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Attitudes toward Mental Illness: A Study among Law Enforcement Officers in the South and Southwest United States

With an increasing presence of persons with mental illness in jails and prisons, the American criminal justice system is facing an urgent and relatively new issue. Currently, there is a vast over representation of the mentally ill within jails and prisons. About 18.5% of the United States adult population is affected by mental illness within any given year, yet the most recent study by the Bureau of Justice Statistics found roughly 64% of inmates report to be suffering from mental illness (James & Glaze, 2006; National Institute of Mental Health, 2015). Reports of these large numbers did not begin appearing until the 1970s, and new questions are arising as to why these numbers are growing so rapidly (Hiday, 1999). This can partly be answered by the deinstitutionalization of patients from American psychiatric hospitals during the deinstitutionalization movement, which was partially an attempt to re-integrate patients back into the community (Clinard & Meier, 2015). While on the surface it may appear that the this movement aimed to help those with mental illness, truly many factors led to this change, including overcrowded facilities with a small number of professionals to administer treatment, which had become too expensive for many states to continue funding (Clinard & Meier, 2015). Regardless of the reasons behind the deinstitutionalization movement, it was a key factor in the contribution to the increase of interactions between persons with mental illness and the criminal justice system (Ellis, 2014). With increased contact between law enforcement officers (LEOs) and individuals with mental illness, it is important to investigate factors that could influence LEO and community members' interactions. The purpose of the current research study directly addresses this issue: with so many individuals with mental illness being funneled into the criminal justice system, how do LEOs view those with mental illness? More specifically, do LEOs with more training and experience have more positive attitudes towards mental illness?

The overall purpose of our study is to survey current law enforcement officers and evaluate factors that may affect their attitude toward individuals with mental illness. The importance behind our findings rests within what we believe may be the primary issue of America's growing incarcerated population of the mentally ill. Upon identifying contributing factors to each officer's perception, we can then look at how this may shape and influence law enforcement officers' interactions with the mentally ill. This can then help us determine a foundation to build upon toward more specialized training for officers so that they may assess each individual appropriately and have the necessary skills to de-escalate a

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heightened situation. With LEO discretion still a factor in determining if an individual is taken to a treatment facility such as a hospital or to jail (i.e. entry into the criminal justice system) they are one of the first and most important steps to resolving this issue.

Literature Review

Overall, attitudes towards mental illness are disheartening with the public reporting negative perceptions of mental illnesses and often viewing individuals diagnosed with mental illness as dangerous (Corrigan & Penn, 1999; Corrigan, River, Lundin, Penn, Uphoff-Wasowski, & Champion, 2001; Hahn, 2002). These stigmatizing attitudes may have an effect on how interactions with law enforcement are handled as well. This could be a result of several factors, including some of the most common: negative stigma related to inaccurate media portrayal, lack of accurate information, or lack of contact/experiences with persons with mental illnesses (Hahn, 2002). However, there is some research that suggests individuals with more knowledge about mental illness maintain less negative attitudes and fear towards persons with mental illnesses (Corrigan et al., 2001; Corrigan & Penn, 1999). For example, graduate students and members of the public who participated in informational sessions on mental illness demonstrated improved attitudes through a pre-and post-test questionnaire (Corrigan et al., 2001).

Ideally, officer perceptions of people with mental illness should shape how they assess situations when responding to individual calls. With police often being the first responders to calls, they are expected to seek a suitable resolution for each situation. This is a tremendous responsibility considering the great amounts of discretionary decision-making accompanied with the job. However many police officers have not been given the proper training and education to manage such a responsibility (Ruiz, 2004). In fact, many departments still lack written policies and procedures for management of persons with mental illness (Ruiz, 2004).

Police departments are beginning to recognize the lack of training in their officers on responding to calls dealing with mental illness

(Watson, 2014). More police departments are now using what is internationally known as the Memphis Crisis Intervention Team (CIT) model to help educate officers on persons with mental illness and how to handle encounters appropriately. While CIT is not uniformly taught, the model's curriculum provides an outline for local programs to follow and innovate accordingly to meet local needs (National Alliance of Mental Illness, 2017). The overall model was developed through a partnership between the National Alliance of Mental Illness, the University of Memphis CIT Center, CIT International, and the International Association of Chiefs of Police (National Alliance of Mental Illness, 2017). The program consists of 40 hours of specialized training provided by mental health clinicians, consumer and family advocates, and police trainers; it covers materials including: recognizing signs and symptoms of mental illness, mental health treatment, de-escalation techniques, and legal issues (Watson & Fulambarker, 2012).

