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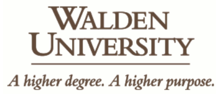


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# Policing the Mentally Ill in Coronado, CA

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# Walden University

College of Social and Behavioral Sciences

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Walden University
2017

Abstract

Policing the Mentally Ill in Coronado, CA

By

Jennifer S. Ayres

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

November 2017

## Abstract

The growing number of individuals suffering from mental illnesses and their inability to access intervention methods has adverse effects on the criminal justice system. These impairments increase the likelihood that police officers will have negative attitudes about persons with mental illnesses. This study sought to understand whether police officers' empathy, education, experience outside of work as well as on the job, and officers' training in the field of mental health all related to police officers' attitudes relating to persons with mental illness. The purpose of this study was to expand the body of knowledge and determine how factors such as police officers' empathy, education, experience on the job and personal experience, and officers' training in the field of mental health relate to police officers' attitudes regarding persons with mental illness. Gilbert's model of attribution process served as the theoretical model for this study. A mixed methods research methodology was used to determine the relationships between mental illness and officer empathy, experience, education, and training. Twenty-four participants completed face-to-face interviews and the Toronto Empathy Questionnaire was utilized for data collection. Empathy scores were analyzed for all study participants. QDA Miner Lite was used for qualitative data analysis. The perception of the training and the officers' outside experience with the mentally ill both have positive impacts on the attitudes towards the mentally ill while on duty. While empathy could not be linked to these relationships, personal experiences and perceptions cannot be dismissed as unrelated to empathizing with a specific population. Ultimately, the police gain knowledge and understanding resulting in positive community perception of police, better community service and creating an overall positive social change.

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# Chapter 1: Introduction to the Study

## Background

Police officers with an in-depth understanding of mental illnesses may be more likely to adjust their responses to fit the call. Mental illnesses vary by their symptoms. An officer's ability to understand the symptoms of mental illnesses may influence the result of calls involving individuals with these illnesses. For example, an individual suffering from a psychosis (often associated with schizophrenia or bipolar disorder) may be less likely to understand the commands given by the officer than an individual suffering from anxiety (American Psychiatric Association, 2000). Officers who have previous experiences working with individuals with these symptoms may be more likely to try other tactics when engaging with these individuals (Gur, 2010).

Officers' previous experiences in life and policing can impact the way they perceive mental illnesses. Clayfield, Fletcher and Grudzinskas (2011) found that age was a strong predictor of officers' knowledge pertaining to mental illnesses. They found that longer-tenured officers in this study had more experience and exposure in working with individuals suffering from mental illnesses. Clayfield et al. demonstrated that these officers had a higher level of empathy when working with the mentally ill.

The type of training officers participate in may affect how they respond to a call. The Federal Bureau of Investigations (2013) acknowledges the importance of crisis intervention training (CIT) for police officers. However, only half of police departments in the United States provide this type of training to officers. Gur (2010) has likewise noted the importance of CIT for officers responding to calls involving individuals

suffering from mental illnesses. Gur presented the results of the study which showed CIT training is an important variable in providing a beneficial outcome for the individual suffering from a mental illness. Gur further demonstrated that officers using the CIT model were significantly more likely to use intervention services rather than incarcerations. This directly decreases the likelihood that the individual suffering from a mental illness would be in trouble with law enforcement in the future. Lurgio, Smith, and Harris (2008) had similar findings and noted the importance of helping individuals with mental illnesses in alleviating the stressors placed on police resources. According to the authors, communities that do not have sufficient intervention services to help the mentally ill population often find strained police resources, as officers become the default method for handling this population. Lurgio et al. further discussed the importance of officers helping people with mental illnesses, noting the benefits of using intervention services that lead to a decreased level of crime in the community, the reduction of financial stressors on the police department, and a reduction in the severity and overall dangerousness of calls police officers respond to.

In this study, I sought to understand whether police officers' empathy, education, experience, and training in the field of mental health, related to police officers' attitudes relating to persons with mental illness. The results of this study may inform changes to policing practices given that they show that officers with higher levels of empathy, experience, and education and or training in the field of mental health use tactics that promote interventions that benefit the individual and society. Furthermore, the results show that officers with these variables use different tactics that positively influence the

individual and society, which supports the need for continued training for police officers to educate them on working with the mentally ill population.

**Problem Statement**

According to the National Institute on Mental Health (2013), "26.2% of Americans ages 18 and older, about one in four adults, suffer from a diagnosable mental disorder" (para. 1). Despite the high prevalence of individuals suffering from mental illnesses, estimates indicate only 4 in 10 individuals with a mental illness receive treatment (Substance Abuse & Mental Health Services Administration, 2010). Individuals with severe mental illnesses are less likely to receive treatment than individuals with mild forms of mental illnesses. The growing number of individuals suffering from mental illnesses and their inability to access intervention methods has adverse effects on the criminal justice system, including overcrowded prisons, escalated calls, and increasingly poor relationships between law enforcement officers and those with mental illnesses (Gur, 2010; Lurgio, Smith, & Harris, 2008; National Association for Mental Health, 2011; Psychiatric Services, 2009; Reuland, 2010). As a result of the lack of resources available to help treat individuals suffering from mental illnesses, the symptoms of the mental illness may impair the individual's thought process. These impairments increase the likelihood that police officers will have negative attitudes about persons with mental illnesses and may have negative implications for an effective interaction between the two.

Although researchers have demonstrated a high prevalence of mental illness among individuals involved in crimes (Lurgio et al., 2008; Reuland, 2010), few have

explored how police officers respond to criminality concerning mentally ill individuals (Reuland, 2010). Police have a strong level of discretion in determining how to handle a situation, and negative attitudes could play a significant role in the outcomes for all parties (Reuland, 2010). Mentally ill individuals react to the presence of police in various ways in any given situation. An individual who suffers from mental illness may have an impaired ability to reason. A person suffering from mental illness may not understand what triggered the arrest or the presence of the officers. Therefore, it is critical to ensure that officers are aware of mental illnesses and can assess a situation involving mentally ill individuals.

Some research has shown that officers with higher levels of empathy, education, training, and experience can make better decisions as to the outcome of a call involving an individual with a mental illness (Gur, 2010). Officers should be able to identify the needs of the individuals arrested to ensure that proper handling is given to mentally ill individuals. Given that officers have different emotional and professional characteristics, it is important to examine how education, experience, and training affect the officers' attitudes about mental illness. Redlich, Summers, and Hoover (2010), and Lurigio (2011), have suggested that the social stigmatization of hospitalizing individuals with mental illness have prevented a working relationship between law enforcement officers and the mentally ill. Yet, I contend that the autonomy of the law enforcement officers can play a significant role in decreasing this stigmatization.

In this study, I explored officers' perceptions of mental illnesses calls involving individuals suffering from mental illnesses. Many scenarios may not escalate to arrest if

the officer is aware of the signs of mental illness. This lack of knowledge, magnified by a lack of empathy, causes some officers to create an escalated scenario that increases their arrest ratio. In this research, I sought to determine police officer's perceptions of an individual's mental health.

## Purpose of Study

I conducted this study to expand the body of knowledge and determine how factors such as police officers' empathy, education, experience, and training in the field of mental health relate to police officers' attitudes regarding persons with mental illness. A mixed methods methodology was used to determine the relationship between mental illness and officer empathy, experience, education, training, and call outcomes.

## Framework

Gilbert's model of the attribution process served as the theoretical model for this study. This model holds that there are three phases that influence how individuals perceive others. The first stage, categorization, is characterized by the identification of actions. The second stage, characterization, is characterized by "drawing dispositional or internal inferences about the target person" (Martinko, 2005, p. 197). The final stage is correction, in which the individual adjusts initial perceptions formed in the first two stages. This model further holds that correction is more difficult than categorization and characterization because it does not come naturally. In the correction phase, an individual makes use of his or her knowledge and existing perceptions of policies to arrive at a reasonable decision. In the absence of an in-depth understanding of the individual's behavior, the observer is mainly relying on initial perceptions and may characterize the

behaviors exhibited by the individual accordingly. The use of one's own perspective often results in bias responses, which complicate decision-making.

Gilbert's attribution model is applicable to police work given that officers rely heavily on their initial perceptions of individuals and their behaviors to form conclusions. Therefore, officers without sufficient knowledge of the symptoms of mental illnesses may categorize individuals differently than officers with previous experience or knowledge of mental illnesses. In applying this theoretical model to the study, I hypothesized that empathy, education, experience, and training in the field of mental health will help officers move past the initial two stages of Gilbert's attribution model and into the correction phase. In the case of this study, my focus was on the correction phase wherein police officers are tasked to either arrest or hospitalize the individual. I sought to examine how factors such as police officers' empathy, education, experience, and training in the field of mental health relate to police officers' attitudes relating to persons with mental illness.

## Research Questions

In this study, I explored the relationship of police officers' empathy, education, experience, and training in the field of mental health to police officers' attitudes relating to persons with mental illness. Specifically, I sought to examine if the delineated independent variables of empathy, experience, education and training in the field of mental health, are statistically significant predictors to the officers' attitudes of the mentally ill. The research questions for this study were the following:

RQ1: To what extent, if any, does the level of empathy have on the officers' attitudes regarding the mentally ill?

$H_0$1: A police officer's level of empathy is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$1: A police officer's level of empathy is positively associated with the officer's attitude regarding the mentally ill.

RQ2: To what extent, if any, does the level of education have on the officers' attitudes regarding the mentally ill?

$H_0$2: A police officer's level of education in mental illness is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$2: A police officer's level of education is positively associated with the officer's attitude regarding the mentally ill.

RQ3: To what extent, if any, does the level of experience have on the officers' attitudes regarding the mentally ill?

$H_0$3: A police officer's level of experience is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$3: A police officer's level of experience is positively associated with the officer's attitude regarding the mentally ill.

RQ4: To what extent, if any, does the level of training in the field of mental health police receive have on the officers' attitudes regarding the mentally ill?

