledge and literacy following completion of the training program. A study conducted by Svensson and Hansson (2014) produced findings indicating that

participants showed a significant improvement in their mental health knowledge and helping behavior. The participants reported improved knowledge of identifying signs and symptoms of mental illness and how to appropriately handle this population (Svensson & Hansson, 2014; Mina, Colucci, & Jorm 2009). Additionally, participants reported increased confidence in their ability to appropriately identify and address individuals suffering from mental illness (Svensson & Hansson, 2014). A study conducted in America by Ploper, Jones, Kraus, Schmidt, and Corrigan (2015) produced concurring findings indicating that participants that completed MHFA training reported a clearer understanding of mental illness, reduced feelings regarding the stigma related to mental illness, and gained confidence in their ability to deal with individuals with mental illness. Additionally, a study conducted by Tomar et al. (2017) which used adult probation officers, produced findings indicating that the officers reported an increased knowledge and reduced stigma of probationers with mental illness. Furthermore, probation officers reported an improved ability to work with probationers with mental illness as well as enhanced skills to identify and make referrals to needed services (Tomar et al., 2017).

With law enforcement personnel being the first responders to an incident, researchers have suggested that this entity of the criminal justice system would benefit the most from use of MHFA trainings and learned skills. In addition, with the appropriate tools and skills derived from the trainings, law enforcement personnel would be better equipped in their decision-making process to implement the most appropriate actions for the situation (Kroll, 2015).

Summary

There is an abundance of research indicating that the issue of juveniles with mental health issues has been steadily increasing throughout the past several years. Additionally, research indicates that lack of adequate training for LEOs can be identified as one component that has contributed to the introduction of this specific population into the system. Numerous studies also indicate that age, gender, and race of the juvenile also contributed to the rising mental health issues found in the juvenile offender population. Furthermore, research has indicated that LEOs are encountering individuals with mental health issues on an increasing basis.

Results from numerous research studies indicate that implementation of MHFA training has increased participant mental health literacy. Furthermore, study results indicated that participants reported reduced stigmatism regarding individuals with mental health issues and increased ability to assist persons in mental health crisis. Although there have been numerous studies conducted to determine the impact MHFA training had on the participants, many of the studies were conducted using participants from many disciplines other than law enforcement or the criminal justice system. There were minimal studies located regarding criminal justice staff participants. Therefore, this study can provide an original contribution to the discipline through the stated research study.

Chapter 2 provided an explanation of the literature search strategy, the theoretical foundation used for this study, a literature review of the key variables identified, the

impact of mental health issues as well as the covariates identified, LEO issues with this specialized population, and MHFA training.

Chapter 3 will provide an explanation of the setting as well as the research design and rationale, and the role of the researcher. Additionally, the chosen methodology for this study will be discussed followed by the method that were used to gather participants for this study, an explanation of the instruments that were used to gather data, along with the data collection and analysis plan. Furthermore, the research questions and hypotheses will be stated, threats to validity and issues of trustworthiness will be addressed as well as ethical procedures used will be provided.

Chapter 3: Research Method

Introduction

An increasing number of juvenile offenders with untreated mental health issues are entering the juvenile justice system, which is creating an overwhelming issue for all stakeholders throughout the system (White, 2016). Lack of adequate training of criminal justice personnel enhances the possibility of this population being arrested and introduced into the juvenile justice system (Cummins & Edmondson, 2016). The two previous chapters identified and detailed the growing problems that are created for all parties involved in the juvenile justice system due to youth with mental health issues being introduced into the system instead of being referred to appropriate resources to address the underlying mental health issues and criminogenic needs.

Juveniles with mental health issues introduced into the system without being afforded appropriate treatment and/or not being identified as having mental health issues have been funneled deeper into the system, creating increased problems for the youth, the system, and the community. What is not known, however, is what effect providing MHFA training to the criminal justice system gatekeepers, LEOs, has on their mental health literacy. An increase in mental health literacy for police officers could lead to better outcomes with incidents involving juveniles with mental health issues. Social innovation theory may shed light on the possible impact the training may have on officer mental health literacy.

This chapter outlines the mixed methodology used to assist in understanding the impact of MHFA training on LEO mental health literacy. This chapter provides an

overview of the setting, research design and rationale, research questions, population used, as well as data collection and analysis methods. It also presents information on the independent and dependent variables in the study and addresses the threats to validity. The final section of the chapter is a discussion of the ethical procedures used in the study. This study was conducted in accordance with the parameters established by Walden University's Institutional Review Board (IRB) to ensure the ethical protection of research participants (Approval Number for 09-03-19-0672425).

Setting

The setting for this study was a rural Southeastern United States sheriff's department building in a training room separate from where the MHFA training was conducted. This setting was chosen due to its accessibility. Furthermore, this setting was chosen because the participants were familiar with the training space and would be able to navigate to the separate training room to complete the study survey without difficulty. This setting is relevant to the study because the participants are employees of the local sheriff's office and routinely use the training space. Therefore, the setting was a common location to all participants. Due to the commonality of the training space and the MHFA trainers being familiar with the local law enforcement agencies, there was less potential for participants to be uncomfortable in either the setting or with the trainers.

Research Design and Rationale

The purpose of this mixed-methods, quasi-experimental, one group, pretest–posttest study was to determine the impact that MHFA training had on LEO mental health literacy. The research on the impact may inform understanding of how providing

LEOs with basic MHFA training increases mental health literacy and could reduce the arrest rate of juvenile offenders with mental health issues and divert this population to appropriate resources. Collection of both quantitative and qualitative data was conducted concurrently. Use of this design provided the opportunity to obtain secondary data of pretest/posttest scores from participants who received MHFA training regarding their mental health literacy. Additionally, use of this design provided insight into participant's personal perception of the impact of the training regarding their personal mental health literacy, possible stigmas they may have had, and their comfortability with using the skills taught. The mixed methods design was chosen for this study to enrich the information obtained and to further clarify understanding of how MHFA training impacted LEOs' mental health literacy. Creswell (2018) stated that a mixed methods design provides a more holistic view of the topic, the qualitative information complements the quantitative data and the combination presents a more comprehensive account of the study findings. This research design is aligned with the research questions.

