LAW ENFORCEMENT TRAINING AND PERCEPTIONS OF MENTAL ILLNESS

Sofia C. Brabham

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APPROVED:

Jessica Craig, Committee Chair
Adam Trahan, Committee Member
Eric Fritsch, Committee Member and Chair of
    the Department of Criminal Justice
Neale Chumbler, Dean of the College of Health
    and Public Service
Victor Prybutok, Dean of the Toulouse
    Graduate School

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This thesis analyzes the training and perceptions on mental health of a particular population. Through the use of previous research and literature, a survey was generated and distributed to the population. The findings were used to generate policy implications for the specific population that was analyzed.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

Law Enforcement and the Mentally Ill

Mentally ill people are disproportionately represented throughout the criminal justice system (Slate et al., 2013). Law enforcement officers are often the first responders when someone is going through a mental health crisis. While law enforcement officers are known to be the gatekeepers of the criminal justice system, they can also be the gatekeepers for mental health treatment facilities. Law enforcement officers can either divert mentally ill people to a psychiatric facility for treatment or divert them to a correctional institution where they run the risk of exacerbating their illness. The more serious outcomes between a mentally ill person and a law enforcement officer are the fatal incidents that have become more prominent (Slate et al., 2013). Law enforcement officers have had to use deadly force on mentally ill people, such as Jason Harrison, a schizophrenic male that was shot by Dallas Police Department officers in 2015, and Deborah Danner, a schizophrenic female that was killed by New York police officers in 2015. Jesus Geney-Montes suffered from several mental illnesses and he was killed by Santa Clara police officers in 2017. After the incident, the Santa Clara police department was put under pressure about the training officers receive on how to interact with mentally ill persons. These and other fatal outcomes between law enforcement and mentally ill persons have called into question officers' ability to swiftly and effectively de-escalate heated encounters. This thesis will address law enforcement officers' training on mental illness as well as their confidence and perceived ability to successfully interact with a mentally ill person.

Serious Mental Illness

Law enforcement officers utilize a use of force continuum, which helps them determine the use of force necessary to ensure the safety of the community. Use of force continuums vary throughout departments; however they all have a similar purpose and that is to provide a reasonable explanation as to why a certain level of force was necessary during a specific incident. Approximately 1 in 4 officers-involved shootings involve a mentally ill person, and over half of the individuals shot by police suffer from some type of mental illness (National Alliance on Mental Illness, 2017). To provide a recent example, on September 28, 2016, law enforcement officers in California responded to a call involving a male that was behaving erratically (Think Progress, 2016). It was not until after the incident that law enforcement officers determined that the male was undergoing a psychotic episode that was causing him to behave erratically. Officers attempted to give the subject commands; however, he did not comply and was fatally wounded. Throughout the interaction the subject refused to follow commands, concealed his hands, walked into traffic and pulled out an object from his pocket. Once the subject pulled the object out of his pocket and assumed a "shooting stance," one officer discharged his Taser while the other opened fire, fatally injuring the subject.

Law enforcement officers are trained to follow specific use of force procedures specified by their department and receive training on how to determine what level of force is necessary for a certain incident. However, the same cannot be said for training on mental illness. Even though mental illness is prevalent today, there is no consensus throughout the United States law enforcement community as to how many hours of training on mental illness a law enforcement officer needs. During the California incident, officers had the option of contacting an outside resource, a co-responder team of mental health professionals. However, California state law does

not mandate that departments contact mental health professionals. A critical issue with contacting mental health professionals is the time constraint the officers face; typically, manic episodes can escalate quickly and become dangerous for the subject and those around him/her. The fatal shooting of this California mentally ill man illuminates the issue of ill-equipped law enforcement officers that bear the burden of fulfilling the role of a trained psychiatrist with little or no training.

Law Enforcement and Mental Illness

Law enforcement officers are given a significant amount of discretion and their decisions can have a lifelong impact on an individual. Most, if not all, contacts with the criminal justice system begin with a law enforcement officer. Officers are frequently untrained to work with people with a mental illness, and they oftentimes find themselves with a lack of alternatives, or lack of awareness of those alternatives, for resolving situations involving persons with a mental illness (Slate et al, 2013). Officers bear the burden of protecting the community and themselves, regardless of the circumstances. Law enforcement officers go through several different types of training on topics such as search and seizure to legal issues because they need to be prepared for any circumstance. However, it appears that mental illness training has fallen through the cracks and been pushed aside even though law enforcement officers are two times more likely to encounter a mentally ill person than a person without a mental illness (Slate et al., 2013). Not knowing how to approach a person suffering from a mental illness can result in a tragedy for both the officer and the person suffering from the mental illness. Since 2009, mentally ill individuals are responsible for the death of 115 law enforcement officers (Rodriguez, 2017). About 256 mentally ill people were shot in 2015 by law enforcement officers (Washington Post,

2016). It is pivotal to address the potential harm both mentally ill individuals and law enforcement officers face during a mental health crisis.

Mental Illness in the Criminal Justice System

People with a serious mental illness may be sent to correctional facilities that inevitably present them with an environment that creates rather than alleviates the signs and symptoms of mental illness (Slate et al, 2013). Throughout the country, correctional institutions are overly populated by individuals with a mental illness. The number of incarcerated individuals with a mental illness has significantly increased. In 1999 the Bureau of Justice Statistics (BJS) indicated that 7% of federal inmates, 16% of state inmates, and 16% of jail in states had a mental illness. However, a 2006 BJS report found a significant increase where about 45% of federal inmates, 56% of state inmates, and 64% of jail inmates were found to have a mental illness. More individuals with a mental illness are residing in prisons and jails today than in a public psychiatric facility (Slate et al, 2013). These data suggests that correctional facilities have become the new mental health treatment facilities. Further, it has also been found that mentally ill individuals are more likely to reoffend once they have entered the criminal justice system (Anestis & Carbonell, 2014). The over-representation of mentally ill people in the justice system may be attributed to the lack of resources and knowledge of those resources by law enforcement officers.

Current Study

This thesis analyzes the amount of training law enforcement officers receive from their agencies and their perceptions of the mentally ill community. Previous studies have analyzed

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different law enforcement agencies and the training they provide their officers on mental illness (Hails & Borum, 2003; Reuland, 2010; Tucker et al., 2008). However, training on mental illness is not mandated and enforced throughout all law enforcement agencies equally. Depending on the agency, officers may or may not have resources that they can use when they encounter a mentally ill person. The literature conveys that there is an array of issues law enforcement officers may encounter when interacting with a mentally ill person. These include a lack of self-efficacy, lack of de-escalation skills, and overall lack of training and experience to handle calls involving a mentally ill person. Some law enforcement officers have resources available to them during a mental health crisis, however the interactions can sometimes be fast-paced, and state law may not require officers to seek help from psychiatric facilities.

This thesis also seeks to establish officers' perceptions of mental illness. Studies conducted by Hails and Borum (2003) as well as Watson and colleagues (2004) have stressed the importance of taking officers' attitudes and perceptions into consideration when putting officers through a training program. Findings from these studies have concluded that training programs will not succeed if officers' perceptions are negative towards mentally ill persons. Further research in this topic is pivotal due to the increase in contacts between mentally ill persons and law enforcement officers. Although previous literature has stressed the importance of adequate training, fatal incidents involving mentally ill persons are still high. Post deinstitutionalization, contacts between law enforcement and the mentally ill community greatly increased and due to recent events police departments are being scrutinized over their lack of training.