$H_0$4: A police officer's level of training in the field of mental health is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$4: A police officer's level of training in the field of mental health is positively associated with the officer's attitudes regarding the mentally ill.

RQ5: To what extent, if any, does the officers' outside experiences with mentally ill persons have on the officers' attitudes regarding the mentally ill?

$H_0$5: A police officer's outside experience with mentally ill persons is negatively associated with the officer's attitude towards the mentally ill.

$H_1$5: A police officer's outside experience with mentally ill persons is positively associated with the officer's attitude towards the mentally ill.

**Significance**

In this study, I sought to determine if officers' empathy, experience, education, and training in the field of mental health relate to police officers' attitudes regarding persons with mental illness. The role of mental illness in crime has been well documented for offenders who are untreated for mental illness. Individuals who suffer from mental illnesses are more likely to become involved in the criminal justice system. These individuals are significantly more likely to have higher recidivism rates than individuals who do not suffer from a mental illness (Glaze & James, 2006).

The actions taken by police officers in determining how to handle a call involving an individual with a mental illness may impact the level of violence that occurs. Police officers who do not understand mental illnesses may use additional force in dealing with this population. Although research has shown conflicting results as to whether more force is necessary in dealing with the disorderly behavior of the mentally ill, officers may perceive individuals with mental illnesses as more violent based on the symptoms they

present and the individual’s inability to respond to the officer’s commands (Kerr, Morabito, & Watson, 2011). However, in certain situations, individuals with mental illnesses may be more likely to become combative with an officer. Officers with less exposure to mental illnesses are less likely to understand the behaviors associated with mental illnesses (Gur, 2010). Officers’ lack of understanding of the presenting symptoms and their interpretations of the offender’s behaviors may lead the officers to make assumptions based on their interpretation of the situation without considering the mental condition of the offender. The significance of the study relate to police officers’ attitudes regarding persons with mental illness. The results of the study could support the development of programs that could help police officers enhance their decision-making capabilities and the way they handle situations that involve mentally ill individuals. The results of the study could also promote a positive social change among police officers to appropriately gauge the conditions of individuals prior to arrests or non-arrests. The results of the study may also provide a better understanding of the conditions of mentally ill individuals and provides additional knowledge on what factors should be enhanced to come up with appropriate decisions for situations with mentally ill individuals.

**Limitations of Study**

Limitations of this study included the human factor associated with participants’ self-reporting on the Toronto Empathy Questionnaire that I used (see Levine, Mar, McKinnon, & Spreng, 2009). Use of an existing questionnaire helped to increase the validity of this study and minimize these limitations. Additionally, I could not account for

all external and preexisting factors outside of those that were documented by the officers or determined through the questionnaire.

## Definition of Terms

*Mental illness*: Mental health conditions that affect the mood, behaviors, cognition, and responses of the individual such as anxiety, depression, and schizophrenia (Phelan, Link, Stueve, & Pescosolido, 2000).

*Empathy*: Concern directed at others through a cognitive-based decision rather than emotion-based responses (Eisenberg, 2010).

*Deinstitutionalize*: The social trend of abolishing mental health asylums because they were perceived to be inhumane and inappropriate for the treatment of mental health patients (Frierson, 2013).

## Organization of Study

In this chapter, I have provided the background of this study and have justified the need for it. I presented the research questions and conceptual framework, and noted the limitations of the study. In Chapter 2, I provide a review of the currently available literature as it relates to the present study while Chapter 3 includes the details of the conceptual framework and methodology involved in data collection. In Chapter 4 I provide the results of the study, and in Chapter 5 I close with a synthesis of the information gained from the study, as well as recommendations for further research.

# Chapter 2: Literature Review

## Summary

To add to the currently available literature regarding the impact of the officer's empathy, experience, education, and training in the field of mental health and how it relates to police officers' attitudes relating to persons with mental illness. I first reviewed this literature to gain insight into the previous research. While I found that there are few studies directly relating these factors, it is possible to explore the factors independently to arrive at a synthesis of the data. For this reason, I have organized this chapter according to these various factors.

### Criminalizing Mental Illness

Markowitz (2011) explained that violence, irrational behaviors, and criminal activities of the mentally ill are frequently viewed with special attention given to those who are not compliant with their treatment protocol. Prior to the 1960s, compliance was monitored through institutions, but the social stigmatization of these hospitals has prevented the continuation of these practices for a large population of mentally ill patients. Markowitz (2011) noted that this trend has led to an increase of interactions between the mentally ill and law enforcement officers because individuals' inabilities to control irrational displays have led to criminal behaviors with or without intent to bring harm to others. Markowitz (2011) further noted that the criminal justice systems, to minimize the response of the public regarding mental health facilities, has responded by criminalizing these patients and, rather than hospitalization, has leaned towards arrests and incarceration where the patients do not receive the proper care for their illnesses.

Noting the rapid rate of recidivism, Markowitz (2011) pointed out that this leads to a revolving door of institutionalization without providing the necessary interventions for the patients.

Peterson et al. (2014) contended that it is not necessary for the patient to have been previously documented as having a mental illness if the law enforcement officers are aware of the signs of these illnesses. In fact, Peterson et al. explained that the offenders often display direct symptoms of their illness just before the offense and in their response to the law enforcement officers following the criminal behavior, indicating that an intervention could be applicable prior to the crime if the law enforcement officer is able to recognize these signs and view the mentally ill as being such. Noting that pattern behaviors are far more predictable in the mentally ill than in other offenders, Peterson et al. suggested that training in recognizing these patterns and understanding the antecedents will help to ensure that the law enforcement officers respond accordingly to mentally ill individuals.

Constantine et al. (2010) discussed similar concerns, while Markowitz (2011) further explained that noncompliance is not the only risk factor relating to incarceration and the mentally ill. In fact, "criminal justice records indicated that 24% of those receiving services from the Los Angeles County public mental health system in the 1993–2001 period had experienced at least one arrest" (Constantine et al., 2010, pg. 451). Since these individuals were receiving outpatient services and being regularly monitored, presumably they were adhering to their intervention methods whether these were behavioral therapy sessions or medication regimens. Yet, as Constantine et al. explained,

the social stigmatization and negative perception of these patients in the eyes of the law enforcement officers have led to the continued cycle of arrest and recidivism in mentally ill patients.

Continuing with the notion of social and legal stigmatization of the mentally ill, Lurigio (2011) pointed out that the criminalization of the mentally ill is no less concerning than the institutionalization that brought about numerous civil rights concerns in the 1960s, but noted that the fault of the imprisonment is regularly placed on the mentally ill whereas the fault of institutionalization fell on society. In other words, Lurigio (2011) claims that it is more socially acceptable to imprison the mentally ill than to place them in a mental health facility where they can receive the treatment that they need in a safe environment. In fact, this social acceptance has led to several "mercy bookings" in which the officer is aware of the mental illness of the offender while also being aware that mental health facilities are not available for their treatment, causing the officer to decide to arrest the patient for their own wellbeing (Lurigio, 2011). This indicates that the prison system is now being used as a more socially acceptable replacement for the mental health institutions without regard for the treatment protocols that were previously available in the latter.

Notably, it is not only the public and the law enforcement officers who have given way to this trend of substituting criminalization for institutionalization. Redlich, Summers, and Hoover (2010) provided accounts of false confessions given by mentally ill offenders so that they could be placed in an institution where they are unable to harm others, even if the only available option for institutionalism is imprisonment.

Additionally, many of the mentally ill who are presently incarcerated have confessed due to confusion and or false memories that have come as the result of coercive efforts by the law enforcement officers. Finally, Redlich et al. explained that many mentally ill patients will participate in criminal behaviors to become imprisoned for the same reasons that they may be found to provide a false confession. In short, Redlich et al. suggested that the claims and actions of the mentally ill should be assessed based on the symptoms of their illness more so than the context of the circumstances.

**Officers and the Mentally Ill**

Because the premise of this study related to the factors affecting the decisions and responses of law enforcement officers when addressing the mentally ill, it was important to explore the previous research on this correlation of factors. Ogloff, Thomas, and Luebbers (2010) explained that criminalization and deinstitutionalization are both cited as the reason for the increased number of mentally ill patients in the prison system, but that the decision of the law enforcement officer at the time of the incident has a greater bearing on the outcome of the investigation than do these societal influences. Ogloff et al. further stated that the training and resources that are made available to these officers are highly indicative of their ability to separate their initial emotional response to the criminal behavior and successfully assess the offender as needing hospitalization. Notably, Ogloff et al. also indicate that the attitude of the law enforcement officer regarding mental health can also factor into this response, placing a high significance on the experience and empathetic measurements of the officer. In sum, Ogloff et al. noted

that training, resources, experience, and empathy factor into the decision to arrest or hospitalize an offender with a mental health illness.

Baksheev, Ogloff, and Thomas (2012) likewise discussed how officers' awareness of mental health illnesses dictates their attitudes and decisions whether to arrest or hospitalize an offender with a mental health illness. Specifically, Baksheev et al. noted that education can play a key role in raising officers' awareness of these mental health illnesses. Coleman and Cotton (2010) found that education and continued training hours are essential for law enforcement officers as they move through the stages of decision making in the field of service. This increased awareness of symptoms and the needs of the mentally ill help to promote the best possible outcome in a scenario in which the lives of the officer, the public, and the offender may be at risk. Given that these scenarios are highly emotional, Coleman and Cotton (2010) explained that it is necessary for the officer to be able to pull information from their training and experience to respond in a manner outside of their emotions and more in line with the assessment of the offender.

