

**The Bill Blackwood
Law Enforcement Management Institute of Texas**

**Mentally Ill or Misunderstood Juveniles?
Additional Mental Health Training Needed Among
Law Enforcement Officers**

**An Administrative Research Paper
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ABSTRACT

The role of a law enforcement police officer is changing drastically today. It has become apparent in recent studies that law enforcement officers are coming in contact with juveniles who have numerous mental health deficiencies. Consequently, this has had a direct impact on the law enforcement officers who must deal with these juveniles. Research has shown that the actions of juveniles directly related to mental health circumstances are being criminalized when alternative resources are available and may be more appropriate. It is further speculated that the cause of such criminalization is directly related to a lack of understanding as well as the lack of mental health training for law enforcement. The purpose of this research is to determine whether or not law enforcement officers are sufficiently trained in the area of mental health and if there is a need for more training.

Police agencies, 43 total, from all over Texas, as well as specialized campus officers, were surveyed to evaluate the current need for mental health training. The responses obtained from these officers reflect a lack of training and a lack of officers sufficiently trained in the area of mental health.

The findings from the research reveal that law enforcement officers do not necessarily have adequate training to deal with juveniles with mental health deficiencies. Moreover, officers are seeking information and more training to effectively work with juveniles with mental health deficiencies, instead of relying solely on the utilization of the criminal justice system.

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INTRODUCTION

Mental illness has been a disorder that has affected mankind for centuries.

Nicholas Kittrie (1971) wrote:

In the Sixteenth Century the deranged were expelled, shipped off or executed; In the Seventeenth Century the insane were locked up in jails or in houses of correction; In the Eighteenth Century madmen were confined in madhouses; In the Nineteenth Century lunatics were sent to asylums; In the Twentieth Century the mentally ill are committed to hospitals; In the Twenty-first... (p.50)

Society can only begin to speculate how the people who are diagnosed with mental health disorders will be analyzed and labeled in the twenty-first century. People suffering from mental illness disorders continue to affect society and often find themselves coming into contact with the police. An increasing amount of these people are juveniles. Prior to the 1990's, the mental health issues of juveniles were not given much consideration. Adequate research on the prevalence and types of mental health deficiencies among juveniles is limited. Many believe that the juvenile justice system is unprepared to manage juveniles with mental health deficiencies. This lack of knowledge has directed law enforcement officers to manage this new responsibility by often placing juveniles in detention centers for criminal offenses, rather than seeing the real issue and seeking out mental health services. Therefore, law enforcement agencies must address the following questions: Are there enough adequately trained officers to properly handle juveniles who have been diagnosed with mental deficiencies, and is there a need for more sufficient training?

The purpose of this research is to address the need for adequately trained law enforcement officers in the area of mental health and provide an in-depth look at the problems officers face when encountering a juvenile who has been diagnosed with a mental deficiency as a result of insufficient training. There will be several methods of inquiry used in this study to include: a review of information compiled from books, journals, and articles, the opinions of experienced officers from different agencies throughout the State of Texas, the researcher's knowledge as a certified mental health peace officer. The anticipated findings of the research will reveal that law enforcement officers need additional mental health training. It is further anticipated the outcome will show that to be effective in handling juveniles diagnosed with mental health deficiencies, officers will not only need to be adequately trained, but sufficient training will need to be made available to the officers.

Law enforcement agencies are becoming the intermediary for individuals experiencing mental health problems. Society demands that when a law enforcement officer is called they do something with the mentally disturbed individual. Everyone involved stands to gain from this effort to provide adequate training for law enforcement officers in the area of mental health deficiencies. Specialized training will benefit all agencies by: reducing the amount of time officers will actually spend on the call, increasing the confidence level of law enforcement officers working the mental health crises, and diverting juveniles from the criminal justice system. Therefore, it will be concluded through the documented research that all law enforcement agencies and law enforcement officers, along with the entire community, will benefit from law enforcement

officers receiving adequate training in handling juveniles with mental health disorders. The individuals who will benefit the most from adequately trained law enforcement officers are the juveniles themselves. The juveniles will be protected from further trauma and mental outbursts, and the officers will be able to analyze the situation and characteristics displayed by the juvenile in order to make a sound decision on the best possible resolution that will benefit all people involved. Basically, the juvenile will feel safe and secure and the law enforcement officer will be able to deescalate and diffuse the situation and display confidence in the decision making process.