Research Questions

The following research questions guide this study:

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1. What training is offered by the Dallas Police Department on the topic of mental illness?

2. How confident, based on the amount of training received, do law enforcement officers feel when interacting with a mentally ill person?

3. What are the law enforcement officers' perceptions of the mentally ill community?

Conclusion

The increase in contacts between law enforcement officers and mentally ill individuals have resulted in fatal incidents and this has shed light on the possibility that law enforcement officers do not have the necessary amount of training to assist a person during a mental health crisis. Researchers have concurred that law enforcement officers need training beyond the police academy on the topic of mental illness. The following chapter addresses historical events that have contributed to the increase in law enforcement officers' contacts with mentally ill persons.

CHAPTER 2

REVIEW OF THE LITERATURE

History of Mental Illness

To address the issue of law enforcement training and perceptions of mentally ill persons, it is important to understand how mental illness became a concern within the community. As recent events involving law enforcement officers interacting with citizens with mental illnesses have resulted in deadly consequences, it is also important to understand what police departments are trying to do to help better the outcomes of these encounters. Throughout the following sections of this chapter, previous studies will be discussed to help paint a picture of how law enforcement agencies have responded to the criticism of ill-equipped officers and their negative encounters with the mentally ill community. However, first a historical overview will be presented to offer context on the current state of mental illness in the US.

Deinstitutionalization

Deinstitutionalization occurred in the mid-1950s and established the transition of mentally ill people from state hospitals to local clinics for treatment (Slate et al, 2013). Deinstitutionalization was the policymakers' response after the poor living conditions and abuse in state institutions and hospitals were unveiled by the media. The intention of deinstitutionalization was to transfer individuals who were institutionalized in facilities marked with poor living conditions to a more therapeutic environment that would reintegrate mentally ill individuals back into their communities. In other words, the goal was to replace long-stay psychiatric hospitals with smaller, less isolated community-based alternatives for the care of mentally ill people (Lamb & Bachrach, 2001). Three components molded deinstitutionalization:

the release of mentally ill individuals from hospitals into the community, the diversion of

mentally ill individuals from hospital admission, and the development of alternative community

services. The number of mentally ill individuals in state institutions reached their highest point in

1955; about 559,000 individuals out of a total national population of 165 million were

institutionalized (Lamb & Bachrach, 2001). In 1998 the number of individuals in state

institutions was reduced significantly to 57,151 out of a population of about 275 million.

Therefore, the first two components of deinstitutionalization were for the most part implemented.

However, the third component, the development of alternative community services, has

demonstrated to be controversial and more difficult to successfully accomplish. This component

has stumbled upon a few obstacles such as community resistance, severe fragmentation of

services, and insufficient adequate housing opportunities (Lamb & Bachrach, 2001). Residents in

several communities were opposed to the idea of community services such as half-way homes,

community residences, outpatient clinics, and other alternatives to mental health hospitals from

being built in their area. Due to a "not in my backyard" mentality from members of the

community, strict guidelines were set for the creation of such establishments (Slate et al., 2013).

Another significant barrier was the allocation of funds for community-based treatment facilities

for the mentally ill. The Community Mental Health Centers Act was signed in 1963 to help

provide the funding for the facilities. However, due to insufficient funding, the facilities that

were put in place focused their resources on a higher functioning clientele, specifically

individuals with less severe and more treatable mental illnesses.

Research by Lamb and Bachrach (2001) conveyed that individuals that were placed from

state hospitals to local community-based clinics were more likely to recover if their illnesses

were not as severe and if they had spent a great deal of time in a state hospital. They found that

the generation of individuals who spent a large amount of time in state hospitals were more likely to follow through with treatment courses. However, Lamb and Bachrach also pointed out that deinstitutionalization diverted a new generation of individuals who have never been institutionalized in a state hospital to local community clinics. This new generation of mentally ill people demonstrated that deinstitutionalization was even more difficult for individuals that have never been in a state hospital because they lacked the discipline and commitment to follow through with a treatment plan. These individuals were more prone to fall into the trap of substance abuse to self-medicate. The purpose of the second component of deinstitutionalization, which was to divert individuals from state institutions to community-based clinics, has appeared to negatively impact the new generation of mentally ill individuals. The new generation of mentally ill people are more likely to be homeless, and often have the most severe forms of mental illness, such as schizophrenia, schizoaffective disorder, bipolar illness, or major depression with psychotic features (Lamb & Bachrach, 2001).

In sum, deinstitutionalization created significant obstacles for the mentally ill community. For the most part deinstitutionalization did accomplish its original goal to aid mentally ill people in reintegrating back into the community; however significant obstacles were not considered prior to the transition. Deinstitutionalization has been found to work for individuals with less severe mental illnesses and individuals with support from family and friends. However, individuals with the more serious mental illnesses that were released to the community quickly became too much to handle for their families and the mental health facilities that had shifted their resources to the more treatable illnesses. Individuals who would have otherwise lived their lives within a 24-hour state hospital were placed into the community where they were more likely to end up homeless. In 1955 there were 559,000 mental health consumers in state institutions.

However, post-deinstitutionalization the number of institutionalized people significantly decreased to 100,000 in 1980 to 35,000 in 2015 (Slate, 2017). This decrease in institutionalized people meant that thousands of mental health consumers were released to the community. Additionally, they were also at risk of coming to the attention of law enforcement officers where the manifestation of their mental illness could be perceived as criminal or otherwise dangerous behavior (Lamb & Bachrach, 2001).

Prevalence of Mental Illness in the U.S

A study conducted by the National Institute of Mental Health has found that 1 in 4 (26%) of individuals in the US has a diagnosable mental illness over the span of a year, and approximately 6% of Americans are diagnosed with a serious mental illness (Kessler et al., 2005; National Institute of Mental Illness). As discussed, following deinstitutionalization many individuals that suffered from a mental illness were released to the community. Unfortunately, several families depended on the state institutions for the intensive treatment that they could not provide their loved ones with. Many people that could not get the help they needed from their families ended up homeless. The Substance Abuse and Mental Health Services administration found that between 2008-2009, 5.9% of the 10.4 million mentally ill persons were homeless (Davis et al., 2012). However, about 70% were listed as unknown regarding their whereabouts, therefore the number of homeless mentally ill people could be even higher. A total of about 2% were in nursing homes, 1.76% were in residential care facilities, 13% were with family or friends, 1.8% were in jails and 2.6% were in prisons. Therefore, it is evident that 80.3% of mentally ill individuals between 2008-2009 were not in community-oriented facilities but instead they were homeless, incarcerated or otherwise unaccounted for.

Deinstitutionalization sought to do the right thing for mentally ill people, however some would argue that deinstitutionalization only benefited those in the middle class. Due to inadequate funding and a lack of community support, community mental health centers did not multiply within the community like it was planned. The few mental health centers that were established focused their attention on clientele with minor illnesses (Slate et al., 2013), which left people with severe mental illnesses without treatment options.