Morabito, Kerr, and Watson (2012) found that the use of force can further increase the risk to all parties but is often deemed necessary in the field of service. Making a deeper connection between training and experience, the researchers noted that "police report that these encounters are outside of their expertise and responsibility and that they feel ill-prepared to provide services" (Morabito, Kerr, & Watson, 2012, pg. 58). In this quotation, it is clear that the officers are not able to properly assess the conditions of the scenario given that the mentally ill offender is assumed to be operating at the same

level decision making as are the offenders without such a diagnosis. This leads to the arrest and subsequent imprisonment of these offenders rather than the hospitalization and treatment intervention that would prevent continued criminal behaviors and recidivism.

## Officers and Empathy

Because researchers have shown that experience and education impact the decisions of police officers to either arrest or seek hospitalization for offenders with mental health illnesses, it was important to review literature on the relationships between experience, education, and empathy in these decision-making processes. Posick, Rocque, and Rafter (2012) defined empathy as "the ability to recognize the emotions of others and affectively share in them" (pg. 1). To recognize mental illnesses, law enforcement officers must be aware of these illnesses and, in cases where a diagnosis is not known by the officer, be able to recognize the symptoms that would lead to the conclusion that the offender is suffering from a mental illness more so than engaging in intentional criminal behaviors. If the officers are not aware of such, then they will be unable to cognitively assess the situation and make decisions based on understanding rather than on the initial perception of the incidence.

Frierson (2013) explained that educational can enable a better understanding of the mental health illnesses but that exposure and experience are more likely to lead officers towards empathy than other considered factors. Giving examples of homelessness and recidivism, Frierson (2013) claimed that many officers do not recognize these as being related to mental health illnesses but rather social conditions. Notably, when awareness of such mental health relations was clarified through continued

training, the officers were better equipped to connect their experiences with the mentally ill to the offenders with similar conditions in the field. Frierson (2013) noted that taking from experiences and creating educational opportunities is the best case for increasing the level of empathy in law enforcement officers regarding mental health illnesses.

## Chapter Summary

In the literature review, I have explored three primary elements relating to the present study, including the criminalization of the mentally ill, law enforcement officers and the mentally ill, and law enforcement officers and empathy. Over the course of this review, I found extensive gaps in the literature. While the impacts of education and experience have been connected to empathy, and empathy has been connected to appropriate decision making, the interconnectedness of these has not been adequately represented in the currently available literature. In Chapter 3, I provide information regarding the methodology I used for this study to add to this body of literature.

# Chapter 3: Research Method

## Framework

I used Gilbert's model of the attribution process as the theoretical framework for this study. This model holds that there are three phases that influence how individuals perceive others. The first stage, categorization, is characterized by the identification of actions. The second stage, characterization, is characterized by "drawing dispositional or internal inferences about the target person" (Martinko, 2005, p. 197). The final stage is correction, in which the individual adjusts initial perceptions formed in the first two stages. This model further holds that correction is more difficult than categorization and characterization because it does not come naturally. In the correction phase, an individual makes use of his or her knowledge and existing perceptions of policies to arrive at a reasonable decision. In the absence of an in-depth understanding of the individual's behavior, the observer is mainly relying on initial perceptions and may characterize the behaviors exhibited by the individual accordingly. The use of one's own perspective often results in bias responses, which complicate decision-making.

Gilbert's attribution model is applicable to police work given that officers rely heavily on their initial perceptions of individuals and their behaviors to form conclusions. Therefore, officers without sufficient knowledge of the symptoms of mental illnesses may categorize individuals differently than officers with previous experience or knowledge of mental illnesses. In applying this theoretical model to the study, I hypothesized that empathy, education, experience, and training in the field of mental health will help officers move past the initial two stages of Gilbert's attribution model

and into the correction phase. In the case of this study, my focus was on the correction phase wherein police officers are tasked to either arrest or hospitalize the individual. I sought to examine how factors such as police officers' empathy, education, experience, and training in the field of mental health relate to police officers' attitudes relating to persons with mental illness.

**Methods**

I used a mixed methods research methodology to determine the relationship between mental illness and officer empathy, experience, education, and training in the field of mental health. After seeking and gaining IRB approval, I was able to initiate the data collection processes. The qualitative and quantitative data I collected allowed me to assess participating officers' levels of empathy, education, experience, and training in the field of mental health when dealing with the mentally ill population. Furthermore, I assessed this data against the findings of their attitude about persons with mental illness. To measure empathy, I administered the Toronto Empathy Questionnaire (see Levine, Mar, McKinnon, & Spreng, 2009). Utilizing the likert scale, this questionnaire allowed me to gain quantitative insight into a qualitative subject. The variable level of empathy was considered as an interval variable. I gathered participants' experience and education levels through a general questionnaire, and assessed officer attitude towards the mentally ill using a modified version of the Mental Health Attitude Survey for Police (MHASP; Clayfield, Fletcher, & Grudzinskas, 2011).

The open-ended interview structure of this assessment allowed for a more comprehensive understanding of the officers' perceptions and attitudes about mental

illness. I analyzed the data gathered for this study using QDA Miner Lite. I uploaded interview transcripts to QDA Miner Lite to evaluate and code the key words and trends. I then exported these codes to conduct a comparative analysis of the attitudes against the quantitative data regarding experience, training, and education level results on the Toronto Empathy Questionnaire.

**Role of the Researcher**

I provided a briefing to foster informed consent for officers' participation in both the interviews and the survey. I conducted both forms of data collection following participants' assurance that they were participating voluntarily. Having a previous working relationship at the Coronado Police Department, I was aware of concerns relating to potential conflicts of interests. During a briefing held at the onset of the officers' 12 hour working shift, I informed all officers that there was no expectation for participation based on personal association and that, should they feel uncomfortable doing so, they should not participate in the study. Furthermore, to ensure that all officers were given adequate time to decide if they wanted to participate, I provided the officers with my personal cell phone number to contact me should they want to participate. I remained available throughout the shift, and conducted the interviews in a room with no distractions. I recognized that personal awareness of the department and the policing professions were potential conflict of interests, so worked to ensure that my personal opinions did not inform the data collection or analysis processes.

## Participants

The target population for this study was police officers working in the Coronado Police Department, Coronado CA. Qualitative research requires a smaller sample size because the purpose involves an in-depth analysis of a specific phenomenon (Dworkin, 2012). Based on the amount of time needed for open-ended interviews and the limited availability of the officers, 24 officers out of a sample of 45 available officers volunteered to participate. I used an informed consent form to ensure that participants agreed to participate in the study.

## Research Questions

Through this research, I explored the relationship of the officer's perception of mental illnesses and the actions taken on the call with regards to the agency's dedication to rewarding adverting arrests for the mentally ill. Specifically, I sought to examine if the delineated independent variables of empathy, experience, education and training in the field of mental health, are statistically significant predictors to the officers' attitudes of the mentally ill. The research questions for this study were the following:

RQ1: To what extent, if any, does the level of empathy have on the officers' attitudes regarding the mentally ill?

$H_0$1: A police officer's level of empathy is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$1: A police officer's level of empathy is positively associated with the officer's attitude regarding the mentally ill.

RQ2: To what extent, if any, does the level of education have on the officers' attitudes regarding the mentally ill?

$H_0$2: A police officer's level of education in mental illness is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$2: A police officer's level of education is positively associated with the officer's attitude regarding the mentally ill.

RQ3: To what extent, if any, does the level of experience have on the officers' attitudes regarding the mentally ill?

$H_0$3: A police officer's level of experience is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$3: A police officer's level of experience is positively associated with the officer's attitude regarding the mentally ill.

RQ4: To what extent, if any, does the level of training in the field of mental health police receive have on the officers' attitudes regarding the mentally ill?

$H_0$4: A police officer's level of training in the field of mental health is negatively associated with the officer's attitude regarding the mentally ill.

$H_1$4: A police officer's level of training in the field of mental health is positively associated with the officer's attitudes regarding the mentally ill.

RQ5: To what extent, if any, does the officers' outside experiences with mentally ill persons have on the officers' attitudes regarding the mentally ill?

$H_0$5: A police officer's outside experience with mentally ill persons is negatively associated with the officer's attitude towards the mentally ill.

$H_1$5: A police officer's outside experience with mentally ill persons is positively associated with the officer's attitude towards the mentally ill.

## Chapter Summary

In this chapter, I provided the details of this study including the framework, methods of data collection, and participants. In Chapter 4, I provide the results of this study.

# Chapter 4: Findings

## Introduction

The purpose of this study was to expand the body of knowledge and determine how factors such as police officers' empathy, education, experience, and training in the field of mental health relate to police officers' attitudes relating to persons with mental illness. I used a mixed methods research methodology to determine the relationship between mental illness and officer empathy, experience, education, training, and call outcomes. Given that some research has shown that officers with higher levels of empathy, education, training, and experience can make better decisions as to the outcome of a call involving an individual with a mental illness (Gur, 2010), it was important to evaluate these factors independently as well as collectively. Officers should be able to identify the needs of the individuals arrested to ensure that proper attention is given to mentally ill individuals. Since officers have different emotional and professional characteristics, it is important to examine how education, experience, and training affect the officers' attitudes about mental illness. In this chapter, I present the findings of this inquiry.

## Participants

Of 45 officers in service at Coronado PD, 24 were available to participate in interviews and complete the empathy questionnaire. Among these participants, there were 18 male and six female officers. Three participants were in the age range of 20-29, 10 participants were in the age range of 30-39, five participants were in the age range of 40-49, and six participants were over the age of 50. Eighteen of the participants were

Caucasian, with the remaining six participants being divided equally between Asian and Hispanic. Tenure among the participants ranged from 0 to more than 20 years, and educational levels ranged from high school to master's degrees.

## Methods

I collected data using open ended interviews and the Toronto Empathy Questionnaire. The structure for the interviews is available in Appendix A. Open ended interviews allowed for a more comprehensive understanding of the officers' perceptions and attitudes about mental illness. I then then analyzed the data using QDA Miner Lite. All 24 participants completed the Toronto Empathy Questionnaire, which were scored individually. Recognizing the score of 45 as being average empathy according to the scoring guide, I used both the exact scores out of 64 and the notation of *above average* or *below average* in the data analysis.