The independent variable used in this study is the MHFA training program. The dependent variable used in this study is LEO participants level of mental health literacy based on the quiz results (Appendix C). The aggregate score of the participants mental health literacy rate before the training was compared to the aggregate score after completion of the MHFA training program. In addition, descriptive statistics presented in this study include the age (range), race, gender, and tenure of the LEO participants.

The secondary deidentified limited data set was provided to the researcher from the certified trainers of the MHFA training program. The pre-test questionnaire, created

by the MHFA founders, was administered to the participants prior to beginning the MHFA training sessions by the certified MHFA instructors. The certified instructors then conduct the 8-hour training in two 4-hour blocks within one workday. The posttest questionnaire, which is the same instrument used for the pre-test, was administered to the participants immediately following completion of the MHFA training sessions by the certified instructors. The deidentified limited data set of the pretest/posttest results were shared with this researcher to conduct the secondary data analysis process. The pretest/posttest results were calculated separately and then compared to determine the aggregate impact of mental health literacy results derived from the training. The pretest/posttest results were scored by using a Likert scale method with the most appropriate response having the highest value (2 points), a response if “don’t know” having the median value (1 point) and the least appropriate response having the lowest value (0 points). The highest cumulative score possible is 30 points with the lowest cumulative score possible being 0 points. Therefore, the higher the cumulative score the participant obtains the higher their mental health literacy. Additionally, a qualitative survey (Appendix D) was distributed to voluntary participants following completion of the MHFA training in a separate training room to obtain more in-depth information from each participant regarding their perception of the training and how it impacted their mental health literacy. The qualitative survey was administered by the researcher in a separate training room immediately following completion of the training and posttest. Participants were notified that completion of the survey was voluntary and not mandatory. No identifying information was included in the survey.

The method of data collection used is in alignment with the design and analysis choice for the stated study. Furthermore, this method of data collection is aligned with the stated research questions. Use of a mixed methods design choice is aligned with the public policy and administration and criminal justice discipline to identify statistical significance as well as in-depth personalized participant information in the stated type of study.

Role of the Researcher

This researcher has worked in the criminal justice field, more specifically the juvenile justice system, for approximately 16 years which explains the interest in finding potential solutions to the increasing problem of juveniles with mental health issues entering the juvenile justice system. The nature of this researcher's professional career has provided a wealth of experience working with juveniles from different cultures, socioeconomic status, mental health issues, and criminogenic needs. This researcher's role as a researcher is to observe, review, analyze, and accurately document responses from the participants throughout the research study process. Furthermore, this researcher's role also involves administering the qualitative survey to LEO participants following completion of the MHFA training. A vital aspect of the role of researcher is to understand and interpret meanings as well as accurately describe the participants personal perceptions of how the MHFA training impacted their mental health literacy. Therefore, this researcher's role is to explore the impact that MHFA training has on LEO mental health literacy. Although there are no conflicts of interest by location or previous knowledge of or relationships with any participants, this researcher will remain cognizant

of these research factors at all times throughout the study. It is also important that this researcher engages in continuous self-reflectivity by self-checking through journaling, debriefing with other professionals in the field, and reviewing notes to minimize and address any potential biases.

Methodology

The target population used for the stated study consisted of LEOs from a Southeastern United States rural law enforcement agency that had not previously completed MHFA training. The target population size was 20 participants. A purposeful sample was used to obtain an adequate participant pool. The participants were employees of the Southeastern United States rural law enforcement.

Participants of the Study

All participants were recruited through a voluntary nature through the MHFA provider from the participants enrolled in the MHFA training class. Participants were aware that there was no compensation and/or special privileges offered for participating in the study. Therefore, all participants of the study were adult volunteers who had the ability to choose to participate in the study but were not forced nor coerced into participation. Participants were provided an informed consent form attached to the recruitment email explaining the study purpose, stating the nature of the study, how the information obtained will be used, which also included a no compensation clause.

Following approval by the MHFA provider and receipt of the signed data use agreement, all LEOs enrolled in the training class were contacted through the provided email account. The recruitment email provided information explaining the study,

describing the nature and purpose of the study, how the data collected would be used and disseminated, as well as explaining participation was voluntary and would not promote or facilitate any special compensation nor privilege. A sample email is included in the attached Appendix A. Study results are aggregate calculations removing the necessity of collecting any participant identifying information. Collected data will be stored on a password secure thumb drive and locked in a fire-resistant home safe for a period of 5 years, per Walden University research policy. There was no personal identifying information gathered as any potential for possible participant identification information was eliminated by using the stated data collection design.

The sample size for the stated study was calculated by using the Necessary Sample Size table provided by Walden University (2018). The statistical power was set at .80 with an α level of 0.05 seeking an effect size of .70. Using the table provided, a minimum sample size of 19 participants was required. The participant sample size used for this study consisted of 28 participants. Therefore, the participant sample used for this study is in alignment with the required minimum sample size.

Instrumentation

The MHFA training class used for this research study is only for the purpose of obtaining pretest/posttest data in a secondary data set obtained from the certified MHFA training program. However, a brief overview of the training class is presented for informational purposes only, not as a part of this research study. The curriculum that was used for the MHFA training course is presented in Appendix B. The curriculum consists of two four-hour sessions completed within 1 day. The training was conducted by

licensed certified MHFA trainers. To obtain the quantitative data for this study the MHFA Quiz, used by the MHFA training program, created by the founders of the training and revised in 2015, was used and is included in Appendix C. This instrument was used for the pre and the post data collection. The mixed methods design used for this study was chosen to enrich the information/data gathered to obtain a more in-depth understanding of the effectiveness of MHFA training from the perspective of the LEOs regarding mental health literacy and decision to arrest versus referral to services outcomes. The instrument has been used by numerous researchers and reported to be reliable and valid for the stated constructs (Kroll, 2015; Morrissey et al., 2017; Svensson & Hansson, 2014; Mina, Colucci, & Jorm 2009; Ploper et al., 2015; & Tomar et al., 2017).