Officers' Perceptions of the Mentally Ill

Unfortunately, there is not much existing research on police officers' perceptions of mental illness. A few have investigated the topic by evaluating the effectiveness of different training programs that have been implemented within police departments. Law enforcement officers may hold misconceptions about mentally ill persons. Ruiz and Miller (2004) have found evidence to suggest officers may hold two misconceptions that can impact the way they respond to individuals with a mental illness. Specifically, officers often have preconceived notions that mentally ill persons are incapable of reasoning and are more prone to violence. These misconceptions may increase the likelihood that law enforcement officers will take a more aggressive approach when interacting with a mentally ill person.

Additionally, Watson and colleagues (2004) conducted a study to determine if knowledge of a mental illness would influence officers' perceptions, attitudes, and responses to situations involving mentally ill persons. Two perceptions about mentally ill persons were analyzed in their study, dangerousness and lack of credibility. Dangerousness referred to a belief that all mentally ill people are dangerous, and this belief has led officers to inadvertently escalate situations through threatening body language and speech (Watson, Corrigan, & Otatti, 2004). A belief in

the lack of credibility has led officers to disregard mentally ill individuals as witnesses and victims, even though mentally ill persons are at a higher risk of becoming victims of a crime. The scholars' findings supported the hypothesis that officers were more likely to view individuals with schizophrenia as more dangerous.

Officers' perceptions of mental illness are important because it impacts their behavior and the likelihood that they will effectively assist a mentally ill person as opposed to disregarding them and seeing them as only a nuisance to the community. In sum, researchers have found that perceptions have an impact on how officers assess situations involving individuals with a mental illness (Ruiz & Miller, 2004; Watson et al., 2004). However, the studies reviewed here have significant limitations. Watson and colleagues noted that generalizability was an important limitation in their study. Their sample consisted of a metropolitan police department, but perceptions could vary between metropolitan and nonmetropolitan police departments. Watson and colleagues conducted a survey by presenting officers with vignettes to record their responses. However, they noted that vignettes were only fictional scenarios and other factors could have changed the officers' response, such as location, appearance and behavior. Additionally, the vignettes only included individuals that suffered from schizophrenia, but officers may have different responses to different mental illnesses, such as depression. Ruiz and colleagues faced similar limitations in their study, as they also utilized survey research to answer their research questions, and their sample only consisted of the metropolitan police department. These limitations help highlight the importance of the current study as it will address some of these issues.

Researchers have noted that law enforcement officers are the new caregivers for the mentally ill and have become street corner psychiatrists for the mentally ill community. As a

result of recent tragedies, police departments have fallen under scrutiny and citizens have lost confidence in the criminal justice system overall. Studies have found that the greatest challenge for policing lies in revising much of the education and training officers currently receive in the area of interacting with mentally ill persons (Ruiz & Miller, 2004).

<div align="center">Current Training for Law Enforcement Officers' on Mental Illness</div>

Law enforcement officers have become the initial contact into both the criminal justice system and the social service/mental health system. Research conducted by Tucker, Hasselt and Russell (2008) determined that there is an underlying gap between the initial encounter of an officer and a mentally ill person to the diversion of the individual to a mental health facility. The disconnection is attributed to the lack of training and resources available to law enforcement officers as well as collaborative community support (Tucker, Hasselt, & Russell, 2008). Following deinstitutionalization, police departments have observed an increase in the contacts between law enforcement and mentally ill persons. On average, 7-10% of all police encounters involve a person with a mental illness (Slate et al., 2013). However, training on mental illness varies between departments; there is no national-level consensus on the amount of training officers need.

Hails and Borum (2003) surveyed 84 law enforcement agencies about the training they offered on mental illness. The results varied widely between these agencies; the median time spent during basic training was reported to be 6.5 hours while they spent one hour for in-service training. About 32% of law enforcement agencies reported to have some type of specialized response, 21% reported that they have a unit or bureau, and 8% reported that they have access to mental health mobile crisis teams. Because members of the community have expressed concern

over the amount of training officers have on how to handle encounters with mentally ill persons, some law enforcement agencies have chosen to increase and expand the amount and type of training they provide their officers with.

<center>Specialized Training</center>

Due to the high number of contacts between police and mentally ill persons, police departments have developed specialized teams to help officers deal with a mental health crisis (Slate et al., 2013). The goal of specialized police responses is to divert mentally ill people to psychiatric care. Depending on the department, specialized responses may include mental health-based specialized mental health responses, police-based specialized police response, and police based specialized mental health responses.

Mental health-based specialized mental health responses have resulted in the development of mobile crisis teams. A mobile crisis team is a group of mental health professionals that respond in conjunction with police to a mental health crisis (Slate et al., 2013). Crisis teams are separate from law enforcement officers, they are composed of psychiatrists, psychologists, nurses, social workers, and mental health technicians that are usually affiliated with community mental health facilities and hospitals. Mobile crisis teams are preferred by certain law enforcement agencies because they assist officers in areas where they may lack knowledge and training. Because mobile crisis teams are equipped with individuals that are already affiliated with a mental health institution, diverting the individual to those institutions creates less work for the officers. Crisis teams are also more likely to have access to medical records. This is beneficial because law enforcement officers are typically limited to information gathered from previous contacts. Law enforcement officers may not be aware that the subject

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they are encountering suffers from a mental illness. Consequently, specialized units such as crisis teams could be beneficial in accessing these records. Agencies have partnered with mental illness professionals and developed co-responding programs (Shapiro et al., 2015). Mental illness professionals that co-respond with officers would be able to provide mental health consultations to law enforcement officers and the citizens.

Police-based specialized police response involves sworn law enforcement officers that have special mental health training and serve as a first-line response to a mental health crisis and act as a liaison for the departments to the mental health system (Hails & Borum, 2003). Crisis Intervention Teams (CIT) are an example of police-based specialized police response to persons in a mental health crisis (Slate et al., 2013). CIT consists of 40 hours of specialized training for the selected group of officers in mental illness recognition, response and de-escalation, and maintains partnerships with community mental health providers (Watson et al., 2004).

Police-based specialized mental health responses include mental health professionals that though they are not sworn law enforcement officers, they are employed by law enforcement agencies (Hails & Borum, 2003). A variety of police-based specialized mental health responses include Psychiatric Emergency Response Team (PERT). These officers receive about 40 hours of training and 7 hours of ongoing training monthly. Training includes modules on assessment of mental illness, resource networks, and the role of the clinician (Slate et al., 2013). Mental Evaluation Team (MET) places a mental health professional as a co-responder with a law enforcement officer that has a graduate level of education. As this discussion demonstrates, law enforcement agencies could implement a variety of programs to help assist law enforcement officers interact with mentally ill individuals.