The main purpose of the CIT program is to reduce arrests of individuals who should instead be in a mental health facility rather than the criminal justice system. Ideally, this program will reduce the fear that police officers have with encountering individuals with mental illness and will give them the confidence and knowledge to properly deal with each situation (Bonfine, 2014). It will also help them establish empathy towards the persons with mental illness and obtain more positive attitudes. Thus, they will be less likely to arrest the individual and more capable of appropriately deescalating the situation while seeking necessary treatment. By doing this, it will further improve officer safety, enhance the safety of the persons with mental illness, and help reduce stereotyping and negative stigmatism of the mentally ill within the public (Bonfine, 2014).

This sounds like a great step forward; however a recent survey reveals the startlingly low implementation of CIT within the US by calculating the percentages of population served by this program. The findings showed about one-third of 50 states served below 30% of their population and only eight were states served above 80% (Stettin, 2013). The national

average percentage of population served by CIT was 49% (Stettin, 2013). While we would like to see a greater proportion of the population served by officers that have passed CIT courses, this shortage could be a reflection of limited budgets and/or a concern for other department needs such as the growing use of body cameras.

Lack of training potentially could have helped contribute to the rising incarceration rates of individuals with mental illness. Some have argued that lack of training leads officers to use excessive or even deadly force (Ellis, 2014). A recent *Washington Post* article claims within the first six months of 2015 a quarter of the 462 people shot to death by police were “because the person expressed suicidal intentions or because police or family members confirmed a history of mental illness” (Lowery et al., 2015). Additionally, there is an important relationship between use of force and mental illness—those who suffer from mental illness were found to be more likely to resist arrest (Johnson, 2011). If the resistance was verbal, use of force was four times more likely (Johnson, 2011). Other research found when subjects physically resisted, police officers were 20 times more likely to use force (Morabito, 2012). Both studies seem to point toward the escalation of physical force and likelihood of arrest if the LEO is coming into contact with a mentally ill individual. It is ultimately up to the officer how to handle the interaction and, if possible, deescalate the event.

Fear and stigmatizing attitudes are only some of the key components of LEO interaction among persons with mental illnesses. A majority of LEOs report fear and uncertainty related to calls involving those suffering from mental illness, which may have more to do with negative stigma than any other factor (Bonfine, 2014). Lamb et al., (2004) points out that officers may interact with someone who is both intoxicated and has symptoms of mental illness; therefore those symptoms may go undetected. Additionally, LEOs are routinely dispatched without knowing if a person is suffering from mental illness or if the information they have is incomplete or wrong (Lowery, Kindy, Alexander, Tate, Jenkins & Rich, 2015). Overall, these factors create a situation in which the officer

enters with little to no background information.

This knowledge significantly impacts how officers handle encounters with the mentally ill. As stated earlier, one of the most common misperceptions of officers is that persons with mental illness are dangerous and not capable of reasoning. Since officers may not be well trained on handling mental illnesses, they may assume that the mentally ill are instead under the influence of drugs or alcohol by their actions (Lamb, 2004). Research actually shows that persons with mental illness are more likely to be harmed or killed by the police than for them to harm LEOs (Slate, 2008). Police officers are also often concerned about how the media would portray arrests of the mentally ill to the public. LEOs may attempt to rush the interaction instead of taking their time with the individual and appropriately addressing their needs (Slate, 2008). This can sometimes contribute to the individual becoming violent towards the officers (Slate, 2008).

When studying police interaction with persons with mental illness, taking into account the officer’s perception and attitude towards the mental illness can help determine underlying explanations of each individual’s treatment by the police. This may affect an officer’s ability to handle a crisis situation appropriately. For example, one may falsely perceive anxious, angry, or agitated behavior as violent when it may not result in that outcome. To further expand on this, we must also take attitude into account, which is defined as a stable, learned predisposition toward a social object that is comprised of favorable or unfavorable cognitive, affective, and behavioral components (Ayadin, 2003). In addition, if one is given new knowledge it may change opinion but not necessarily attitude. Negative attitudes of officers could create difficulties among interactions of persons with mental illnesses. This is a key component in determining if the appropriate force and correct de-escalation techniques were used and whether the person was transported to the appropriate psychiatric facility versus incarceration (Ellis, 2014).