Data Collection

Data for the stated study was collected using a sequential explanatory strategy. The quantitative data collected from the participants was obtained through a secondary deidentified limited data set of the pretest and posttest quizzed the participants were given before and after the MHFA training session by the certified training facilitators. Demographic information of the officers that were included in the data collected include officer age (range), race, gender, and tenure with the agency (range). However, no specific identifying information was collected during the data collection process.

Qualitative data was collected by the researcher through a qualitative survey that was administered by the researcher to voluntary participants in a separate training room. The survey was administered immediately following completion of the MHFA training.

Survey answers were coded and analyzed to obtain common themes from the collective responses.

The intervention used for this study is the MHFA training program, an evidence-based program (Hounsell, 2015). The training was facilitated by a mental health agency that employs certified trainers and has conducted this training over a period of more than 5 years. The training consists of an 8-hour curriculum, a pretest and a posttest. The quizzes used for this training were created by the MHFA founders and capture highlights of the training, needed skills, and measure mental health literacy of the participants. The quizzes were developed by the founders of the MHFA training program, Betty Kitchener and Anthony Jorm in 2001 but were updated for specific MHFA Law Enforcement training in 2015. The MHFA training was administered by trainers who have completed the MHFA instructor training program and have conducted numerous MHFA trainings. The pretest/posttest is included in the training curriculum; therefore, the information was obtained from the facilitators of the training. Previous mental health literacy data collection was obtained through qualitative studies from populations other than law enforcement (public, adult probation officers, human resource staff of large companies, educational staff), therefore, there is no available validity data for LEO trainings. However, the reliability reported from previous studies was within the acceptable properties range. The pre/post quizzes that were used for previous quantitative studies is the same pretest/posttest that was used for the stated study. The few quantitative studies conducted reported validity scores with acceptable internal consistency with Cronbach's

alpha ranging from 0.66–0.69 and convergent validity (reliability coefficient ranging from 0.69–0.70) (Tomar et al., 2017, p. 2).

Data for the variables identified in the stated study was obtained through the pre- and posttests using a Likert scale method. Upon collection of data, the SPSS software licensed through Walden University was used to calculate statistical information that address the research questions.

Research Questions

Quantitative RQ1: What impact does completion of MHFA training have on LEO mental health literacy?

Qualitative RQ2: How does completion of MHFA training impact LEO mental health literacy?

Data Analysis Plan

The statistical analyses used through the SPSS software licensed through Walden University to test the stated hypotheses conducted for this study were descriptive statistics analysis for secondary data analysis and the demographic data analysis. The descriptive analysis was conducted to obtain the mean, median, and mode for the pretest/posttest results to obtain results for the overall statistical change in LEO mental health literacy scores. Furthermore, frequency analyses were run to obtain the mean, median, and mode as well as to assess if mean differences existed between the pretest/posttest results. A frequency analysis was used to obtain the effect size of LEO mental health literacy obtained from the pre and posttests of the participants. The analysis conducted used a 95% confidence interval. Descriptive analysis is an appropriate

statistical analysis to use to assist the researcher with organizing and describing data collected from a sample (Frankfort-Nachmias & Leon-Guerrero, 2015). Frequency distributions are run for reporting the number of observations that fall into each category of the variable (Frankfort-Nachmias & Leon-Guerrero, 2015).

In qualitative research, codes, categories, and themes all play an integral part in data analysis. Although each have a different function, they all are essential to conducting a study with validity. Codes are labels used to organize data into manageable portions (Ravitch & Carl, 2016). Saldaña (2016) defines codes as labels that represent aspects of data or captures the essence or features of a data. A collection of codes was used to identify categories in the data. Categories are coded data that have similar meanings, patterns, or attributes that can be clustered together. Themes were identified from the consolidated categories which transcends the data into thematic, conceptual or theoretical outcomes (Saldaña, 2016). Qualitative data collected from the survey was analyzed. Survey responses were coded and analyzed to identify common themes from the collective responses until data saturation was reached. Common themes were reported to provide a more in depth understanding of the quantitative results. Furthermore, common themes were identified and listed in the results section. The survey questions that were used are provided in Appendix D.

Dissemination methods of the stated study's results will be provided to the participants and stakeholders. Study results will be emailed to the MHFA training provider as well as a link to the researcher's LinkedIn page for all participants and stakeholders to access.

Threats to Validity

One of the primary responsibilities of a researcher is to consistently act in an ethical manner (Babbie, 2017). Therefore, it is of utmost importance to maintain compliance to the ethical standards set forth by Walden University while conducting a study. A study's research methodology is an integral part of determining validity. Validity is essential to research because it is the determining factor regarding the study findings and meaningful contribution to the discipline. Additionally, instrument validity is essential to research studies as it addresses the extent to which the instrument used for the data analysis is accurately measuring the stated constructs (Babbie, 2017). The instrument used for the stated study is the MHFA quiz, which was created to measure the participants mental health literacy levels. Construct validity is demonstrated by the degree to which a measure relates to other variables as expected within a system of theoretical relationships (Babbie, 2017). This would be regarding LEO attitudes and/or perceptions of the MHFA training.

External validity is measured by generalizability of the results. External validity can be negatively affected by testing effects, selection bias, reactivity or awareness of being studied, and multiple treatment (pre-/post-testing) interference (Babbie, 2017). The study does contain secondary data from a limited data set obtained from the MHFA training program provider which consists of a pre-test posttest element, therefore, when considering research design this factor was identified and will be considered when calculating the statistical results. Additionally, selection bias is an external validity factor that is addressed in this study. This researcher will address this factor by using a

convenience sampling method by selecting LEO participants from the MHFA training class in the Southeastern United States region. Content validity is addressed by the curriculum and certified trainers that will facilitate the training.

Issues of Trustworthiness

The identified threats to validity that could be present in the stated study include both external and internal components. Qualitative research validity includes credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2016). Credibility will be addressed by triangulation of data throughout the extensive coding process while taking into account the complexities presented in the survey responses. Transferability will be addressed by presenting detailed descriptions of the data and context (Ravitch & Carl, 2016). Dependability will be addressed by collecting, coding, and interpreting data through triangulation and sequencing of methods to address the research questions and core concepts of the study (Ravitch & Carl, 2016). Confirmability will be addressed by continuous self-reflectivity by self-checking through journaling, debriefing with other professionals in the field, and reviewing notes to minimize and address any potential biases.