In sum, the different response models have been developed and tailored by law enforcement agencies to fit the needs of their department. The implementation of specialized response groups has been a voluntary decision of the departments in response to the increase in law enforcement encounters with mentally ill persons. All the specialized response models have the same goal: to effectively assist and divert individuals with a mental illness to psychiatric facilities for care without incident. However, there does not appear to be much research on the effectiveness of these different responses, so it is unknown at the current time if one of these responses addresses this goal better than the others. As previously discussed, researchers have attempted to develop solutions to better equip officers. For instance, some studies have measured the effectiveness by measuring arrest rates of individuals with a mental illness (Tucker et al., 2008) (Atkins et al., 2016). Other agencies have concluded that the long-term effect of the specialized units and extensive training depend significantly on officers' overall perceptions and attitudes towards persons with a mental illness (Ritter, 2010).

<center>Sandra Bland Act</center>

In light of recent media attention on the relationship between mental illness and law enforcement, policymakers have started developing new legislation to address this issue. One such example is the Sandra Bland Act that was signed by Texas Governor Greg Abbott and passed as legislation in the state of Texas as of September 1, 2017 (The Crime Report, 2017). In 2015, an African American female named Sandra Bland was pulled over by a Texas State Trooper in a Houston suburb. She was pulled over for a traffic violation and was eventually arrested and transported to the Waller County jail where she died in custody. Sandra Bland's death was later ruled as a suicide. The video recording of the traffic stop and arrest sparked

controversy across the country and led to the creation of this new legislation sponsored by Texas State Representative Garnet Coleman. The Act has several parts, including requirements for de-escalation and CIT training for officers throughout the state of Texas. The Sandra Bland Act also states that a law enforcement agency is required to make a good faith effort to divert a person suffering from a mental health crisis or suffering from the effects of substance abuse to a proper treatment center in the agency's jurisdiction (S.B. No. 1849, 2017).

Of direct relevance to the current study, the bill states that local law enforcement agencies must provide evidence of a policy that intends to divert appropriate persons from jails or other detention facilities to an entity affiliated with the community for providing services. The policy will need to explain in detail how law enforcement agencies intend to coordinate with the community to accomplish the goal of diverting individuals to a mental health facility. Article 4 of the Sandra Bland Act refers to peace officer and county jailer training (S.B. No. 1849, 2017). The act states that law enforcement officers are now required to complete a 40-hour statewide education and training program on de-escalation and crisis intervention techniques to facilitate the interaction between an officer and an individual with mental impairments. Officers are also required to complete a statewide education and training program on de-escalation techniques to facilitate interaction with members of the public, including techniques that will help to limit any use of force that could potentially result in bodily injury.

The Sandra Bland Act also stipulates continuing education for officers on the topic of mental illness, de-escalation techniques, civil rights, racial sensitivity, and cultural diversity. Agencies are required to provide each officer with a training program at least once every 48 months. Officers are also required to complete the training for an intermediate proficiency certificate or an advanced proficiency certificate.

Policymakers passed this legislation with the hope that requiring officers to receive more training will equip them with the knowledge necessary to safely and effectively interact with those suffering from mental illness. However, receptiveness is important in determining the success of providing officers with more training. Therefore, this thesis will also take into account law enforcement officers' perceptions of mentally ill persons and the role that they believe they should play during an encounter.

As previously stated, contacts between law enforcement officers and mentally ill persons have continued to increase. Therefore, some agencies have taken the initiative to provide their law enforcement officers with training on mental illness. However, despite training efforts, law enforcement officers continue to be involved in critical incidents with mentally ill persons. Previous research has addressed that law enforcement officer perceptions of mentally ill persons play a big role in their encounters with the mentally ill community. Recent events have questioned the level of training officers have on the topic of mental illness and how equipped and confident they are.

The hypotheses for the current study are as follows:

1. Regardless of the amount of training received, law enforcement officers will not feel adequately prepared to interact with a mentally ill person.

2. Law enforcement officers lack confidence when interacting with mentally ill persons.

3. Law enforcement officers perceive mentally ill persons as difficult and dangerous.

CHAPTER 3

METHODOLOGY

Introduction

In the past two decades' researchers have developed alternative training options for

police departments to help reduce injuries and fatal outcomes (Hails & Borum, 2003). However,

little research has been done to convey law enforcement officers' perceptions of mental illness or

their perceptions of this training. This study attempted to fill this gap in the literature by

surveying law enforcement officers from the Dallas Police Department regarding their training

and perceptions on mental illness. Additionally, as studies have noted that all law enforcement

agencies do not serve the same population of individuals, factors such as the community's

homelessness, drug abuse, and socioeconomic status are also worth considering. Thus, different

divisions within the city of Dallas, such as the North Central, Northeast, Central, Northwest,

South Central, Southeast, and the Southwest divisions, were analyzed. The following three

research questions guided the development of the survey:

1. What training is offered by the Dallas Police Department on the topic of mental illness?

2. How confident, based on the amount of training received, do law enforcement officers feel when interacting with a mentally ill person?

3. What are the law enforcement officers' perceptions of the mentally ill community?

Population and Sample

The population for this study was composed of law enforcement officers at the Dallas

Police Department. As of 2016, there were a total 3,000 law enforcement officers in the

department (Governing, 2017). As the survey was distributed through email, it was possible to

sample from the entire population. Therefore, sampling procedures were not be necessary for this

study. The survey was distributed to not only law enforcement officers, but also detectives, administration, and several specialized units.

Research Design

Due to time constraints and the resources available, the researcher distributed the survey electronically to the respondents. Some of the advantages of survey research is that they are low cost, less time consuming, and convenient (Wright, 2005). Because the population for this study were law enforcement officers, setting up interview times could conflict with their duties; providing them with an online survey is both easily accessible and convenient. Further, due to the population size, survey research is the most appropriate route for this study. This study involved the use of a cross-sectional exploratory survey instrument. This form of design is appropriate as the current study is interested in the impact of prior training on current perceptions.

The e-mail distributed to the law enforcement officers contained an explanation of the topic/purpose for the study, a notification that the study has been approved by the University of North Texas's Institutional Review Board (IRB), and a link to the survey. The e-mail also informed the respondents that participation is voluntary, and their responses will be anonymous.

Variables and Measurements

Independent Variable

The independent variable for this study is the amount of training law enforcement officers received from the Dallas Police Department on the topic of mental illness. Respondents were asked to answer a series of survey questions. First, respondents were asked to state the

number of hours of training on the topic of mental illness they received from the agency since they joined the force. The response choices were broken down as follows: 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51+. Respondents were presented with statements such as: "I have received the necessary amount of training", "Law enforcement officers should receive more training on the topic of mental illness", "I have only received the basic training at the police academy", and "Law enforcement officers should receive ongoing training on the topic of mental illness." The statements were formatted on a 5-point Likert scale ranging from strongly agree to strongly disagree. Respondents were also given the following open-ended response question: What training courses on mental illness have you taken while employed with the Dallas Police Department?

Dependent Variable

The dependent variable for this study were the respondents' perceptions of the mentally ill community and their confidence when interacting with them. These concepts were measured through the use of survey questions that have been used in prior research (Davidson, 2016; Dear & Taylor, 2017). Researchers Dear and Taylor analyzed responses within the Toronto community. They reported that measurement validity of the CAMI scales were extensively analyzed using pretest and final data sets for the study. Overall, the researchers found strong and consistent relationships that supported the measurement validity. of the CAMI scales. Respondents were presented with statements such as: "One of the main causes of mental illness is a lack of self-discipline and will-power" and "A person with a mental illness is more dangerous than a person without a mental illness." The respondents rated the statements using a 5-point Likert scale identical to the one described above. To address law enforcement's

perceptions of mentally ill persons, they were asked to respond to the following statement "Contacts with mentally ill persons are often worse, same, or better in comparison to contacts with individuals without a mental illness."