Another important factor to take into account that may heavily influence a LEO’s

attitude toward mental illness is their own personal knowledge or family history. Individuals who have a personal familiarity with mental illness tend to have more positive views towards people with mental illness (Bonfine, 2014). Furthermore, the analysis of a similar study concerning the before and after effects of CIT also found that officers who had personal familiarity with the issue were more likely to respond to CIT Training with positive attitudinal changes afterward (Ellis, 2014). Both studies conclude that LEOs with more experience with persons suffering from mental illness were more likely to respond to crisis calls more effectively and had more positive perceptions (Bonfine, 2014; Ellis, 2014).

One final factor we will discuss that may influence an individual's attitude toward mental illness may be their gender. The relationship between respondent's gender and their attitudes toward mental illness among LEOs is difficult to accurately assess. In part, this is due to the extreme gender gap in male and female officers. For instance, in one survey of police officer attitudes toward mental illness they reported no differences in responses based on gender using a sample that consisted of 91% males (Clayfield, 2011). Another similar study did not find any statistical significance between officer attitudes and gender, perhaps due to a similar lack of female officers (five females in a total sample of 84) (Cooper, 2004). Due to the current lack of research we decided to include gender as a variable within our study. More specifically, we hope to include a larger sample of female LEOs to see if there is a relationship between respondent's gender and their attitude toward mental illness.

As an extension of the previous research we discussed above, we expect to find officers with more experience in the field and/or specialized training are more likely to have positive attitudes towards persons with mental illnesses. We also expect similar positive results from officers who have personal knowledge or a relationship with someone who is mentally ill. As another factor, we include gender to investigate whether female LEOs show more positive attitudes towards individuals with mental illnesses.

Hypotheses

Based upon our findings in the aforementioned research, our hypotheses for this study are:

1. Officers with more experience and/or specialized training are more likely to have positive attitudes towards persons with mental illnesses.
2. Officers who have a personal relationship (e.g., close family member or friend) with a mentally ill individual are more likely to show positive attitudes.
3. Female officers may differ in their attitude/acceptance of individuals with mental illness in comparison to male officers.

Methods

This study was conducted using LEOs from three different agencies within small to mid-sized cities of Pueblo, Colorado, San Luis Obispo, California, and Plant City, Florida. Self-administered questionnaires were distributed to each department for law enforcement officers to voluntarily complete and submit to a secured drop box. After approximately a week, the completed questionnaires were returned via mail or collected by hand. Questionnaires consisted of a series of demographic questions and items from the Community Mental Health Ideology Scale (CAMI) originally used by Taylor and Dear (1981). The CAMI scale has been used in many research studies to assess attitudes towards mental illness and community resources over the last thirty years including more current works such as Barney, Corser and White (2010) and Frailing and Slate (2016). As reported in Barney et al.'s work (2010), coefficient alpha reliabilities for the three scales that make up the entire CAMI scale range from .68 to .88.

CAMI items include statements and/or generalizations about the mentally ill and ask respondents to answer using a Likert scale to rank their agreement from strongly agree (1), agree (2), neutral (3), disagree (4), to strongly disagree (5). Respondents in this study were asked about their acceptability having family contact, working with, and taking classes with a person of specific mental illness such as depression, bipolar disorder, and schizophrenia. From

these 38 questions we created a summative scale ranging from 38 to 190 points assessing the level of acceptance/positive attitudes towards those with mental illness with higher score indicating a more positive attitude. In order to be included in our analysis, respondents had to respond to all CAMI items (lowest score 38), which would indicate an overall negative attitude toward mental illness.