Ethical Procedures

There is no known harm associated with participating in this study. Every participant was provided an informed consent form in the recruitment email explaining no additional consent form would be provided or needed to maintain participant anonymity. Participants were also notified that by completing the qualitative survey implied consent would be used. Participant confidentiality was addressed by the

exclusion of any identifying specific participant information. No participant identifying information was included on the survey by participants. Survey responses and files will be stored on a password secure thumb drive which will be locked in a secure fire-resistant home safe for a period of 5 years per Walden University policy. Additionally, files and survey responses will be deleted from all computer or laptop devices that were used for coding.

Summary

The purpose of this mixed-methods study was to examine the impact MHFA training had on LEO mental health literacy. A purposeful sample was used which include 28 participants that had not previously completed MHFA training and have positions that require contact with juveniles in the community. Secondary data from a deidentified limited data set of pretest/posttest responses was used to obtain quantitative results. Participants completed a qualitative survey to gather more in-depth information regarding the perceptions of the impact of the training for data collection purposes.

Chapter 3 provided information pertinent to the study which included the setting of the study, the research design and rationale, the role of the researcher as well as potential biases that were addressed, the methodology that was used, and the plan for recruitment of the participants of the study. Additionally, this chapter included information regarding the instrumentation that was used to gather data, the data collection and analysis plan, and the study research questions. The potential threats to validity and issues of trustworthiness were also presented. Lastly the ethical procedures that were used were presented.

Chapter 4 will present more in-depth information regarding the setting of the study, the demographics relevant to the study, the data collection analysis conducted, the findings of the study, as well as evidence of trustworthiness of the study findings.

Chapter 4: Results

Introduction

The purpose of this mixed-methods study was to determine the impact of MHFA training on LEOs' mental health literacy. The impact of this training is significant as it may reduce the arrest rate of juvenile offenders with mental health issues and divert this population to appropriate mental health resources through increased LEO mental health literacy. The central research questions examined what impact completion of MHFA training had on LEO mental health literacy and how completion of MHFA training impacted LEO mental health literacy. Quantitative data were used to determine whether there was a statistically significant mean difference between the aggregate pretest/posttest scores regarding LEO mental health literacy. Additionally, a qualitative survey was used to obtain participants' more in-depth perception of the impact of the training on their mental health literacy, possible stigmas they may have had, and their comfort level with using the skills taught.

The previous three chapters presented background information on the overwhelming issue of the increasing number of juvenile offenders with mental health issues entering the juvenile justice system and the overwhelming problem it has created for all stakeholders, family, and youth involved. Additionally, the purpose for examining the impact MHFA training has on LEO mental health literacy was presented. Furthermore, the research design and data collection and analysis plan were presented. Chapter 4 will present a description of the participant sample used to conduct the study as well as an explanation of the data analysis. Chapter 4 also presents information on the

setting used to conduct the study, the demographic data collected, data collection, data analysis, and evidence of trustworthiness.

Setting

The setting used for data collection purposes was a separate training room in the same building that was used for the MHFA training class at a Southeastern United States rural law enforcement agency. When the MHFA training class was completed, participants who chose to volunteer to complete the qualitative survey relocated to a separate training room to complete the anonymous survey. There were no personal or organizational conditions that influenced the participants or their experiences at the time of this study that may have affected participant responses to survey questions nor interpretation of the results.

Demographics

The participant sample used for this study consisted of 28 LEOs from a Southeastern United States rural law enforcement agency that had completed the MHFA training class. Participants ranged in gender, ethnicity, age, and tenure/years of experience in the law enforcement arena.

Data Collection

Secondary data from a deidentified limited data set of pre and post MHFA quizzes completed by the LEO participants, obtained from the MHFA training program instructors, were used for the quantitative data analysis. Additionally, voluntary participants that had completed the MHFA training class completed a qualitative survey to gather their personal perspectives regarding perception of the information presented on

addressing offenders with mental health issues, their perception of mental health issues, as well as their comfortability with using the skills taught when encountering offenders with possible mental health issues. Data collection did not vary in any way from the stated data collection plan presented in Chapter 3. There were no unusual circumstances encountered during data collection.

Data Analysis

To perform the statistical analyses the SPSS software licensed through Walden University was used to test the stated hypotheses. The analyses conducted for this study were descriptive statistics analysis for the secondary and demographic data analysis. Additionally, the descriptive analysis was conducted to obtain the mean, median, and mode for the pretest/posttest results to obtain results for the overall statistical change in LEO mental health literacy scores. A frequency analysis was used to obtain the effect size of LEO mental health literacy obtained from the pre and posttests of the participants. The analysis conducted used a 95% confidence interval.

Manual coding of the qualitative data from the survey was conducted to identify codes, categories and themes until data saturation was obtained. Survey responses were reviewed using open coding to develop the initial codes. Axial coding was used to create categories of the coded responses. Through further analysis themes were identified for each survey response relevant to the research question.

Results

The following results are divided into two sections with the quantitative data analysis results presented first. Additionally, results that address the quantitative research

question are presented. The second section addresses the qualitative research question and presents the results of the analysis.

Sample Description

Participants ranged in gender, ethnicity, age, and tenure/years of experience in the law enforcement arena. Demographic results of the participant sample consisted of 68% ($n = 19$) males and 32% ($n = 9$) females. Furthermore, ethnicity consisted of 72% ($n = 20$) White, 14% ($n = 4$) Black, and 14% ($n = 4$) Hispanic participants. The participant sample ranged in age with 43% ($n = 12$) within 20–29 years of age, 32% ($n = 9$) within 30–39 years of age, 11% ($n = 3$) within 40–49 years of age, and 14% ($n = 4$) within the 50 – 59 years of age range. Participant tenure of service within the law enforcement system consisted of 43% ($n = 12$) less than one year, 22% ($n = 6$) 1–5 years, 7% ($n = 2$) 6–10 years, 14% ($n = 4$) 11–15 years, 7% ($n = 2$) 16–20 years, and 7% ($n = 2$) 21 or more years. Frequencies and percentages for participants' demographic characteristics are presented below in Table 1.