## Presentation of the Findings

To improve readability and continuity of the study, the presentation of the findings follows the numerical order of the research questions. This not only ensures ease of movement, but aligns the data collection process with the framework and calls attention to the driving research questions. As each question highlights a specific variable, data analysis follows a symmetrical pattern. I begin this section with a presentation of the findings relating to the officers' attitudes towards the mentally ill to provide a point of reference throughout the remainder of the chapter.

**Attitudes**

To determine the tone of the officers' attitudes towards the mentally ill, I used the coding functions in QDA Miner Lite, which allowed me to code the transcripts independently while analyzing them collectively. To achieve this, I coded officers' responses to questions asking them to define mental illness, and their word choices when discussing the mentally ill. For example, I coded medical or scientific definitions of mental illnesses as *positive*, whereas derogatory terms such as "crazy" or "off the wall" were coded as *negative*. Using this process of coding, I determined whether each participant had a positive or negative attitude. When a participant provided a proper definition of mental illness but continued to speak with derogatory terms, I assigned a negative code. Below, I identify the code I assigned to each participant, with associated statements.

**Participant 1:** I assigned a positive code to this participant's attitude based on the following statement: "Some people are maybe more susceptible to mental illness, maybe because of lineage. I think some people have drug-induced [mental illness] because obviously there are certain drugs that permanently change your brain and your thought process, and if there's no linkage there you can't expect somebody to make rational thoughts."

**Participant 2:** I assigned a positive code to this participant's attitude based on the following statement: "The way I would describe it is, a physical misalignment of the brain that allows for distorted, and unrealistic, and confusing thoughts, and images, and input that affects the victim in a realistic way."

**Participant 3:** I assigned a positive code to this participant's attitude based on the following statement: "Yes. Prior to this job and prior to training, I had less sympathy for someone that had a mental illness. I just didn't understand it. I mean, I remember days when girls would tell me they had anxiety and I was like, 'What is that? Deal with it.' And now I can see that there's more to people's mental health than just deal with it, because they can't deal with it."

**Participant 4:** I assigned a negative code to this participant's attitude based on the following statement: "It definitely gets frustrating, 100%. The last guy I talked about, it's very upsetting. He's severely handicapped due to mental illness and his mother is like 80 something, she can't take care of him. She doesn't want him to go to a home though, because she can't afford it, yet she needs it. She's using law enforcement and manipulating the way that she talks to dispatch to get a response."

**Participant 5:** I assigned a negative code to this participant's attitude based on the following statement: "If they've committed a crime, they're going to go to jail irrespective of their craziness. If somebody is crazy and they stab somebody, the reality is ultimately, at the end of the day, it's going to be the courts, and the psychiatrists, and everything else. But in the interim, they're going to be incarcerated.

**Participant 6:** I assigned a negative code to this participant's attitude based on the following statement: "Unfortunately, and this is my sadistic, cynical way of thinking now, they want to kill themselves that's not illegal and we get involved."

**Participant 7:** I assigned a varied code to this participant's attitude based on the following statement: "She had schizophrenia and depression. So, I think that a lot of

times you can see if somebody needs help." And, "If they are mentally disturbed and angry… A lot of times they are angry and violent. This station per se doesn't have a ton of backup, so I'm going to a call by myself. In general, I'd be going to a call by myself, and then my closest backup is wherever they are. If they get violent, a lot of times, or if you're trying to stop them from doing something that they're trying to do… If they're trying to kill themselves, and you're trying to stop them from doing their ultimate goal, it gets ugly sometimes."

**Participant 8:** I assigned a negative code to this participant's attitude based on the following statement: "I believe that it is a mental issue that is caused by abuse of drugs or some type of injury, traumatic injury. When we went to the PERT class and they had several different people with different ailments, every one of them said I'm schizophrenic, and my drug of choice is this. I'm this, and my drug of choice is this. Every single one of them also had a drug problem."

**Participant 9:** I assigned a positive code to this participant's attitude based on the following statement: "Mental illness is, I'm kind of a scientist so it's hard to give a non-medical definition but when I think of mental illness, I think of individuals who typically have some type of diagnosis that, the diagnosis affects them in a way that they aren't able to operate at the same capacity that we would consider kind of the average person to operate at. And that could be kind of a plethora of different ways. It's not specific to IQ or efficiency or anything, it kind of just depends on what type of impairment you're referring to."

**Participant 10:** I assigned a positive code to this participant's attitude based on the following statement: "Well, down biologically, most mental illnesses are, you know, usually miscommunications or chemical imbalances in the brain and it causes people to act in a certain way. So, that's kind of how I mostly view mental illness. And sometimes you can get even more than that, you can get folks who maybe suffer something traumatically and it affects them emotionally, rather than that biological side that causes it. So, that's kind of how I view mental illness. Not really their fault sometimes, just what people are stuck with."

**Participant 11:** I assigned a negative code to this participant's attitude based on the following statement: "Okay, so I guess saying that someone's crazy isn't appropriate?"

**Participant 12:** I assigned a positive code to this participant's attitude based on the following statement: "Now there are different types of mental illness. And I think there's grey area of what people think about it. For me it would be somebody with, that's born with a characteristic that they can't control, or something that's a somewhat disability that's in their brain, basically."

**Participant 13:** I assigned a positive code to this participant's attitude based on the following statement: "Mental illness is some type of disorder in the brain that causes people to either hear voices, to act differently than your average, normal person would, which causes them to be on medication and then if they are not on their medication, they act out, whether it's violently or depression, sadly on that side. It is basically some type of imbalance in the brain that causes people to not be normal."

**Participant 14:** I assigned a positive code to this participant's attitude based on the following statement: "Well mental illness can, it's psychological fact, a psychological disease if you will. It's influenced by a myriad of factors; drug use, hereditary, anything."

**Participant 15:** I assigned a positive code to this participant's attitude based on the following statement: "Somebody that has a just a mental imbalance in their life. Something is bothering them internally, where they can't cope with something. Or they are having difficulty coping with something."

**Participant 16:** I assigned a positive code to this participant's attitude based on the following statement: "It is a behavior outside of the normal, what is defined as normal by other people. So, it could be anything from just being upset as a specific event, in a single…in a very single event to, you are not processing the information properly because of a biological issue. So, it's a big range of things, and it depends on circumstances."

**Participant 17:** I assigned a positive code to this participant's attitude based on the following statement: "I believe mental illness is something that people can be born with and deal with. It can be a chemical imbalance. Can be, I would say, drug-induced, as well. I think people that use drugs are more commonly…I see deal with that as well, start hearing voices, and something that they can't control."

**Participant 18:** I assigned a positive code to this participant's attitude based on the following statement: "I would describe it as a disease, much as I would describe cancer as being a disease. I would describe it as something that's outside of the control of the individual that's affected by it. I'll leave it at that."

**Participant 19:** I assigned a positive code to this participant's attitude based on the following statement: "Mental illness is, a person's inability to fully control their, the functions of their mind and the way they think and process things."

**Participant 20:** I assigned a positive code to this participant's attitude based on the following statement: "There is a chemical imbalance somewhere inside their brain or their body, they just, they're so disassociated with reality that this is how they live."

**Participant 21:** I assigned a positive code to this participant's attitude based on the following statement: "A physical and or mental condition that affects people's ability to either cope with…Well, with society in general, but cope with, how they handle and perceive just everyday life, doesn't necessarily have to be hardships, just everyday life."

**Participant 22:** I assigned a negative code to this participant's attitude based on the following statement: "I mean again, they're not my forte."

**Participant 23:** I assigned a positive code to this participant's attitude based on the following statement: "Mental illness is, I believe it to be something that you can be…that you inherit maybe through prior family. What am I thinking of? I'm thinking of… You can inherit it through a gene I believe. Also, I believe mental illness can be something you can get by being homeless. Homelessness can cause mental illness. Also, I just also believe that maybe a life of maybe narcotics use or abuse can also lead to mental illness."

**Participant 24:** I assigned a positive code to this participant's attitude based on the following statement: "Mental illness I think anything that affects your ability to

function in kind of a normal range and it can be a variety of things. This may include mood-swings, depression, anything that affects the normal thought process."

Upon assigning these codes to the police officers' attitudes towards the mentally ill, I found that five had positive attitudes, four had negative attitudes, and one had a varied attitude, as evident in inconsistencies throughout the interview. To answer the research questions, I apply these findings to determine the effects of the independent factors. For simplicity of reference, in Table 1 the participant number and attitude towards the mentally ill are shown.

Table 1

*Attitude*

| **Participant** | **Attitude** |
|---|---|
| 1 | Positive |
| 2 | Positive |
| 3 | Positive |
| 4 | Negative |
| 5 | Negative |
| 6 | Negative |
| 7 | Varies |
| 8 | Negative |
| 9 | Positive |
| 10 | Positive |
| 11 | Negative |
| 12 | Positive |
| 13 | Positive |
| 14 | Positive |
| 15 | Positive |
| 16 | Positive |
| 17 | Positive |
| 18 | Positive |
| 19 | Positive |
| 20 | Positive |

| | |
|---|---|
| 21 | Positive |
| 22 | Negative |
| 23 | Positive |
| 24 | Positive |

**Research Question 1**

RQ1: To what extent, if any, does the level of empathy have on the officers' attitudes regarding the mentally ill?

To address the first research question, levels of empathy were established utilizing the Toronto Empathy Questionnaire. This sixteen question likert scale questionnaire was then scored through the recommended 64-point application. The scoring system acknowledges 45 to be of average empathy. The range found among the participants' scores was 31-53. The scores for participants 1-10 were 46, 42, 46, 44, 31, 47,46,47,50, and 39 respectively. The scores for participants 11-24 were 38, 53, 49, 43, 44, 46, 44, 54, 42, 42, 47, 43*, 52, and 44 respectively. Participant 22 omitted one response which may have affected the scoring on the questionnaire. The findings were then analyzed against the attitude codes as is represented in Figure 2.