Control Variables

The control variables for this study are: age, race/ethnicity, gender, current position, years on the force, if they have ever encountered a mentally ill person while on duty, and the extent of interaction with mentally ill persons. The survey instrument used to capture these variables are included in the appendix.

Study Limitations

Due to the nature of the topic and the survey instrument, there are some limitations to this study that are worth noting. First, participation in the survey was voluntary and responses were anonymous in order to encourage participation and accurate responses. However, this resulted in a convenience sample and it was not representative of Dallas Police Department. Additionally, a significant limitation to this study is that the findings will not be generalizable to other law enforcement agencies. Further, as the surveys will be distributed through email, it will not be possible to follow up with the respondents to gain further detail on their training or perceptions of citizens with mental illness.

Analytical Plan

For the first research question, descriptive statistics were analyzed to determine the training that is offered by the Dallas Police Department on the topic of mental illness. The

analysis for the second question involved two categorical variables, therefore a chi-square analysis was used. A binary measure of confidence was used to analyze the responses (0=not confident, 1=confident). Finally, for the third research question descriptive statistics were used to determine the respondent's perceptions of the mentally ill community.

Conclusion

The present study aimed to fill the gap in the literature concerning law enforcement officers' perceptions of the mentally ill community and the training they are equipped with to handle situations concerning mentally ill subjects. The survey instrument was cross-sectional and was distributed to all sworn personnel with the Dallas Police Department. The previous literature was utilized to help develop the scales that were used to analyze the respondent's perceptions, training received and confidence. The following section provides an analysis of the study's results.

CHAPTER 4

ANALYSIS OF DATA AND FINDINGS

Introduction

This chapter first addresses the response rate of the survey as well as the descriptive

statistics of the respondents. It then presents the results to the study's research questions.

Response Rates and Demographic Characteristics of Respondents

The survey was distributed to 3,000 sworn officers in the Dallas Police Department and

143 responses were returned, yielding a response rate of 4.66%. Respondents had 1 week to

complete the survey and one follow-up message was distributed on the agency's Facebook page.

Out of the 143 respondents, 82.5% to 83.22% provided demographic information. Table 1

provides descriptive information for the 143 respondents. Table 1 is separated by age,

race/ethnicity, gender, current position at the Dallas Police Department, and years of service to

the department. The mean age was between 36-40 years of age. Whites made up 60.2% of

respondents, Hispanic/Latinos made up 21.2% of the respondents, Blacks/African Americans

made up 9.3% of respondents, Asian/Pacific made up 5.1% of respondents, Middle Eastern made

up 1.7% of respondents, 1.7% chose the "Other" option, and American Indian or Alaska Native

made up .8% of the respondents. Respondents provided information on their gender, 77.6%

reported to be male and 22.4% reported to be female. Table 1 presents the different positions

within the Dallas Police Department. Out of 143 respondents, 114 provided their current position

within the department. Police Officers made up 36.8% of the respondents, Senior

Corporals/Detectives made up 38.6% of the respondents, Sergeants made up 20.2% of the

respondents, Lieutenants made up 3.5% of the respondents, and Major/Chief-Level made up .9% of the respondents.

The majority of respondents reported to be between the ages of 31-35 years of age. Respondents were asked if they have ever encountered a mentally ill subject while on duty, and an overwhelming 99.1% of the respondents indicated that they have encountered a mentally ill person while on duty.

Table 1

Descriptive Statistics

	Variable	Frequency	Percent
Age	21-24	2	1.7
	25-30	19	16
	31-35	33	27.7
	36-40	20	16.8
	41-45	12	10.1
	46-50	17	14.3
	51-55	12	10.1
	56-60	3	2.5
	61+	1	0.8
Race	White/Caucasian	71	60.2
	Black or African American	11	9.3
	American Indian or Alaska Native	1	0.8
	Asian/Pacific	6	5.1
	Middle Eastern	2	1.7
	Hispanic/Latino	25	21.2
	Other	2	1.7
Gender	Male	90	77.6
	Female	26	22.4
Position	Police Officer	42	36.8
	Senior Corporal/Detective	44	38.6

(table continues)

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Variable	Frequency	Percent
Sergeant	23	20.2
Lieutenant	4	3.5
Major/Chief-Level	1	0.9
1 to 3	13	11
4 to 6	19	16.1
7 to 10	24	20.3
11 to 15	21	17.8
16 to 20	16	13.6
21 to 25	6	5.1
26 to 30	16	13.6
31 to 35	1	0.8
36 to 40	1	0.8
40+	1	0.8

(Years of Service is the row-group label spanning the rows from "1 to 3" through "40+".)

Analyses of Interest

The first research question guiding this study focused on the training that is offered by the Dallas Police Department. Figure 1 illustrates the number of hours of training the respondents received on the topic of mental illness. Over half of the respondents received 51 or more hours of training on the topic of mental illness.

In Table 2, respondents were asked to provide their level of agreement with the following statement "I have only received the basic training at the police academy." Over half of the respondents (51.4%) strongly disagreed with the statement, and only a small percentage (6.5%) strongly agreed. The respondents that fell between strongly agree and strongly disagree made up 42.1% of the respondents. The results indicated that the respondents received a significant amount of training on the topic of mental illness and an overwhelmingly majority strongly disagreed that they have only received mental health training at the basic police academy.
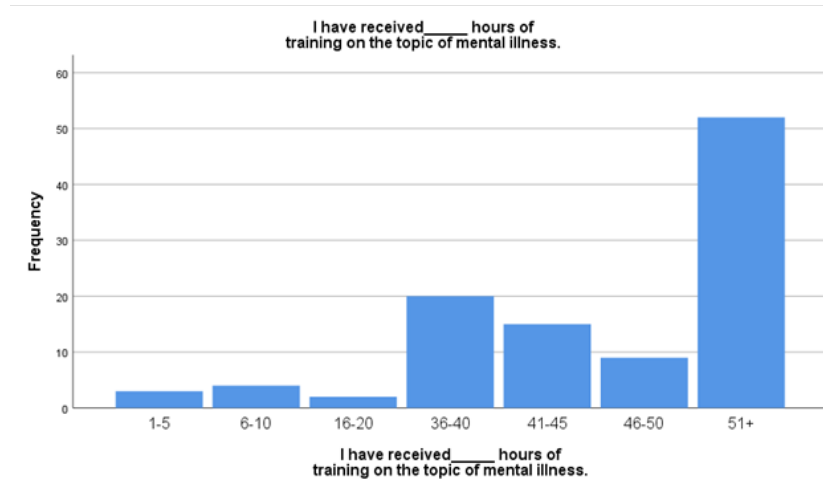
Figure 1. Training hours.