Table 1

Participant Demographic Characteristics

Characteristic	Number	Percentage
Gender		
Male	19	68
Female	9	32
Ethnicity		
Black	4	14
White	20	72
Hispanic	4	14

Age Range		
20 – 29	12	43
30 – 39	9	32
40 – 49	3	11
50 – 59	4	14
Years in Law Enforcement		
Less than 1 Year	12	43
1 – 5 Years	6	22
6 – 10 Years	2	7
11 – 15 Years	4	14
16 – 20 Years	2	7
21 or More Years	2	7

The secondary deidentified limited data set was provided to this researcher from the certified trainers of the MHFA training program. The limited data set of the pre and posttests completed by the participants were shared with this researcher to conduct the secondary data analysis process. The pretest/posttest results were calculated separately and then compared to determine the aggregate impact of mental health literacy results derived from the MHFA training. The pre- and posttests were scored by using a Likert scale method with the most appropriate response having the highest value (2 points), a response of “don’t know” having the median value (1 point) and the least appropriate response having the lowest value (0 points). The highest cumulative score possible was 30 points with the lowest cumulative score possible being 0 points.

The pretest scores ranged from 14 points to 27 points with a ($M = 20.75$, $SD = 3.193$), a (median = 20.00), and a (mode = 20.00). All participants obtained a score of 30 points on the post test, resulting in a ($M = 30$, $SD = .000$), a (median = 30), and a (mode = 30). Comparing the pretest and posttest results indicated that following the MHFA

training there was an increased aggregate mean difference of ($M = 9.25$) points in LEO mental health literacy.

Quantitative Research Question

RQ1: What impact does completion of MHFA training have on LEO mental health literacy?

The quantitative research question sought to determine what impact MHFA training had on law enforcement mental health literacy. Data analysis results indicate that the participants increased their mental health literacy an average of ($M = 9.25$) points. Results indicated that the largest increase in participant's mental health literacy score was 16 points with the smallest increase being 3 points. Furthermore, post quiz results indicated an increase in all participant's mental health literacy scores. Pretest/posttest scores for all participants are presented below in Table 2.

Table 2

Pretest and Posttest Responses

Participant	Pretest Score	Posttest Score
1	27	30
2	18	30
3	16	30
4	19	30
5	23	30
6	23	30
7	14	30
8	21	30
9	20	30
10	22	30
11	20	30
12	18	30
13	18	30
14	20	30
15	22	30
16	20	30
17	20	30
18	24	30
19	22	30
20	19	30
21	19	30
22	24	30
23	19	30
24	23	30
25	16	30
26	26	30
27	21	30
28	27	30

Qualitative Research Question

RQ2: How does completion of MHFA training impact LEO mental health literacy?

The qualitative research question sought to determine how MHFA training impacted LEO mental health literacy in regard to their personal mental health literacy,

possible stigmas they may have had, and their comfortability with using the skills taught. Survey questions and responses specific to the stated research question were analyzed. Survey responses were coded and categorized to identify themes.

Qualitative Responses

Question 1. What do you feel was the most helpful information presented in the training? Sixteen (57%) of the respondents reported that learning appropriate ways to communicate with individuals that may have a mental health disorder was the most helpful information presented in the training. Twelve (43%) of the respondents reported that learning the ALGEE formula to address individuals with possible mental health issues was the most helpful information presented in the training.

- Appropriate ways to communicate with someone that may have mental health issues.
- The videos of interactions with people with mental health issues with the officer using the ALGEE formula.
- ALGEE (Assess for risk of suicide or harm; Listen nonjudgmentally; Give reassurance and information; Encourage appropriate professional help; Encourage self-help and other support strategies) is a formula that can help me during contact with people that have mental health problems.

Question 2. How has the information presented in the training effected your perception of mental health issues? Twenty-three (83%), the largest number of respondents, reported the training positively affected their perception of mental health issues and they felt better prepared to address individuals in this specialized population.

- Cleared some common misconceptions I had pertaining to mental health issues and treatment.
- Removed some false beliefs, gained a new perspective on disorders.
- I believe I'm able to better assist someone with mental health first aid.
- It has given me a formula to follow instead of having to figure it out on my own, I know feel more prepared for encounters with people with mental health issues.

Five respondents (7%), reported that they had appropriate knowledge and perception of mental health issues prior to entering the training. Therefore, they reported that completing the training either had no effect or did not change their perception of mental health issues with the information presented.

- It hasn't affected my perception, but I was also a psych minor and have been exposed to all of this info before.
- I have been in law enforcement for a long time and have had other trainings that have given a basic understanding of mental health issues, so my perception has not changed.

Question 3. How did the information presented in the training effect your comfortability regarding addressing juveniles with mental health issues? Twenty-two (80%), the largest number of respondents, reported the training positively affected their comfortability regarding addressing juveniles with mental health issues and they felt better prepared for encounters in this specialized population.

- It helped tremendously, I learned things that made me feel more comfortable because I feel that I can now better identify a possible mental health issue.
- I feel more comfortable addressing offenders with mental health issues because we went over scenarios and discussed different types of approaches.
- I feel more comfortable, it helped a lot, we're surrounded by people/juveniles with mental health problems. Now I'm able to ask and help those in need.

Six respondents (20%), reported that they felt they had appropriate comfortability regarding addressing juveniles/offenders with mental health issues prior to entering the training. Therefore, they reported that completing the training either had no effect or did not change their comfortability level of addressing juveniles with mental health issues with the information presented.

- Remained the same, I felt comfortable before and I still feel comfortable now.
- It did not change because I felt comfortable before.
- I feel about the same as before.

Question 4. How do you feel the information presented during the training will affect your encounters with juveniles with possible mental health issues? Twenty-four (85%), the largest number of respondents, reported they felt that the training will

positively affect their future encounters with juveniles with possible mental health issues as they felt better prepared to address individuals in this specialized population.