Table 2

*Empathy*

| Participant | Empathy | Attitude |
|---|---|---|
| 1 | 45 | Positive |
| 2 | 42 | Positive |
| 3 | 46 | Positive |
| 4 | 44 | Negative |
| 5 | 31 | Negative |
| 6 | 47 | Negative |
| 7 | 46 | Varies |
| 8 | 47 | Negative |

| | | |
|---|---|---|
| 9 | 50 | Positive |
| 10 | 39 | Positive |
| 11 | 38 | Negative |
| 12 | 53 | Positive |
| 13 | 49 | Positive |
| 14 | 43 | Positive |
| 15 | 44 | Positive |
| 16 | 46 | Positive |
| 17 | 44 | Positive |
| 18 | 54 | Positive |
| 19 | 42 | Positive |
| 20 | 42 | Positive |
| 21 | 47 | Positive |
| 22 | 43* | Negative |
| 23 | 52 | Positive |
| 24 | 44 | Positive |

Utilizing this comparison, twelve participants who range above average and twelve participants who range below average are examined against seventeen positive attitudes, six negative attitudes, and one varied attitude towards the mentally ill. However, it is notable that two participants with high levels of empathy have negative attitudes regarding the mentally ill while eight below average empathy scores reflect to participants with positive attitudes towards the mentally ill. Furthermore, the participant with varying perceptions of the mentally ill scored above average on the empathy questionnaire. This indicates that the officers' levels of empathy do not directly affect their overall attitude towards those with mental illness.

**Research Question Two**

RQ2: To what extent, if any, does the level of education have on the officers' attitudes regarding the mentally ill?

To address the second research question, the participants were asked to notate their highest level of education at the bottom of their questionnaire. Four participants reported having a Master's Degree, twelve reported having a four-year degree, two reported having an Associate's Degree, five reported having some college, and one reported having a high school diploma with no additional college. While the degrees varied in colleges, the inquiry into the amount of education received was met through this method. Applying this data to the research question, Table 3 presents the participant number, level of education, and attitude assignment.

Table 3

*Education*

| Participant | Education | Attitude |
|---|---|---|
| 1 | 4 Year | Positive |
| 2 | 4 Year | Positive |
| 3 | 4 Year | Positive |
| 4 | 4 Year | Negative |
| 5 | 4 Year | Negative |
| 6 | Associates | Negative |
| 7 | Masters | Varies |
| 8 | 4 Year | Negative |
| 9 | 4 Year | Positive |
| 10 | Masters | Positive |
| 11 | 4 Year | Negative |
| 12 | 4 Year | Positive |
| 13 | 4 Year | Positive |
| 14 | H.S. | Positive |
| 15 | 4 Year | Positive |
| 16 | Master's | Positive |
| 17 | College | Positive |
| 18 | College | Positive |
| 19 | 4 Year | Positive |
| 20 | College | Positive |
| 21 | College | Positive |
| 22 | College | Negative |
| 23 | Master's | Positive |
| 24 | Associates | Positive |

As is seen in Table 3, eight participants report a four-year college degree with positive attitudes, four participants report a four-year college degree with negative attitudes, the participants reporting an Associate's Degree are divided equally between positive and negative attitudes, and the four participants with a Master's Degree are coded as varies (1) and positive (3). There is no established pattern to determine if the level of education affects the attitude of the officers regarding the mentally ill.

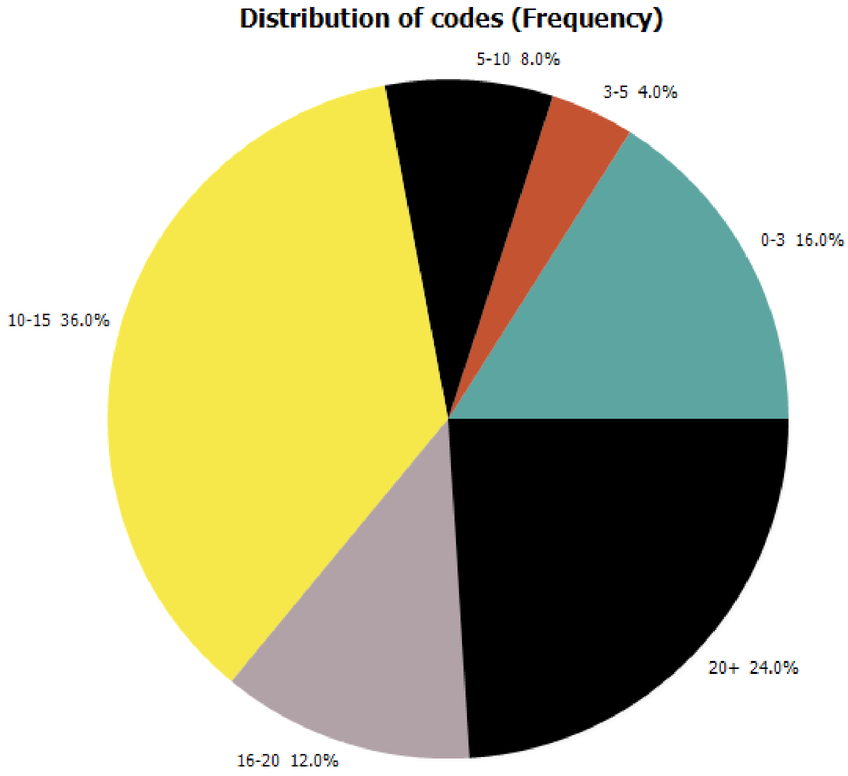
**Research Question Three**

RQ3: To what extent, if any, does the level of experience have on the officers' attitudes regarding the mentally ill?

To address the third research question, the participants were instructed to notate their tenure in law enforcement at the bottom of their questionnaire. The ranges were assessed and the categories were assigned as 0-3 years, 3-5 years, 5-10 years, 10-15 years, 16-20 years, and 20 plus years. Three participants reported tenure of 0-3 years, two reported tenure of 3-5 years, two participants reported tenure of 5-10 years, eight participants reported tenure of 10-15 years, three reported tenure of 15-20 years, and six participants reported tenure of 20 plus years. The distribution of these tenure reports is represented in Figure 4.

Figure 1

*Distribution of Tenure*



Notably, the longer tenures makeup the largest portion of the figure which would indicate a similarity in experience among the participants. To determine if the similarity in experience indicates a similarity in attitude regarding the mentally ill, this data was then compiled against the attitude codes assigned. This comparison is presented in Table 4.

Table 4

*Tenure*

| Participant | Attitude | Tenure |
|---|---|---|
| 1 | Positive | 20+ |
| 2 | Positive | 20+ |
| 3 | Positive | 10-15 |
| 4 | Negative | 10-15 |
| 5 | Negative | 20+ |
| 6 | Negative | 10-15 |
| 7 | Varies | 5-10 |
| 8 | Negative | 20+ |
| 9 | Positive | 0-3 |
| 10 | Positive | 10-15 |
| 11 | Negative | 10-15 |
| 12 | Positive | 3-5 |
| 13 | Positive | 10-15 |
| 14 | Positive | 10-15 |
| 15 | Positive | 15-20 |
| 16 | Positive | 20+ |
| 17 | Positive | 3-5 |
| 18 | Positive | 10-15 |
| 19 | Positive | 15-20 |
| 20 | Positive | 0-3 |
| 21 | Positive | 20+ |
| 22 | Negative | 0-3 |
| 23 | Positive | 15-20 |
| 24 | Positive | 5-10 |

Based on Table 4, the similarities of tenure do not represent a similarity of attitude among the participants. The shorter tenures from of 0-10 years represent 7 participants with five positive, one negative, and one varying attitude. The eight officers ranging in tenure from

10-15 years have five positive and three negative code assignments. The three officers in the 15-20 range show positive attitudes while the six officers with 20 or more years have five positives and one negative code assignments. Only in the tenure category of 15-20 is there a consistency of attitude. This does not provide sufficient data to assert a relationship between tenure and the officers' attitudes towards the mentally ill.

**Research Question Four**

RQ4: To what extent, if any, does the level of training in the field of mental health police receive have on the officers' attitudes regarding the mentally ill?

To address the fourth research question, I asked each participant about their specific training in the field of mental health. However, the amount and type of training was relatively consistent based on departmental regulations. All participants discussed hands-on training as being the result of calls with repeat and suicide calls being many of their experiences. All participants had either attended the PERT academy or were prepared to attend with awareness of the program. Therefore, the question of training perception was included in the coding process. The results of this inclusion are shown in Figure 2

Figure 2

*Distribution of Training Perception*

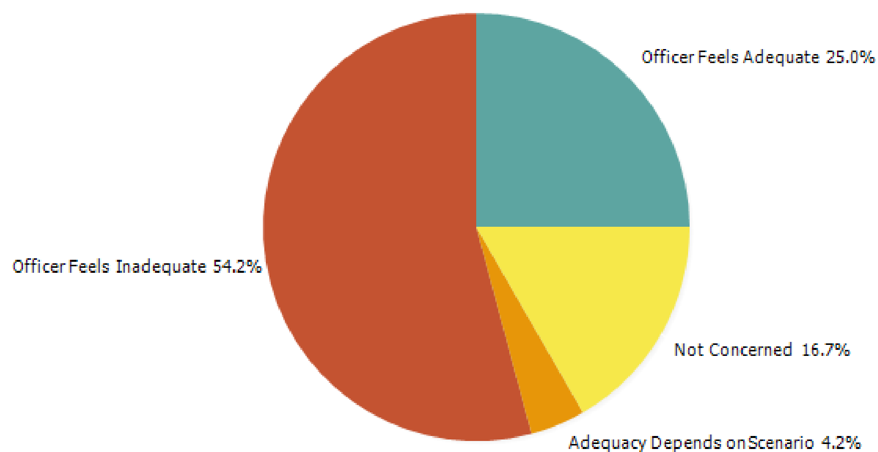



Figure 2 is composed of multiple opinions and measures of adequacy based on the external and internal factors of each participant. Therefore, to further establish how these codes were assigned, it is important to provide statements from the participants. Primary determinations for each participant are as follows:

**Participant 1:** I assigned inadequate perception based on the following statement: "I think like any other training, it's perishable and I think it's one of those things where, it's the old adage that if you don't do it enough, you lose the talent."