Table 2

Basic Training at the Police Academy

Likert Scale	Frequency	Percentage
Strongly agree	7	6.5
Somewhat agree	16	15
Neither agree nor disagree	8	7.5
Somewhat disagree	21	19.6
Strongly disagree	55	51.4

The second research question assessed the respondents' level of confidence based on the amount of training they have received when interacting with a mentally ill person. The chi-square value of the analysis was 23.694 (p<.01; see Table 3). This demonstrated that these two variables were not independent of one another and there was some significant relationship. A Gamma statistic was then calculated to analyze the relationship between the variables. The calculated Gamma statistic (Table 4) was .523, which was significant (p<.05). In sum, there is a positive relationship between these two variables; respondents who have more hours of training tend to be more confident when encountering mentally ill subjects.

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Table 3

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson chi-square	23.694[a]	6	0.001
Likelihood ratio	20.837	6	0.002
Linear-by-linear	4.902	1	
N of valid cases	96.000		

Table 4

Gamma Statistic

	Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Gamma	.523	.162	2.394	.017
N of Valid Cases	96			

The third research question addressed the respondent's perception of the mentally ill community. In previous literature (Ritter, 2010), researchers have noted that perception plays a significant role in how law enforcement officers carry out an interaction with mentally ill subjects. To answer the third research question, descriptive statistics were assessed. Respondents were asked to compare their contacts with mentally ill subjects and non-mentally ill subjects. Table 5 shows that over half (60%) of the respondents reported that their contacts with mentally ill persons were worse than those with non-mentally ill subjects, 35.5% reported their contacts were the same and only 3.7% reported that their contacts with mentally ill subjects were better.

Table 5

Contacts with Mentally Ill Persons

	Frequency	Percent
Better	4	3.7
Worse	65	60.7
Same	38	35.5

Respondents were asked to provide their level of agreement to the following statement "A person with a mental illness is more dangerous than a person without a mental illness." Their responses are presented in Table 6. The modal response, (35%) was neither agree nor disagree, 12.1% strongly agreed, 23.4% somewhat agreed, 15% somewhat disagreed, and 14% strongly disagreed. In sum, the responses were distributed throughout all of the choices, however the majority neither agreed nor disagreed that a person with a mental illness is more dangerous than a person without a mental illness.

Table 6

Mental Illness and Dangerousness

	Frequency	Percent
Strongly agree	13	12.1
Somewhat agree	25	23.4
Neither agree nor disagree	3	35.5
Somewhat disagree	16	15
Strongly disagree	15	14

In previous literature (Ritter, 2010), researchers noted that certain mental illnesses could cause alarm to law enforcement officers because of their erratic symptoms. This survey asked

respondents to provide their level of agreement with the following statement "A person with a mental illness like schizophrenia is more dangerous." As seen in Table 7, about 11.2% of respondents strongly agreed with the statement, 35.5% somewhat agreed, 33.6% neither agreed nor disagreed, 17.8% somewhat disagreed, and 1.9% strongly disagreed. Although the majority of respondents somewhat agreed that individuals with a mental illness like schizophrenia are more dangerous, almost the same number of respondents neither agreed nor disagreed with the statement.

In sum, the findings do not support the first hypotheses which states that regardless of the amount of training received, law enforcement officers will not feel adequately prepared to interact with a mentally ill person. Instead, it was found that there was a positive relationship between training and the respondent's level of confidence. The more training the respondent received, the more confident the respondent felt. Findings noted the positive relationship between training and confidence; the more training a respondent received, the more confident they felt. The second hypothesis was that law enforcement officers lack confidence when interacting with mentally ill persons. In an attempt to assess for level of confidence, respondents were asked if they found their interactions with mentally ill persons to be better, worse, or the same as interactions with subjects without a mental illness. Over half of the respondents reported their interactions to be worse with mentally ill subjects. However, it is significant to note that there is a reliability issue with this statement. The third hypothesis stated that law enforcement officers perceive mentally ill persons as difficult and dangerous. Respondents were asked to provide their level of agreement with the statement that mentally ill subjects are more dangerous and the modal response (35%) was that they neither disagreed nor agreed with the statement; therefore, the hypotheses was not supported.

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Table 7

Mental Illness Like Schizophrenia More Dangerous

	Frequency	Percent
Strongly agree	12	11.2
Somewhat agree	38	35.5
Neither agree nor disagree	6	33.6
Somewhat disagree	19	17.8
Strongly disagree	2	1.9

Conclusion

This chapter examined Dallas Police Department police officers' training and perceptions of the mentally ill community. Demographic information on the respondents was provided and discussed. The descriptive statistics for perceptions, confidence, and mental health knowledge were provided in this chapter and provided support for the second hypotheses. However, the descriptive statistics did not provide support for the third hypotheses. Law enforcement officers were found to be more confident when they received more training. Overall, the majority of the respondents have received a significant amount of training following their police academy training. Finally, respondents noted that their interactions with mentally ill persons were worse compared to subjects without a mental illness. However, respondents did not significantly find mentally ill persons to be more dangerous.

The final chapter provides a summary of the study and its results. Further, limitations of the study will be addressed and discussed. Finally, policy implications and suggestions for future research will be presented.

CHAPTER 5

DISCUSSION AND CONCLUSION

Summary of the Study

Due to recent events, more attention has been paid to the training law enforcement officers are given regarding mentally ill citizens. Critical incidents that have resulted in fatalities have led to questions regarding law enforcement officers' ability to successfully interact with these individuals. Researchers have noted that although training is important, perceptions and attitudes towards persons with a mental illness can have a significant impact on how officers utilize their training (Ritter, 2010). There is a lack of research on the topic of mental health training and perceptions in the law enforcement field and in light of recent events, further research is crucial to the law enforcement field. This study aimed to fill the gap in existing literature with an emphasis on law enforcement officers' training, confidence, and perceptions. In light of recent events, there is an assumption that law enforcement officers are ill-equipped, lack confidence, and have negative perceptions of the mentally ill community. Serious incidents involving mentally ill individuals such as Jason Harrison, Deborah Danner, and Jesus Geney-Montes have brought to light the potential negative consequences of interactions between the mentally ill community and law enforcement. The purpose of this study was to determine the Dallas Police Department's law enforcement officers' training, confidence and perceptions of the mentally ill community and whether the assumptions previously stated are true.

An online survey was distributed to 3,000 law enforcement officers with the Dallas Police Department. The survey was distributed to patrol officers, detectives, administration personnel, and several specialized units. The survey was distributed via e-mail and a total of 143 respondents completed the survey, yielding a response rate of 4.66%. Descriptive statistics and a

chi-square analysis were used to determine the training, confidence levels, and perceptions of the mentally ill community. The following sections contain a discussion of the findings, policy implications based on the findings, limitations of the study, and suggestions for future research.