- I will think more like someone trying to help rather than just arrest, Baker Act or Marchman Acting someone on my future calls.
- Since I am better prepared, I will be able to act appropriately when the time comes and find the best option available for the juvenile instead of just arresting them.
- I feel that having the right communication skills that were taught will help me a lot with addressing juveniles with mental health problems.

Four respondents (15%), reported that they felt they had appropriate knowledge regarding addressing juveniles/offenders with mental health issues prior to entering the training. Therefore, they reported that completing the training either had no effect or would not change their encounters with juveniles with mental health issues.

- I feel about the same as before, I had the knowledge I needed before the training and have dealt with a lot of juveniles during my law enforcement career.
- It won't change, I will handle these juveniles like I have before.

Question 5. How do you feel about the possibility of making this training mandatory for all LEOs? Twenty-four (86%), the largest number of respondents, reported that they were in agreement with making MHFA training a mandatory training for all LEOs.

- I would whole heartedly agree that it should be mandatory, especially for new law enforcement officers.
- I believe it should be every officer needs a basic understanding of these topics.
- I believe this should be part of the police academy training, if not it should be required once an officer is hired by an agency.

Two (7%) of the respondents reported they were undecided about making this training mandatory for all LEOs but were in agreement with it being offered on a voluntary basis. Two (7%) of the respondents reported that they were not in agreement with the training being mandatory for all LEOs. However, the two opposed respondents were not opposed to the training being offered on a voluntary basis.

- I don't agree with it being a mandatory training but would agree with it being offered to officers on a voluntary basis.
- Don't feel it should be mandatory it's very informative but doesn't necessarily teach us how to do our job.

Evidence of Trustworthiness

In this mixed methods research study, validity and reliability of qualitative data was established through credibility, transferability, dependability, and confirmability. Credibility was established through triangulation of qualitative and quantitative data. Furthermore, dependability was established through collection and extensive review of documentation regarding all aspects of the research. Confirmability pertains to the degree to which the research results can be confirmed or corroborated by others. Therefore,

confirming if MHFA training positively impacts LEO mental health literacy was corroborated by the 28 LEOs who participated in the study.

A thorough, robust, and transparent analysis was conducted to maintain data fidelity to the participant's perspectives in the survey responses. Credibility was addressed by using triangulation of data throughout the coding process while remaining cognizant of the complexities presented in the survey responses. Transferability was addressed by presenting detailed descriptions of the data and context. Dependability was addressed by collecting, coding, and interpreting data through triangulation and sequencing of methods to address the research questions and core concepts of the study. Confirmability was addressed by continuous self-reflectivity by self-checking through journaling, debriefing with other professionals in the field, and reviewing notes to minimize and address any potential biases.

Summary

The purpose of this mixed-methods study was to determine the impact of MHFA training on LEOs' mental health literacy. The central research questions examined what impact completion of MHFA training had on LEO mental health literacy and how completion of MHFA training impacted LEO mental health literacy. The participant sample used for this study consisted of 28 LEOs from a Southeastern United States rural law enforcement agency that had completed the MHFA training class. Statistical results indicated that participants of this research study had an increase of ($M = 9.25$) points of their mental health literacy on the post quiz upon completion of the MHFA training. Furthermore, 83% of the participants reported that the training positively impacted their

perception of mental health issues and they felt better prepared to address individuals within this specialized population. Additionally, 80% of the participants reported that the training increased their comfortability with addressing individuals with mental health issues, with 85% of the participants reporting that they felt they could have effective encounters with this population with the tools and skills taught in the training. Therefore, results indicated that the MHFA training had a positive impact on LEO mental health literacy, possible stigmas they may have had, and their comfortability with using the skills taught.

Chapter 4 presented the results of the statistical analysis as well as the qualitative survey results of the impact MHFA training had on LEOs' mental health literacy. A description of the participant sample used to conduct the study and an explanation of the data analysis results were presented. Furthermore, information regarding the setting used to conduct the study, the demographic data collected, data collection, data analysis, evidence of trustworthiness, and the summary were presented. Chapter 5 will present the conclusions and recommendations derived from the study findings. Additionally, the interpretation of findings, limitations of the study, recommendations and implications, and conclusion will be presented.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

An increasing number of juvenile offenders with untreated mental health issues are entering the juvenile justice system (White, 2016). Lack of adequate training of criminal justice personnel enhances the possibility of this vulnerable population being arrested and introduced into the juvenile justice system, which is creating an overwhelming problem for the system (Cummins & Edmondson, 2016). The purpose of this mixed-methods study was to determine the impact of MHFA training on LEOs' mental health literacy. The impact of this training is significant to understand as it may reduce the arrest rate of juvenile offenders with mental health issues and divert this population to appropriate mental health resources through increased LEO mental health literacy. The research questions examined what impact completion of MHFA training had on LEO mental health literacy and how completion of the training impacted LEO mental health literacy.

The present study was guided by the social innovation theory. The study findings indicate that the MHFA training class had a positive impact on LEO mental health literacy, as evidenced by an increase in mental health literacy scores following completion of the MHFA class. Furthermore, the survey responses provided a more in-depth understanding of how the participants' personal mental health literacy, possible stigmas they may have had, and their comfort level with using the skills taught, were impacted by the MHFA training.

Prior studies have shown that a disproportionate number of juveniles who were arrested and placed in secure detention facilities had current diagnosed mental health disorders or met the criteria for a diagnosis of a mental health disorder (Pullmann et al., 2006). Furthermore, Pullmann et al. (2006) reported that between 68% and 83% of detained juveniles met the criteria for a mental health diagnosis. Erickson (2012) reported that due to the behavioral issues that youth with serious mental health issues demonstrate, society's response is to have law enforcement address the situation instead of the appropriate mental health service providers. As studies have shown, 70%–91% of all juveniles that come in contact with law enforcement and are referred to the juvenile justice system are suffering from mental health or comorbid or multiple mental health disorders (Osterlind et al., 2007).