Beyond CAMI measures we also asked respondents additional background questions detailed below. The first set of questions gather respondent’s demographic information such as their gender and race. Gender was coded as GENDER with male (0) and female (1). We coded race/ethnicity as RACE with possible options including White (0), Black (1), Hispanic (2), Asian (3), and other (4). Next, we asked a series of questions concerning experience with mental illness. We asked LEOs to report the number of years of experience in law enforcement. We also asked respondents to report if they knew anyone with mental illness and to circle their relation to this person/persons (i.e. yourself, parent, sibling, family member, friend, etc.). Additionally, we broadly measured our variable TRAINING by asking respondents, “Have you ever taken part in any specialized training and/or educational courses regarding

persons with mental illness?” Respondents could answer yes (0) or no (1), with a contingency question for respondents who answered “yes” in which we asked them to report the number of training hours for courses focused on mental illness. Using the coding scheme detailed above, we investigated the relationship between officer demographics, training, years of experience in the field and personal experience to explore what factors may affect positive attitudes of mental illness.

Results

A total of 93 active LEOs from three different agencies participated in our study. As displayed in Table 1, our sample was predominantly composed of male respondents (87.1%) with the remaining 12.8% being female. The average number of years of service was approximately 15 (*SD* = 8.74), and our sample had an average of 37.29 hours of specialized training (*SD* = 31.74). Sixty-seven percent of respondents reported knowing someone with a mental illness. Of these respondents, only one person reported being diagnosed with mental illness. A majority of respondents who reported knowing someone who is mentally ill were most likely to indicate this individual was a family member (37.6%).

To determine whether officers with more

Table 1: Demographic Variables of Law Enforcement Officers by Agency

	Pueblo			San Luis Obispo			Plant City			Total		
	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean
Ethnicity												
White	32	65.3		19	90.5		16	76.2		68	74.7	
Non-White	17	44.7		2	4.8		5	33.8		23	25.3	
Gender												
Female	5	10.0		4	19.0		3	14.3		12	12.9	
Male	45	90.0		17	81.0		18	85.7		81	87.1	
Know Someone with M.I.												
Yes	35	70.0		7	33.3		13	61.9		63	67.7	
No	15	30.0		14	66.7		8	38.1		30	32.3	
Tenure (years employed)			15.08			16.58			15.83			15.46
Training Hours			40.48			53.78			25.21			37.30

experience had more positive attitudes toward mental illness we conducted a Pearson correlation test. As stated in our methodology section, we measured experience in two ways—number of years on the force and the number of self-reported hours of training or educational courses involving mental illness. Our results do not indicate a relationship between years of experience and attitudes toward mental illness $r(84) = .170, p = .118$. There was also not a significant relationship between the self-reported number of training hours an officer earned and their attitudes toward mental illness, $r(67) = .159, p = .191$.

Beyond our Pearson correlation we also conducted several t-tests to determine if knowing someone with mental illness had a significant relationship with the respondent’s attitude toward mental illness. We measured several different types of relationships (parent, sibling, and friend). We believed that if the relationship was, generally speaking, more likely to significantly affect an individual’s beliefs (e.g. a parent or sibling) these respondents would have more favorable attitudes toward mental illness. We found mixed support for this hypothesis. More specifically, officers who reported having a parent suffering from mental illness ($M = 136.60, SD = 3.85$) had more positive attitude scores in comparison to officers who did not have a parent with mental illness ($M = 127.70, SD = 14.22$), $t(12.88) = -.38, p = .002$. However there was not a significant difference for officers with a sibling with mental illness ($M = 131.40, SD = 22.19$) nor for those without a sibling with mental illness ($M = 128.01, SD = 13.53$), $t(86) = -.52, p = .602$. There was also not a significant difference in positive attitude score for officers who had a friend with mental illness ($M = 129.46, SD = 11.49$), and those that did not (M

$= 127.73, SD = 14.87$), $t(86) = -.51, p = .610$.

We also conducted a t-test to see if women significantly differed in their attitudes toward mental illness in comparison to men. Women ($M = 137.45, SD = 12.14$) had significantly more positive attitudes toward mental illness than men ($M = 126.69, SD = 13.80$), $t(13.97) = -2.65, p = .019$. This finding supports our third hypothesis that male and female LEO would differ in their attitudes towards mental illness.