Discussion of Findings

Through the use of descriptive statistics and a chi-square analysis, it was concluded that only one out of the three hypotheses was supported. The first hypothesis stemmed from a lack of research on law enforcement officers' level of confidence when interacting with mentally ill persons. In the past, several researchers have attributed lack of confidence among officers to lack of training, lack of resources, and negative perceptions (Ruiz and Miller 2004; Watson et al., 2004; Tucker, Hasselt & Russell, 2008). However, no prior research has focused solely on measuring confidence among officers. The first hypothesis was that no matter the amount of training officers receive, they will not feel confident when interacting with a mentally ill subject. However, using a chi-square analysis it was concluded that there was a positive relationship between training and confidence. The more training the officers received, the more confident they felt when interacting with a mentally ill subject. This is a novel finding since prior research is yet to look at this. Previous research has focused heavily on perceptions due to the researcher's notion that perceptions will highly influence an officers' ability to be receptive to the training they receive. Researchers such as Hails and Borum (2003) as well as Watson and colleagues (2004) have stressed the importance of taking officers' attitudes and perceptions into consideration when putting them through any type of training. However, the findings in this study have concluded that the more training officers have received on mental health, the more confident they are when interacting with mental ill subjects.

The second hypothesis was that law enforcement officers lack confidence when interacting with a mentally ill person. Respondents were asked to compare their interactions between mentally ill subjects and subjects without a mental illness. The hypothesis was supported by the findings, which conveyed that an overwhelming majority of the respondents (60%) believed their contacts to be worse with mentally ill subjects. As previously stated, researchers have noted that perceptions and misconceptions significantly influence an officer's ability to interact with a mentally ill person. Ruiz and Miller (2004) noted that preconceived notions would most likely lead officers to take on an aggressive approach when interacting with a mentally ill person. Other researchers have attributed the lack of confidence among officers to lack of training and lack of resources (Tucker et al., 2008). In sum, the findings for the second hypothesis and findings of previous research note the lack of confidence among officers when interacting with mentally ill subjects. This was surprising given the majority of officers in this study noted going through 50+ hours of training. As a whole, this study's findings indicate that the more training officers receive, the more confident they will feel when interacting with a mentally ill subject.

The third hypothesis posited that law enforcement officers perceive mentally ill persons as difficult and dangerous. The findings of this study did not support the hypothesis; the respondents neither agreed nor disagreed when asked if they perceived mentally ill persons to be more dangerous. Previous researchers have noted that perceptions significantly influence an officers' demeanor when interacting with mentally ill subjects. Watson and colleagues (2004) noted that negative perceptions led officers to inadvertently escalate situations through threatening body language and speech. The findings in this study differed from the findings of Watson and colleagues (2004) as their findings concluded that law enforcement officers were

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more likely to view individuals with schizophrenia as more dangerous. Similar to this study, Watson and colleagues cited generalizability as a significant limitation in their study. In their study, Watson and colleagues collected data from 382 law enforcement officers across the metropolitan Chicago area, as opposed to one department like the population in this study. The difference in sampling frame is significant due to the fact that each agency serves a different community. The findings may indicate policy implications that would not be appropriate for certain agencies.

Policy Implications

The results from this study provide potential policy implications to be undertaken by the Dallas Police Department. The findings of this study noted the positive relationship between training and confidence among the respondents. Therefore, the Dallas Police Department would benefit from continuing mental health education for all law enforcement officers. More specifically, law enforcement officers would benefit from mental health training that thoroughly explains the symptoms of a person with a mental illness and de-escalation techniques. Those with mental illnesses like schizophrenia exhibit symptoms such as hallucinations and delusions, which could be misinterpreted as erratic behavior due to substance abuse. Such an individual may not respond to an officer's commands; therefore, de-escalation techniques could help soothe the individual into cooperating. Due to most respondents reporting that their interactions with a mentally ill person are typically worse than an interaction with a non-mentally ill person, the officers would benefit from de-escalation training to help their interactions.

Second, the Dallas Police Department would benefit from providing all their officers with at least 51 hours of training on the topic of mental illness. According to the findings, the number

of training hours within the Dallas Police Department fluctuated from 1 to over 51 hours of training. Based on the chi-square analysis, officers that received more training were more confident when interacting with the mentally ill community. Therefore, it would be beneficial for the department to take the officers that have received as little as 1-5 hours of training on mental health and provide them with 51 or more hours of training on mental health.

Finally, law enforcement officers from the Dallas Police Department would also benefit from having resources available on mental health, such as a Crisis Intervention Team or a partnership with a local psychiatric facility. Previous researchers have noted the benefits of providing law enforcement officers with more resources. Slate and colleagues (2013) presented the benefits of having Crisis Intervention Teams and psychiatric personnel within a police department. Providing officers with more resources could not only increase their confidence but also provide the officers with more options to help the mentally ill persons they encounter. Other agencies have also implemented programs such as Psychiatric Emergency Response Teams (PERT), which require officers to have a significant amount of mental health training (Slate et al, 2013). As previously stated, agencies have tailored different programs to fit their needs, and based on the findings of this study, the Dallas Police Department would significantly benefit from both a specialized response team and a good relationship with local mental health facilities. To that end, the respondents in the current study were asked what their department should do differently, and the majority suggested more training and better relationships with mental health facilities. The respondents provided several ideas that would benefit the department, such as on-call social workers, more psychiatric facilities in the area, partnerships with mental health professionals, ongoing training, and specialized units.

Limitations and Suggestions for Future Research

Research is not without limitations; therefore, it is important to note them to help aid future research. The first major limitation is the survey instrument itself. The survey instrument relied upon self-reported data. Although the survey promised anonymity to encourage participation among respondents, some of the respondents that participated submitted incomplete surveys. Further, the response rate for the survey was very low (4.66%). Researchers have noted similar limitations; while surveys are a cheap way to gain access to a large sample, they typically yield a low response rate which is a significant disadvantage (Granello and Wheaton, 2004). Another significant limitation to consider is that there is a reliability issue with one of the questions used to measure confidence within the respondents. Officers were asked to compare their interactions with mentally ill and non-mentally ill subjects and note whether their interactions were the same, worse, or the same. Their levels of confidence were determined based on their responses (better= confident, worse= not confident, same= neutral), therefore it is significant to note that there is a reliability issue with the measure. A suggestion for future research would be to structure the survey in a way that requires the respondent to complete all the questions or provide them with an "other" response. The researcher could also combat the low response rates by sending follow-up e-mails. Law enforcement officers work in a fast-paced environment; therefore, a follow-up e-mail could serve as a friendly reminder for them to complete the survey (Coughlan et al., 2008).

The second major limitation is that the results are not generalizable to other police departments. Due to resource and time restrictions, the survey was distributed via e-mail to all law enforcement officers with the Dallas Police Department. As previously stated, the response rate was very low, and the results may have been different if more officers had responded.

Further, other agencies may provide different types of training for their officers and may require their officers to have different amounts of training. A significant difference among agencies is their cities' infrastructures for mentally ill citizens. As previously stated, agencies have adopted several different forms of mental health training and there is no nationwide consensus.

The third and final limitation was the time constraint. Due to this study's timeline, the survey was only available for one week and only one follow-up reminder was provided for the respondents. Further, the only follow-up message distributed to officers was on an agency Facebook page designed for the law enforcement officers. For future research, allowing the survey to be open for longer than a week and emailing follow-up reminders could significantly assist in getting more responses.