LEOs come in contact with individuals suffering from mental health issues on an increasingly frequent basis. Thus, facilitating the need to be equipped with the appropriate skills to address this specialized population in an appropriate manner to increase the possibility of a safe encounter for both the officer and the offender. Statistical reports indicate that approximately 7%–10 % of all officer encounters involve people affected by mental health issues and that over 90% of patrol officers have an average of six encounters with individuals in mental health crisis every month (Wood et al., 2016). Many law enforcement agencies provide training opportunities to specialized units, but not to all staff who have contact with the public (Kroll, 2005). Furthermore, there are numerous agencies throughout the United States that do not offer any training opportunities that address mental health disorders. LEOs have the responsibility of

making the decision to arrest and/or charge a juvenile with a criminal offense in many circumstances. Therefore, it is important for officers to have the appropriate skills and knowledge to address individuals with mental health issues. According to Donisch, Bray, and Gewirtz (2016), when officers lack the skills and are not afforded the knowledge or ability to identify a juvenile suffering from mental health issues, the officer can exacerbate the situation by the manner in which they address the youth. Many LEOs in the field today have not been afforded the opportunity to learn the appropriate skills in identifying and addressing individuals with mental health issues, especially within the juvenile population (Wood et al., 2016). However, providing MHFA training to law enforcement personnel can enhance their ability to identify possible mental health issues in the individuals they encounter.

Chapter 4 provided an explanation of the setting used to conduct the study. Additionally, information regarding the demographics of the participants, data collection, and data analysis were described. Results, both quantitative and qualitative along with survey responses were presented. A sample description and evidence of trustworthiness were also presented. Chapter 5 will present a discussion of the interpretation of findings, limitations of the study, as well as recommendations and implications, followed by the conclusion.

Interpretation of the Findings

Quantitative RQ1: What impact does completion of MHFA training have on LEO mental health literacy?

Data analysis indicated that when comparing the pretest to posttest results following the MHFA training there was an overall increase of 9.25 points in LEO mental health literacy. Interpretation of these findings indicate that completion of the MFHA class positively impacted LEO participant's mental health literacy which confirms findings of prior studies. Additionally, the present study's finding extends the knowledge in the discipline as the participants used for the present study were LEOs while participants of the prior studies reviewed, although they were stakeholders in the criminal justice system, they were not law enforcement officers. Although prior studies did not utilize LEOs as a participant sample, this study findings are concurrent with prior studies that indicate an increase in participant mental health literacy following completion of the MHFA training. Kroll (2015) posited that the MHFA training program enhances mental health literacy of the participants. Morrissey et al., (2017) obtained concurring findings which indicated participants significantly improved their mental health knowledge and literacy following completion of the training program. Svensson and Hansson's (2014) study produced findings indicating that participants showed a significant improvement in their mental health knowledge and helping behavior. Additionally, participants reported improved knowledge of identifying signs and symptoms of mental illness and how to appropriately handle this population (Svensson & Hansson, 2014; Minas, Colucci, & Jorm 2009).

The present study confirmed that completion of the MHFA training positively increased participants mental health literacy. Furthermore, the present study confirmed that completion of the MHFA training positively impacted the participants comfortability

with addressing offenders with possible mental health issues as well as improving skills regarding identifying signs and symptoms of mental health issues and how to appropriately handle offenders in this specialized population. Although prior studies did not utilize LEOs the sample participants in prior studies produced concurring results to the present study.

Qualitative RQ2: How does completion of MHFA training impact LEO mental health literacy?

Participants provided a wealth of information regarding how completion of the MHFA training impacted their mental health literacy. Participant responses are concurrent with prior study results indicating that completion of the MHFA training positively increased mental health literacy by enhancing appropriate ways to communicate with individuals that may have a mental health disorder. Participants also reported that the training positively impacted their skills toolbox by providing a basic formula to utilize to identify and de-escalate a situation by appropriately communicating with individuals with possible mental health issues. Furthermore, participants reported that the MHFA training positively impacted their perception of mental health issues, removed some common misconceptions, and they felt better prepared to address individuals in this specialized population. Additionally, the majority of participants reported that the training positively impacted their comfortability regarding addressing juveniles with mental health issues and they felt better prepared for encounters with this specialized population.

The social innovation theory was used as a framework for the present study. The social innovation theory is primarily focused on creating positive social change and improving social relations and collaborations to address a social demand (Hean, Willumsen, Ødegård, & Bjørkly, 2015). The concept of this theory is to find an unmet need, develop solutions, implement the recommended solutions, and evaluate the effectiveness through a collaboration between the mental health and criminal justice systems. The present study identified an unmet need, developed a potential solution, implemented the potential solution and evaluated the effectiveness while incorporating the mental health and criminal justice systems.

Limitations of the Study

Generalizability was an identified limitation of the present study. Due to the size and location of the participant sample selection, the ability to generalize the findings to other law enforcement agencies is limited. Although many law enforcement agencies have similar experiences, there are also differing policies and protocols that could impact study findings if performed in other locations. An additional limitation of the study is the purposeful participant sample that was used. The present study used only field officers and school resource officers of a Southeastern United States rural law enforcement agency, however, differing perspectives may be presented by other rural or urban LEOs.

Recommendations

The present study indicated that completion of MHFA training positively impacted LEO mental health literacy. However, the study was limited as the focus was primarily on LEOs mental health literacy. This researcher's recommendation for future

studies would include tracking how increased mental health literacy of LEOs' impacts arrest versus referral to services decision-making for juvenile offenders with mental health issues, identifying what impact completion of the MHFA training has on the arrest rate of juveniles with mental health issues. An additional recommendation would be for future studies to determine the size of the impact completion of MHFA training has on LEO decision-making regarding arrest versus referral to services by examining arrest and referral records of juvenile offenders with mental health issues. Furthermore, the impact on the youth and community of referrals to services in lieu of arrests would be recommended for future studies. It is this researcher's opinion that to fully evaluate the impact of MHFA training on LEO decision-making regarding arrest versus referral to services, a longitudinal study tracking arrest/referral records of LEO agencies could be conducted. Furthermore, additional research that utilizes educational staff, kindergarten through 12th grade, regarding the impact completion of MHFA training has on the educator's decision to involve school resource officers for noncompliant behavior of juveniles with mental health issues also appears to be an appropriate follow up to this research study.