**Participant 2:** I assigned inadequate perception based on the following statement: "For the basic to get started, I felt it was adequate. But I think there should be continual in-service follow-up that either updates us or reconfirms what we've already learned."

**Participant 3:** I assigned adequate perception based on the following statement: “I have adequate training. Again, in the field of law enforcement, you can't train for every single situation. If they... For what we do, I think the training is suffice.”

**Participant 4:** I assigned not concerned based on the following statement: “Eh, I don't really care either way.”

**Participant 5:** I assigned adequate perception based on the following statement: “I think that I've got sufficient training.”

**Participant 6:** I assigned not concerned based on the following statement: “I don't care either way.”

**Participant 7:** I assigned inadequate perception based on the following statement: “I would like more.”

**Participant 8:** I assigned adequate perception based on the following statement: “For the level that we handle these people on I think that it is plenty of training with the PERT.”

**Participant 9:** I assigned varying perception based on the following statement: “I guess it depends on what the responsibilities I'm required to have, regarding that. So, I don't know if I've really thought about that before. I think it depends on what kind of burden I have in terms of my requirement to handle those types of calls. If I had a higher burden, I think maybe I would feel like I would need more training.”

**Participant 10:** I assigned inadequate perception based on the following statement: “Well, I think for mental health, I think it should be a yearly thing, so I do think we need more training.”

**Participant 11:** I assigned inadequate perception based on the following statement: I think more training is always good.

**Participant 12:** I assigned inadequate perception based on the following statement: I feel like it’s always changing. So, it's never a bad thing to have a refreshed course, or just updated illnesses,

**Participant 13:** I assigned not concerned based on the following statement: It doesn't matter.

**Participant 14:** I assigned not concerned based on the following statement: It doesn't matter either way.

**Participant 15:** I assigned inadequate perception based on the following statement: I think we could all like to use more training because, there's more and more issues popping up.

**Participant 16:** I assigned inadequate perception based on the following statement: Oh, you will always need more training, [chuckles] so there's never going to be enough.

**Participant 17:** I assigned inadequate perception based on the following statement: I would say the more, the merrier. If we can get more training, as it would make us better, enable to work with people better, I would be onboard with doing that, as well. So, I'd say more training.

**Participant 18:** I assigned inadequate perception based on the following statement: Need a lot more.

**Participant 19:** I assigned adequate perception based on the following statement: Well, I've been on nineteen years, so I've dealt with a lot of people that have mental disabilities and you know, it's a when you have, when you deal with a lot of people that have mental disabilities over that many years, you kind of get a feel for you know, who has a mental disability as opposed to someone who is under the influence of something who needs special treatment or care.

**Participant 20:** I assigned inadequate perception based on the following statement: Yes, I always welcome training.

**Participant 21:** I assigned adequate perception based on the following statement: I feel I have sufficient training

**Participant 22** I assigned inadequate perception based on the following statement: I wouldn't mind more training, as far as distinguishing what I have. Just so that I can differentiate between like mental illness and like drug usage, or disabilities, etcetera.

**Participant 23:** I assigned inadequate perception based on the following statement: It'd be nice to always have more training.

**Participant 24:** I assigned adequate perception based on the following statement: I believe enough.

From these code assignments, the interviews yielded thirteen participants perceiving inadequate training, six participants perceiving adequate training, four participates having no concern about training, and one participant stating adequacy in some scenarios but

inadequacies in others. To apply these findings to the research questions, Table 5 represents perceptions of training and attitudes towards the mentally ill.

Table 5

*Perception of Training*

| Participant | Attitude | Perception |
|---|---|---|
| 1 | Positive | Inadequate |
| 2 | Positive | Inadequate |
| 3 | Positive | Adequate |
| 4 | Negative | No Concern |
| 5 | Negative | Adequate |
| 6 | Negative | No Concern |
| 7 | Varies | Inadequate |
| 8 | Negative | Adequate |
| 9 | Positive | Varies |
| 10 | Positive | Inadequate |
| 11 | Negative | Inadequate |
| 12 | Positive | Inadequate |
| 13 | Positive | No Concern |
| 14 | Positive | No Concern |
| 15 | Positive | Inadequate |
| 16 | Positive | Inadequate |
| 17 | Positive | Inadequate |
| 18 | Positive | Inadequate |
| 19 | Positive | Adequate |
| 20 | Positive | Inadequate |
| 21 | Positive | Adequate |
| 22 | Negative | Inadequate |
| 23 | Positive | Inadequate |
| 24 | Positive | Adequate |

Based on Table 5, the thirteen participants perceiving inadequate training, six participants perceiving adequate training, four participates having no concern about training, and one participant stating adequacy in some scenarios but inadequacies in others vary in their attitudes towards the mentally ill. Of those who perceive the training as inadequate, ten participants have positive attitudes while one has a varying attitude towards the mentally ill and the remaining two have a negative attitude. Of the six participants who perceived their training as adequate two have negative attitudes and four have a positive attitude of the mentally ill. The two participants with no concern about the training have negative attitudes about the mentally ill while the other two with no concern about training have positive attitudes. The one participant with a varying perception of the training has a positive attitude towards the mentally ill. While the directional nature of this causal relationship necessitates additional research, the perception of the training and the attitudes towards the mentally ill appear to be interrelated.

**Research Question Five**

RQ5: To what extent, if any, does the officers' outside experiences with mentally ill persons have on the officers' attitudes regarding the mentally ill?

To address the fifth research question, I asked each participant about their personal experiences with mentally ill individuals outside of interactions with such individuals during their shift. Sixteen participants reported having outside experience with the other eight reporting no such experiences. This data is shown against the attitude code assignments in Table 6.

Table 6

*Outside Experience*

| Participant | Attitude | Perception |
|---|---|---|
| 1 | Positive | Yes |
| 2 | Positive | No |
| 3 | Positive | No |
| 4 | Negative | Yes |
| 5 | Negative | No |
| 6 | Negative | No |
| 7 | Varies | Yes |
| 8 | Negative | No |
| 9 | Positive | Yes |
| 10 | Positive | Yes |
| 11 | Negative | Yes |
| 12 | Positive | Yes |
| 13 | Positive | Yes |
| 14 | Positive | Yes |
| 15 | Positive | No |
| 16 | Positive | Yes |
| 17 | Positive | Yes |
| 18 | Positive | Yes |
| 19 | Positive | No |
| 20 | Positive | Yes |
| 21 | Positive | Yes |
| 22 | Negative | No |
| 23 | Positive | Yes |
| 24 | Positive | Yes |

Officers who had experience with mental illness provide varying details about the amount of experience and their understanding of its effects on their understanding about mental illness. For instance, participant one stated that “my oldest brother had mental illness as well. It was, I think primary drug-induced for him because he was a brilliant, brilliant person but I think he just did a little too much and I think it permanently changes brain” (Transcript). Participant 6, however, magnified the response my stating “luckily no” (Transcript). However, despite these clear relationships between these two participants and the reflection of their attitudes, it is important to note that sixteen participants

reported outside experience with the other eight having no outside experience. Of those who reported outside experience, thirteen have positive attitudes, two have a negative attitude, and one has a varying attitude. Omitting the varied attitude, the data suggests that outside experience has a positive effect on the officers' attitudes regarding the mentally ill.

**Summary of the Findings**

When assessing the independent factors against the attitude code assignments, outside experience and perception of training appeared to be the only identifiable relationships. Table 7 presents the findings in relationship with one another to determine if the factors interact with one another in a manner that leads to an impact on the officers' attitudes towards the mentally ill.

Table 7

*Collective Findings*

| Participant | Empathy | Education | Attitude | Perception of Training | Tenure | Outside Experience |
|---|---|---|---|---|---|---|
| 1 | 45 | 4 Year | Positive | Inadequate | 20+ | Yes |
| 2 | 42 | 4 Year | Positive | Inadequate | 20+ | No |
| 3 | 46 | 4 Year | Positive | Adequate | 10-15 | No |
| 4 | 44 | 4 Year | Negative | No Concern | 10-15 | Yes |
| 5 | 31 | 4 Year | Negative | Adequate | 20+ | No |
| 6 | 47 | Associates | Negative | No Concern | 10-15 | No |
| 7 | 46 | Masters | Varies | Inadequate | 5-10 | Yes |
| 8 | 47 | 4 Year | Negative | Adequate | 20+ | No |
| 9 | 50 | 4 Year | Positive | Varies | 0-3 | Yes |
| 10 | 39 | Masters | Positive | Inadequate | 10-15 | Yes |
| 11 | 38 | 4 Year | Negative | Inadequate | 10-15 | Yes |

| | | | | | | |
|---|---|---|---|---|---|---|
| 12 | 53 | 4 Year | Positive | Inadequate | 3-5 | Yes |
| 13 | 49 | 4 Year | Positive | No Concern | 10-15 | Yes |
| 14 | 43 | High School | Positive | No Concern | 10-15 | Yes |
| 15 | 44 | 4 Year | Positive | Inadequate | 15-20 | No |
| 16 | 46 | Master's | Positive | Inadequate | 20+ | Yes |
| 17 | 44 | College | Positive | Inadequate | 3-5 | Yes |
| 18 | 54 | College | Positive | Inadequate | 10-15 | Yes |
| 19 | 42 | 4 Year | Positive | Adequate | 15-20 | No |
| 20 | 42 | College | Positive | Inadequate | 0-3 | Yes |
| 21 | 47 | College | Positive | Adequate | 20+ | Yes |
| 22 | 43* | College | Negative | Inadequate | 0-3 | No |
| 23 | 52 | Master's | Positive | Inadequate | 15-20 | Yes |
| 24 | 44 | Associates | Positive | Adequate | 5-10 | Yes |