Beyond the suggestions presented, future research could include perceptions from mentally ill individuals regarding their interactions with law enforcement officers. Several agencies use role-play with law enforcement officers and mentally ill persons to get an idea of how the officers made the individual feel. Agencies also collect suggestions from mentally ill persons to inform their law enforcement officers how they can improve their interactions. Furthermore, a survey instrument could be distributed to officers to collect information of their overall perceptions of the community they serve. This would be beneficial to rule out any issues such as a "burn out," which means that due to other stressors, law enforcement officers may be unhappy with their jobs and view the overall community negatively.

Conclusion

This study was interested in determining the amount of training, confidence level, and perceptions of law enforcement officers when interacting with mentally ill subjects. The purpose

of this study was to fill a present gap in the literature concerning interactions between law enforcement officers and the mentally ill community. The findings in this study supported one of the three research hypotheses. The first hypothesis was not supported as the chi-square analysis found a positive relationship between training and confidence. The results indicated that the second hypothesis was supported, law enforcement officers reported that their interactions with mentally ill persons were worse than with individuals without a mental illness. The third hypothesis was not supported by the findings, law enforcement officers were asked if they perceived mentally ill persons as more dangerous and most of their responses were neutral. The findings from this study provide valuable knowledge to the Dallas Police Department, and multiple policy implications were presented in this study. Limitations and suggestions for future research were also discussed. Additional research is important and would be beneficial for other agencies due to the lack of generalizability of this study. This study focused on a very important topic among policing and shed light on law enforcement officers' perceptions and their ability to interact with mentally ill subjects. In sum, providing law enforcement officers with mental health training in conjunction with mental health resources, could significantly improve the officers' perceptions and confidence when interacting with mentally ill persons on duty.

APPENDIX

INFORMED CONSENT NOTICE AND SURVEY INSTRUMENT

University of North Texas Institutional Review Board

Informed Consent Notice

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Law Enforcement Training and Perceptions of Mental Illness

Student Investigator: Sofia Brabham, University of North Texas (UNT) Department of Criminal Justice. Supervising Investigator: Jessica Craig Ph.D.

Purpose of the Study: You are being asked to participate in a research study which involved your knowledge and training skills when it comes to interacting with mentally ill subjects.

Study Procedures: You will be asked to respond to a series of statements and questions involving your training on the topic of mental illness and your interactions with the mentally ill community.

Foreseeable Risks: No foreseeable risks are involved in this study.

Benefits to the Subjects or Others: While there may not be direct benefits to the subjects, we hope to identify potential patterns in training and officer behavior. These findings may indicate that there is a need for more in-depth form of training that may increase their knowledge, confidence and perception of mentally ill people.

Compensation for Participants: None

Procedures for Maintaining Confidentiality of Research Records: The electronic responses will be stored in a computer that is password protected. All signed consent forms will be kept in a secure area. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. Confidentiality will be maintained to the degree possible given the technology and practices used by the online survey company. Your participation in this online survey involves risks to confidentiality similar to a person's everyday use of the internet.

Questions about the Study: If you have any questions about the study, you may contact Sofia Brabham at sofiasandoval@my.unt.edu or Jessica Craig at Jessica.Craig@unt.edu.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

Research Participants' Rights:

- Your participation in the survey confirms that you have read all of the above and that you agree to all of the following:

- Sofia Brabham has explained the study to you and you have had an opportunity to contact him/her with any questions about the study. You have been informed of the possible benefits and the potential risks of the study.

- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.

- You understand why the study is being conducted and how it will be performed.

- You understand your rights as a research participant and you voluntarily consent to participate in this study.

- You understand you may print a copy of this form for your records.

All,

Below is a survey regarding the mental health training (CIT) officer receive and their various perceptions of officers related to their training. This shouldn't take more than 10-minues, your responses are greatly appreciated. The message below is from the researcher at UNT-Denton. You can contact me by phone or email with questions if that is more convenient than contacting the researcher as directed below.

Good morning, I am conducting a study through the University of North Texas on mental health training and perceptions. Below you will find a link that will direct you to a consent form and the survey. Participation is voluntary and greatly appreciated. Your responses will be anonymous. Please let me know if you have any questions.

Thank you again so much for your help!

https://unt.az1.qualtrics.com/jfe/form/SV_aftPPnS3AAlpFad

Demographics

What is your age?
- 21-24
- 25-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61+

What is your race/ethnicity?
- White/Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian/Pacific
- Middle Eastern
- Hispanic/Latino
- Other

What is your gender?
- Male
- Female

What is your current position at the Dallas Police Department?
- Police Officer
- Senior corporal/detective
- Sergeant
- Lieutenant
- Major/chief-level

How many years have you worked with the Dallas Police Department?
Less than 1
- 1-3
- 4-6
- 7-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40

- More than 40

Mentally Ill Community

Have you ever encountered a mentally ill (CIT) person while on duty?
- Yes
- No
- I'm not sure

Thinking about your most recent encounter, how did you come into contact with the mentally ill person?
- Traffic stop
- Subject stop
- Call for service
- Field interviewed
- Arrested
- Other. Please explain _____

Thinking about the training you have received as a law enforcement officer on the topic of mental illness, please provide your level of agreement with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I have received the necessary amount of training.	○	○	○	○	○
Law enforcement officers should receive more training on the topic of mental illness.	○	○	○	○	○
I have only received the basic training at the police academy	○	○	○	○	○
There are a variety of options available to receive training on mental illness.	○	○	○	○	○
Everyone in the department has received the same amount of training on mental illness.	○	○	○	○	○
Training is key for successfully handling a mentally ill person.	○	○	○	○	○

Contacts with mentally ill persons are generally_____ in comparison to contacts with individuals without a mental illness.

- Better
- Worse
- Same

Thinking about the mentally ill community, please provide your level of agreement with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
When someone has a mental illness, their brain is impaired in a way that affects their behavior and emotions.	○	○	○	○	○
An individual with a developmental disorder is likely to respond to a command differently than an individual with a mood disorder.	○	○	○	○	○
An individual with bipolar disorder is sometimes unpredictable because his or her mood.	○	○	○	○	○
One of the main causes of mental illness is a lack of self-discipline and will-power.	○	○	○	○	○
A person with a mental illness is more dangerous than a person without a mental illness.	○	○	○	○	○
Mentally ill persons live in crime ridden areas.	○	○	○	○	○
If a person is threatening to harm himself or herself or others, it is best to approach him or her with an aggressive response.	○	○	○	○	○

Thinking about your role as a law enforcement officer, please provide your level of agreement for the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Law Enforcement officers should not have to handle CFS involving mentally ill persons.	○	○	○	○	○
As soon as a person shows signs of mental disturbance, he should be hospitalized.	○	○	○	○	○
I often find myself playing the role of a street corner psychiatrist.	○	○	○	○	○
A person with a mental illness like schizophrenia is more dangerous.	○	○	○	○	○
Mentally ill people should be diverted to a psychiatric facility, not a correctional institution.	○	○	○	○	○

Training

I have received_____ hours of training on the topic of mental illness.
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51+

Have you taken DPD's 40-hour Mental Health Officer Course?

What other training courses on mental illness are offered by the Dallas Police Department?

_____

What resources do you think your agency would benefit from in regard to serving the mentally ill community? What do you think your agency could do differently in regard to providing better service to the mentally ill community?

_____
_____
_____
_____
_____

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