Discussion

The objective of our study was to survey current law enforcement officers and evaluate factors that may affect their perceptions toward individuals with mental illness. We initially believed that officers with more experience and/or training and those with personal relationships would be more likely to show positive attitudes toward persons with mental illness. Additionally, with a larger sample size we thought that female officers may differ in their attitude/acceptance of individuals with mental illness in comparison to male officers. From our results, we have found that the amount of specialized training or the years of experience within law enforcement did not show a significant relationship with LEO attitudes. The lack of significance from training could be due to our small sample size and the fact that the type of training was never specified—such as Crisis Intervention Team training. We originally asked about training without specifying CIT to acknowledge other programs and/or to recognize respondents who may not remember. Therefore, officers who may have received “training” may not have been the intensive training programs we were looking for, such as CIT. Specifying CIT training may have shown significant results to support prior research of the positive influence CIT has had on police perspectives and interactions with individuals with mental illness (Watson, 2012).

As for the years of experience, this was a correlation we expected and were surprised there was a lack of significant findings. Officers should become more familiar with dealing with persons with mental illness and over time begin to obtain the experience to handle situations

Table 2: Pearson Correlation Results of Experience, Training, and Positive Attitude Toward Mental Illness

Variable	1	2	3
1. Acceptance Score	-	.170	.159
2. Tenure (years employed)	.170	-	.116
3. Training hours	.159	.116	-

note: * $p < .05$ ** $p < .000$

more efficiently. Additionally, through this experience they would be establishing their own attitudes toward mental illness instead of relying on the negative stigma attached to the lack of education. Considering research has suggested individuals who were more knowledgeable about mental illness maintain less negative attitudes and fear towards persons with mental illnesses, we expected years of experience to further combat negative stigma (Corrigan et al. 2001; Corrigan & Penn, 1999). Our inability to support this relationship could suggest experience or knowledge does not have as great of an effect on attitudes or beliefs as one might expect.

For our next hypothesis, we believed having a close personal relationship would influence LEO attitudes towards mental illness. We believed that this dynamic would support the findings within the Bonfine (2014) study, which showed individuals who have a personal familiarity with mental illness tend to have more positive views towards people with mental illness. We found that LEOs who had parents with mental illness had more positive attitudes than those with parents that did not suffer from mental illness. However, we must be cautious with these results—only five respondents reported having a parent with mental illness. Additionally, while we found a significant relationship in respect to LEO's parent(s) we did not find support for this hypothesis through t-tests investigating other close relationships (e.g., sibling or friend). Our mixed findings present an opportunity for future research to investigate these relationships in greater detail. For example, are the five respondents who reported having a parent with mental illness responsible for the care of these individuals currently or in the foreseeable future? It is arguably less likely officers with siblings or friends who suffer from mental illness would be responsible for their emotional and financial needs than those of an aging parent.

Finally, we also included a measure of gender to see if we could refute past research, which shows a lack of relationship between gender and LEOs attitudes towards mental illness. Our results do support a potential relationship with female officers reporting more positive attitudes in comparison to their male

counterparts. While small, our sample of female officers was proportionally larger than some other studies (Clayfield, 2011; Cooper, 2004). This finding contributes to the limited research on female LEOs. Additionally, if we continue to investigate differences in LEO attitudes towards mental illness we may also find gender differences in de-escalation attempts in crisis situations.

Although we did find some significant results in support of our hypothesis we believe our sample size was much too limited to draw any solid conclusions. Our limitations within conducting our survey varied on a number of factors, one being the short amount of time; since we were working with agencies in different states, communication was slow and shortened our time frame to send the surveys—giving the LEOs only a week to have an opportunity to complete them. We believe this time frame had a significant impact on our sample size. Initially we were expecting at least 100 responses. We fell short of even that with 93 LEOs participating.

In addition, the sample size did not show a lot of variety in basic demographics such as gender (90% male), race (primarily White and Hispanic with an underrepresentation of African Americans, and no Asians), among other lacking demographics that portrayed no significance. We think these factors were enough to substantially impact our data collection and ability to find significant results.

Regardless of the small sample size, our study shows potential for further research. This is something that could effectively be done with collections of larger sample sizes from different departments within other states and counties, giving a larger variation of basic demographics. This research is crucial to help identify contributing factors to the vast over-representation of the mentally ill within the criminal justice system. Further findings can help shape law enforcement interactions with mentally ill individuals and improve specialized training for police.

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