In this collective view, there is a clearer depiction of the individual officers. Participant 1 has an above average level of empathy, a four-year degree, an inadequate perception of training, twenty plus years on the force, and outside experience with the mentally ill. Participant 1 maintains a positive attitude towards the mentally ill. Participant 2 has a below average level of empathy, a four-year degree, an inadequate perception of training, twenty plus years on the force, and no outside experience with the mentally ill. Participant 2 maintains a positive attitude towards the mentally ill. The only differences between these two participants are their level of empathy and their outside experience. Participant 3 has an above average level of empathy, a four-year degree, an adequate perception of training, 10-15 years on the force and no outside experience with the mentally ill. Participant 3 maintains a positive attitude towards the mentally ill. Comparing participants 1 and 3, the differences are in tenure, perception of training, and outside experience with the mentally ill. Participants 1, 2, and 3 all have a four-year degree and a positive attitude towards the mentally ill. Within the comparison, however,

the four-year degree is the only consistent factor. Moving on to participant 4, the participant has a four-year degree just as participants 1, 2, and 3, but has a negative attitude towards the mentally ill. The same is true of participants 8, 11, and 22. All participants with a Master's Degree also have outside experience with the mentally ill and an inadequate perception of the mentally ill but their tenures are different as well as their attitudes towards the mentally ill. Participants 4, 6, 13, and 14 all have no concern about their training but differ in their attitude towards the mentally ill, levels of education and tenure. The closest direct comparison that can be made is between participants 5 and 8 whereas both participants have a four-year degree, twenty plus years on the force, an adequate perception of training, no outside experience with the mentally ill, and a negative attitude towards the mentally ill. However, participant 5 has the lowest empathy score recorded among the participants at 31 while participant 8 has a high empathy score at 47. This indicates that, while similar characteristics can be identified across the participants, no exact formula for a positive attitude towards the mentally ill can be established.

**Chapter Summary**

Chapter 4 has presented the research findings to include a description of the coding process, comparison of independent factors to the attitudes towards the mentally ill, and a comprehensive comparison of all factors across the participants. Chapter 5 will provide a summary of the previous chapters, respond directly to the research questions and hypotheses presented, and conclude with recommendations for further research and implications for policy considerations.

# Chapter 5: Discussion and Conclusion

## Introduction

The purpose of this study was to expand the body of knowledge and determine how factors such as police officers' empathy, education, experience, and training in the field of mental health relate to police officers' attitudes regarding persons with mental illness. Mixed methods research methodologies were used to determine the relationship between mental illness and officer empathy, experience, education, training, and call outcomes. Chapter 5 presents the discussion of the findings as applicable to the research questions as well as implications for practice and future research.

### Summary of the Framework

Gilbert's model of the attribution process served as the theoretical model for this study. This model holds that there are three phases that influence how individuals perceive others. The first stage, categorization, is characterized by the identification of actions. The second stage, characterization, is characterized by "drawing dispositional or internal inferences about the target person" (Martinko, 2005, p. 197). The final stage is correction, in which the individual adjusts initial perceptions formed in the first two stages. This model further holds that correction is more difficult than categorization and characterization because it does not come naturally. In the correction phase, an individual makes use of his or her knowledge and existing perceptions of policies to arrive at a reasonable decision. In the absence of an in-depth understanding of the individual's behavior, the observer is mainly relying on initial perceptions and may characterize the

behaviors exhibited by the individual accordingly. The use of one's own perspective often results in bias responses, which complicate decision-making.

For this study, I used the framework to direct the inquiry about the factors that influence officers' perceptions. This study marks my effort to make policy and training recommendations that will alter the decision-making biases that I have discussed in previous chapters relating to the officers' efforts with the mentally ill. By determining which factors create a negative perception and if the factors serve to indicate the need for an intervention, it is possible to individualize training for the officers who feel that their training is either inadequate or who do not reflect a positive attitude towards the mentally ill. Only with this understanding will it be possible to improve the responses in the three stages presented in the model.

**Summary of the Methodology**

I used mixed methods research methodology to determine the relationship between mental illness and officer empathy, experience, education, training, and outside experiences with the mentally ill. The qualitative and quantitative data collected allowed me to assess the officer's level of empathy, education, experience, and training in the field of mental health, in dealing with the mentally ill population. This data was then assessed against the findings of their attitude about persons with mental illness. To measure empathy, a survey was conducted utilizing an existing questionnaire, Toronto Empathy Questionnaire (Levine, Mar, McKinnon, & Spreng, 2009). The variable level of empathy was considered as an interval variable. Experience and level of education was gathered through a general questionnaire. Officer attitude towards the mentally ill will be

assessed through a modified version of the Mental Health Attitude Survey for Police (MHASP) (Clayfield, Fletcher, & Grudzinskas, 2011).

The open-ended interview structure of this assessment will allow for a more comprehensive understanding of the officers' perceptions and attitudes about mental illness. The data gathered for this study will be analyzed through QDA Miner Lite. This software allows for the transcription of the interviews to be uploaded and evaluates the key words and trends. These codes can then be exported to create a comparative analysis of the attitudes against the experience, training, and education levels.

**Summary of the Literature Review**

In Chapter 2, I reviewed the currently available literature relevant to the independent factors that impact the officers' attitudes towards the mentally ill. I used Markowitz (2011) study to establish the importance of the officers' attitudes to the outcomes for the mentally ill. Additionally, Peterson, et al. (2014) reported that officers must have knowledge of the signs and symptoms to improve their responses and gain a better understanding of mental illness. Lurigio (2011) added that the criminalization of the mentally ill that occurs through inadequate responses is no less concerning than the institutionalization that brought about numerous civil rights concerns in the 1960s, but that it is more hidden because the fault of the imprisonment can be placed on the mentally ill whereas the fault of institutionalization fell on the general population in society.

Moving towards the factors that have led to this concern, I drew on Posick, Rocque, and Rafter (2012) definition of empathy as "the ability to recognize the emotions of others and affectively share in them" (pg. 1). Frierson (2013) suggested that the

educational level of the officers could be indicative of their level of empathy as well as their ability to apply this level in the field of service. Similarly, experiences and training were noted as being influential in this ability. I closed the literature review by identifying the gaps in the literature as the independent variables that must be compared across the officers and collectively against one another to establish a trend. This served to justify this study of the attitudes of the officers' regarding the mentally ill.

## Summary of the Findings

I began the process of research aiming to determine the impact of empathy on the officers' attitudes towards the mentally ill. As part of this inquiry, I considered additional factors that were influential to the attitudes of the officers'. I developed research questions that would lead to a better understanding of correlations between the factors and the officers' attitudes toward the mentally ill. Following the literature review in Chapter 2 and the presentation of the findings in Chapter 4, it is now possible to provide answers to the research questions. The research questions that drove this study as well as my findings are as follows:

**RQ1.** In RQ 1 I asked, "To what extent, if any, does the level of empathy have on the officers' attitudes regarding the mentally ill?" I found that 12 participants scored above average and 12 participants scored below average on the empathy questionnaire, while 17 exhibited positive attitudes, six exhibited negative attitudes, and one exhibited a varied attitude towards the mentally ill during interviews. Two participants with high levels of empathy had negative attitudes regarding the mentally ill, while eight below average empathy scores were associated with participants who had positive attitudes

towards the mentally ill. Based on these inconsistencies, I concluded that the officers' levels of empathy do not directly affect their overall attitude towards those with mental illness.

**RQ2:** To what extent, if any, does the level of education have on the officers' attitudes regarding mentally ill? Eight participants reporting a four-year college degree had positive attitudes, while four participants reporting a four-year college degree had negative attitudes. The participants reporting an associate's degree were divided equally between positive and negative attitudes, and the four participants with master's degrees were coded as having either varied (1) or positive (3) attitudes. Therefore, I found that there is no established pattern to determine if the level of education affects the attitude of the officers regarding the mentally ill.

**RQ3:** To what extent, if any, does the level of experience have on the officers' attitudes regarding the mentally ill? The seven shorter-tenures officers (from of 0-10 years) had five positive, one negative, and one varying attitude. The eight officers ranging in tenure from 10-15 years had five positive and three negative code assignments. The three officers in the 15-20 range show positive attitudes, while the six officers with 20 or more years had five positive and one negative code assignment. Only in the tenure category of 15-20 was there a consistency of attitude. This did not provide sufficient data to assert a relationship between tenure and the officers' attitudes towards the mentally ill.

**RQ4:** To what extent, if any, does the level of training in the field of mental health police receive have on the officers' attitudes regarding the mentally ill? The 13 participants who perceived inadequate training, six participants who perceived adequate

training, four participates who had no concern about training, and one participant who stated adequacy in some scenarios but inadequacies in others varied in their attitudes towards the mentally ill. Of those who perceived the training as inadequate, ten participants had positive attitudes, one had a varying attitude towards the mentally ill, and the remaining two had a negative attitude. Of the six participants who perceived their training as adequate, two had negative attitudes and four had a positive attitude about the mentally ill. The two participants with no concern about the training had negative attitudes about the mentally ill, while the other two with no concern about training had positive attitudes. The one participant with a varying perception of the training had a positive attitude towards the mentally ill. It is difficult to determine whether the view of the training impacts the attitude or if the officers' attitudes affect their perception of their training. In other words, if their attitude is already positive, they may desire more training to better serve this population. Likewise, if their perception of the training is inadequate, this may raise awareness as to the disparities endured by the mentally ill. Within the scope of this study and the limited availability of additional research at this time, I contend that the perception of training impacts the officers' attitudes towards the mentally ill in a positive manner.