Implications

The findings of this study provide implications regarding the potential benefits of policy changes that could have widespread positive social change effects. Study findings indicated that the impact of MHFA training on LEO mental health literacy is significant to understand as it may reduce the arrest rate of juvenile offenders with mental health

issues and divert this population to appropriate mental health resources through increased LEO mental health literacy.

Policymakers makers utilize research to make informed decisions regarding policy and practice changes. Research can play a pivotal role in the decision-making process when social issues and social change are being addressed. Therefore, researchers seeking to determine the impact potential solutions have on social problems, have an obligation to provide properly collected and analyzed data to assist policy makers in their decision-making process.

In our contemporary society there are many complex issues that require attention. This study sought to examine a potential solution to the issue of the increasing number of juveniles with mental health issues entering the juvenile justice system which has created an issue for the juvenile, their families, the criminal justice system, and the community. The findings of this study can assist policymakers identify appropriate policy changes to address the overwhelming issue of the increasing number of juveniles with mental health issues continuing to enter the juvenile justice system. Policy changes to implement MHFA training have the potential to facilitate increased mental health literacy for LEOs which increases the ability to identify offenders with mental health issues. Additionally, increased LEO mental health literacy has the potential to increase the safety aspect of encounters for both LEOs and offenders. Improved mental health literacy could lead to better outcomes of incidents involving juveniles with mental health issues.

Conclusion

The increasing number of juvenile offenders with mental health issues entering the juvenile justice system has created an overwhelming problem for the youth, their family, the juvenile justice system, and the community. LEOs are encountering juveniles with mental health issues more frequently and some encounters have had negative results for both the juvenile and the officer. Identifying a potential solution to addressing this issue was of significant interest to this researcher. Therefore, the purpose of this study was to examine the impact that MHFA training had on LEOs mental health literacy.

Prior studies have used different populations such as teachers, adult probation officers, private company employees, and the general public. However, with LEOs being the first point of contact to the juvenile justice system for juveniles, the need to identify potential solutions to this specialized population being arrested and brought into the juvenile justice system instead of being referred to appropriate services was an important issue. The present study findings indicated that the MHFA training program increased LEOs mental health literacy. Furthermore, the participants in this study indicated that they felt more prepared to not only identify, but to address, juveniles with mental health issues as well as to appropriately handle future encounters. Additionally, the majority of LEO participants in this study indicated that the MHFA training should be provided to all LEOs to provide or enhance the skills needed to address offenders of this specialized population.

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Appendix A: Participant Recruitment Email

Good Morning/Afternoon,

My name is Cindy Blankenship. I am a doctoral student at Walden University. This email is to invite you to take part in a research study. The purpose of this study is to obtain personal perspectives from LEOs that have completed the Mental Health First Aid training class regarding decision to arrest versus referral to services for juveniles with mental health issues.

I am inviting law enforcement personnel that have completed Mental Health First Aid training to participate in this study. The study will consist of completion of an eleven-question survey. I obtained your name/contact information from the Mental Health First Aid training instructor.

Participants will be given a \$5.00 Walmart gift card for their participation in this study.

If you are interested in participating in this study please either contact me or upon completion of the Mental Health First Aid training class please go to training room # 3A to complete the survey for the research study. If you should have any questions regarding this request, please feel free to contact me either through email.

Cindy Blankenship
Doctoral Candidate

Appendix B: Mental Health First Aid Curriculum

Program Overview: Session 1 (Four Hours)

- What is Mental Health First Aid? Why Mental Health First Aid for Public Safety?
- Mental Health Problems in the United States
- Why Discuss Officer Wellness?
- Understanding Depression and Anxiety
- Mental Health First Aid Action Plan for Depression (ALGEE)
 - Suicidal Behavior
 - Depressive Symptoms
 - Nonsuicidal Self-Injury
- Mental Health First Aid Action Plan (ALGEE) for Anxiety
 - Panic Attacks
 - Anxiety Symptoms
 - Cumulative Stress
 - Post Traumatic Stress

Session 2 (Four Hours)



- Understanding Disorders in which Psychosis May Occur
- Mental Health First Aid Action Plan
 - Acute Psychosis
 - Aggressive Behavior
 - Psychotic Symptoms
- Understanding Substance Use Disorders
- Mental Health First Aid Action Plan
 - Overdose
 - Withdrawal
- Using your training — Scenario Work and Resources
- Officer wellness — taking care of the First Aider
- Public Safety Wellness
- Wrap-up

Appendix C: Mental Health First Aid Quiz



Mental Health Opinions Quiz

Please circle your reaction to each of the following statements.

Q1. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head.
 AGREE DISAGREE DON'T KNOW

Q2. Schizophrenia is one of the most common mental disorders.
 AGREE DISAGREE DON'T KNOW

Q3. If someone has a traumatic experience, it is best to make them talk about it as soon as possible.
 AGREE DISAGREE DON'T KNOW

Q4. Males complete suicide four times more frequently than females.
 AGREE DISAGREE DON'T KNOW

Q5. Antidepressant medication works right away.
 AGREE DISAGREE DON'T KNOW

Q6. It is best to get someone having a panic attack to breathe into a paper bag.
 AGREE DISAGREE DON'T KNOW

Q7. A first-aider can distinguish a panic attack from a heart attack.
 AGREE DISAGREE DON'T KNOW

Q8. Exercise can help relieve depressive and anxiety disorders.
 AGREE DISAGREE DON'T KNOW

Q9. People with psychosis usually come from dysfunctional families.
 AGREE DISAGREE DON'T KNOW

Q10. It is best not to try to reason with people having delusions.
 AGREE DISAGREE DON'T KNOW

Q11. People who talk about suicide don't attempt suicide.
 AGREE DISAGREE DON'T KNOW

Q12. Psychosis is a lifelong illness.
 AGREE DISAGREE DON'T KNOW

Q13. People with psychosis are more at risk of being victims of violent crime.
 AGREE DISAGREE DON'T KNOW

Q14. Smoking is much more common among people with mental health problems.
 AGREE DISAGREE DON'T KNOW

Q15. People with mental health problems tend to have a better outcome if family members are not critical of them.
 AGREE DISAGREE DON'T KNOW