**RQ5:** To what extent, if any, does the officers' outside experiences with mentally ill persons have on the officers' attitudes regarding the mentally ill? Sixteen participants reported outside experience, while the other eight reported having no outside experience. Of those who reported outside experience, 13 had positive attitudes, two had negative attitudes, and one had a varying attitude.

Omitting the varied attitude, the data indicates that outside experience has a positive effect on the officers' attitudes regarding the mentally ill. Therefore, I assert that the amount of outside experience officers have with the mentally ill positively affects their attitude towards the mentally ill.

In sum, I found that outside experience and perception of training appeared to be the only identifiable relationships to the officers' attitudes regarding the mentally ill.

**Presentation of Hypotheses**

Hypotheses were presented to assert the expectations of the researcher upon initiation of the present study. However, as one enters research, they must do so with the understanding that their goal is to add to the body of knowledge rather than to dictate the presentation of the data to defend their own stance. Therefore, the hypotheses are presented with alternative assertions alongside my anticipated findings. This section will evaluate each hypothesis and alternative hypothesis as confirmed, partially confirmed, or not confirmed based on the summary of the findings.

The hypotheses for this study are as followed:

$H_o1$: A police officer's level of education in mental illness is negatively associated with the officer's attitude the mentally ill.

Not confirmed: There is no established pattern to determine if the level of education affects the attitude of the officers regarding the mentally ill.

$H_11$: A police officer's level of education is positively associated with the officer's attitude regarding the mentally ill.

Not confirmed: There is no established pattern to determine if the level of education affects the attitude of the officers regarding the mentally ill.

$H_o2$: A police officer's level of empathy is negatively associated with the officer's attitude regarding the mentally ill.

Not confirmed: The officers' levels of empathy do not directly affect their overall attitude towards those with mental illness.

$H_12$: A police officer's level of empathy is positively associated with the officer's attitude regarding the mentally ill.

Not confirmed: The officers' levels of empathy do not directly affect their overall attitude towards those with mental illness.

$H_o3$: A police officer's level of experience is negatively associated with the officer's attitude regarding the mentally ill.

Not confirmed: There is no relationship between the level of experience and the officers' attitudes towards the mentally ill.

$H_13$: A police officer's level of experience is positively associated with the officer's attitude regarding the mentally ill.

Not confirmed: There is no relationship between the level of experience and the officers' attitudes towards the mentally ill.

$H_o4$: A police officer's level of training in the field of mental health is negatively associated with the officer's attitude regarding the mentally ill.

Partially confirmed: A positive perception of training impacts the officers' attitudes towards the mentally ill in a positive manner. Therefore, a negative perception can negatively impact the officers' attitudes.

$H_1$4: A police officer's level of training in the field of mental health is positively associated with the officer's attitudes regarding the mentally ill.

Confirmed: A positive perception of training impacts the officers' attitudes towards the mentally ill in a positive manner.

$H_o$5: A police officer's outside experience with mentally ill persons is negatively associated with the officer's attitude towards the mentally ill.

Not confirmed: A negative experience with the mentally ill was not reported to determine if this led to a negative attitude towards the mentally ill.

$H_1$5: A police officer's outside experience with mentally ill persons is positively associated with the officer's attitude towards the mentally ill.

Confirmed: The amount of outside experience that an officer has with the mentally ill positively affects their attitude towards the mentally ill.

## Discussion

It was anticipated that there would be a stronger relationship between the independent factors and the attitudes of the officers towards the mentally ill. Specifically, I expected that the level of training and the level of empathy would present a clear rationale for changes in policy. However, it was found that the officers received similar training but rather perceived this training differently based on their own experiences and their attitudes towards the mentally ill. It is important to recognize that each of these

officers are employed within the same department and operate under the same training regulations but vary greatly in personal demographics such as age, tenure, gender, and ethnic backgrounds. I had hoped to find a clear pattern related directly to the officers' training and recruitment despite these differences. However, it became clear that personal factors that are not within the scope of this study may have significant impacts on the officers' attitudes towards the mentally ill.

With this limitation stated, it is important to focus on the importance of the findings that were established. The perception of the training and the officers' having experience with the mentally ill outside of the scope of their work both have positive impacts on the attitudes towards the mentally ill while on duty. While empathy could not be directly linked to these relationships, personal experiences and perceptions cannot be dismissed as unrelated to empathizing with a specific population. As such, one can assert that an individual who feels that they need more training related to the mentally ill has a higher level of empathy relating specifically to the mentally ill based on their personal experiences and perceptions. Likewise, a person with a negative attitude towards the mentally ill may not deem additional training to be relevant or necessary to improve the conditions for this population.

## Recommendations

Based on the present study, the following recommendations are presented.

### Future Research

Although it was noted that the only two clearly related variables to the attitudes of the officers to the mentally ill are the perceptions of training and the outside experiences

with the mentally ill, it was not clear as to the directional nature of these causal relationships. Therefore, it is recommended that additional research be conducted to focus on the impact of outside experiences to the attitudes of the officers as well as the perception of training towards the attitudes regarding the mentally ill. Furthermore, a more direct empathy measure specific to the population would help to improve the assignment of positive or negative attitudes towards the mentally ill. This will help to guide the research as well as the recommendations for policy implications.

## Policy Implications

Based on the research, two primary areas of recommendations can be made for the improvement of outcomes for the mentally ill. First, and foremost, the training that is presently available and required does not appear to meet the needs of this population nor is it satisfactory to officers who are concerned about these outcomes. Therefore, the training should be increased and adjusted each year according to societal issues. However, more training does not appear to impact the officers' attitudes. Instead, the perception of the training has been established for its influential measures. For this reason, it is recommended that training is required for all officers with a focus on areas perceived as inadequate by those with such reports. Officers who indicate a desire to learn more about a population should be considered as ambassadors for these individuals. With their attention to this need for training, a clearer picture of the inadequacies can be addressed in the required training.

Much of what was learned regarding the perception of training was founded in the limited support from the community and mental health care professionals. A division

between the roles and responsibilities of police officers and other stakeholders in treatment of the mentally ill was noted in the capacity of responding and deciding the outcomes of the call. When training was deemed adequate, the officers appeared to be disconnected from the process while, if the training was deemed inadequate, the officers appeared to want to do more to help than the scope of their training would allow. According to recommendations from the National Alliance on Mental Illness (2017), Crisis Intervention Teams (CIT) can help to bridge the gap between the officers, community, and mental health care professionals. The Austin Police Department (2016) has implemented such a program whereas the CIT team members are assigned after two years of active service. These officers are provided with an additional 40-hour training course, policies for responding and following up on mental illness calls, and access to collaboration meetings with community members and mental health care professionals. This increased communication provides the CIT officers with the ability to present concerns and seek advice to foster a sense of ownership in their own training and perception (Austin Police Department, 2016).

Secondly, the amount of outside experience has a clear impact on the officers' attitudes towards the mentally ill. While these experiences were discussed regarding family members and close friends, the experiences cannot be dismissed as impossible to replicate. Experiences with the mentally ill, outside of criminal calls and suicide interventions, allow the officers to recognize the individuals behind the illnesses as well as seek out an understanding of the signs and symptoms of mental illness. For officers who do not have a friend or family member as a point of reference, it is easier for them to

place the individual under the criminal category without recognizing the catalyst behind their behaviors. Officers are placed in the schools and community functions to improve the public's perception of law enforcement. Although the Coronado Police Department is involved in the PERT program, similar to the CIT, it is not mandatory for all officers to attend training. Making the PERT program a mandatory program for all officers, it would aid in the collaborative efforts among officers and mental health professionals, it would serve the officers as well as the mentally ill if the officers were also required to interact with the mentally ill in a manner that would improve the officers' perceptions of the mentally ill. Community programs should be considered for this recommendation.

## Conclusion

The purpose of this study was to expand the body of knowledge and determine how factors such as police officers' empathy, education, experience, and training in the field of mental health, relate to police officers' attitudes relating to persons with mental illness. Qualitative research methodology was used to determine the relationship between mental illness and officer empathy, experience, education, training, and call outcomes. Of 45 officers in service at Coronado PD, 24 were to conduct interviews and complete the empathy questionnaire for data collection. A literature review was conducted that revealed significant gaps in the available literature relating to the comparison of relationships between the discussed factors. The presentation of the findings and hypotheses revealed that the only two factors that could be specifically cited as influential to the attitudes of the officers regarding the mentally ill. Recommendations were presented for further research as well as implications for policy adaptations to include

implementation of a CIT program for every law enforcement officer and increased involvement within the mentally ill population. In sum, I found that, while the level of general empathy cannot be considered regarding the officers' attitudes towards the mentally ill, additional research and changes to the training and community outreach programs can improve the outcomes for this population. I hope that the application of these findings will add to the present literature as well as serve as a springboard for continued research in this area.

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## Appendix A

Each participant will be read the questions below.

1. Have you received any training in the field of mental Health? What was the training you received? Do you feel that you have enough training, need more training, or really don't care?

2. Please describe what you believe a mental illness is. Do you have personal experience outside of work dealing with a mentally ill individual?

3. In a typical work week, how many calls do you feel you respond to? Out of the calls you respond to how many do you feel involve someone with a mental illness? Are they generally the person calling or someone they are calling about? How much time do you feel this type of call takes during your shift?

4. How do you identify the person you respond to whether or not they have a mental illness?

5. Please describe any issues or problems you have had when responding to calls involving someone with a mental illness:

6. How do you feel about responding to the same individual time after time? How many calls have you responded to where the same person is involved? How many times do you deal with the same person in a month or a year?

7. Is there any consistency with the way you respond to "repeat" individuals who have a mental illness, such as do you do the same thing with the person each time, hospital or jail? What or how do you decide? Are there any policies that force you to make a decision either way?

8. Do you feel that you would respond differently ahead of time if you knew that the call you were responding to involved a person who suffers from a mental illness: How:

9. Are there any policies regarding the way you deal with mentally ill individuals? Is there any that you would like to see changed or added?

10. What additional training to you feel you need?