REVIEW OF LITERATURE

Mental disorder is often cited as one of this country's most severe medical and social problems. Mental health problems are found throughout mankind and young, old, rich, poor, homeless, and accomplished citizens can be inflicted with this disorder. Although not a new phenomenon, there is no question that law enforcement officers today are increasingly the ones responding to people diagnosed with mental illnesses and have been referred to as frontline mental health workers (Lamb, 2002, p.1266). Because a law enforcement officer deals with human behavior throughout the entirety of the workday, in order to be effective, there is no doubt that today's law enforcement officers must first know as much as possible about human behavior. Some of the behavior is criminal; however other behavior may be directly related to mental health issues. Furthermore, a law enforcement officer deals with this behavior during conditions of emotional stress and in situations involving life and death decisions as well as personal danger. It has been said that a law enforcement officer must be, therefore,

like the psychologist, a student of human behavior before they can truly understand the concept of mental disease. But, the officer must practice their psychology “on the street” rather than in a clinic, office, or a college classroom. The officer must make split-second decisions that might puzzle the academic behaviorist, whose ultimate resolution may involve months or even years of debate and consideration. More importantly, errors in the psychologist’s decisions are seldom critical; errors in an officer’s judgment could result in one or more deaths. The common core of all police work is that it deals with human behavior. Therefore, today’s law enforcement officer must be as much a practicing psychologist as they are an agent of the law. Therefore, today’s law enforcement officers can no longer regard the subject of mental illness as the sole realm of the psychologist (Russell & Beigel, 1976, p.10).

A law enforcement officer must also understand the figures surrounding the mental health dilemma. In 1999, it was estimated (by the U.S. Department of Health and Human Services), that mental illnesses affected more than ten percent of the population (Vickers, 2001, p. 55). In 2005, the number was estimated to have increased to 16-20 percent (Maguire, 2005, p. 1). According to the Mental Health Association in Texas (2002), half of all Americans will experience a mental disorder at some point in their lives. It was reported that 4.3 million Texans had some form of diagnosable mental health disorder in 2002; 1.5 million of these Texans suffered serious mental illness, which impaired their ability to function at work, school, and in the community. Of the 4.3 Texans reported to have suffered from a mental disorder, 1.5 million were reported to be juveniles (Mental Health Association in Texas, 2002). The report generated by the National Mental Health Information Center (2002), estimated

the number of juveniles in Texas with some type of emotional disturbance to be significantly higher, projected at over 3 million during the year 2002. As one can see, like adults, juveniles also have mental health disorders that affect the way they interact in society (United States Department of Health and Human Services-Substance Abuse and Mental Health Services Administration-National Mental Health Information Center, 2002). Research has put forth a wide variety of motives for what causes juveniles to commit crimes. These motives include: poverty, family factors, the environment, social influence, gender, and education. A factor that has received less attention is mental illness (Markowitz, 2002, p.1). However, according to the Texas Juvenile Probation Commission, national estimates of youth in the juvenile justice system with diagnosable mental health disorders range from 50 to 75 percent, with approximately 20 percent having a serious mental health disorder. The Texas Criminal Justice Policy Council (CJPC) estimated the population of offenders under direct supervision of a juvenile probation agency in the State of Texas with mental health needs was 22.4 percent during fiscal year 2001 (Schwank, Espinosa, & Tolbert, 2003, p.1).

Taking into account these statistics, it is believed that a greater emphasis needs to be placed on training for law enforcement officers, especially in the area of juvenile mental deficiencies. Knowledge can be of limitless value to law enforcement officers as they face a perplexing array of interpersonal problems which are always accompanied by confusion, distress, danger, and heightened emotions and is essential to the law enforcement officer, not only to insure maximum effectiveness in his/her role, but is it also essential for safety. With proper training, the law enforcement officer can perform their job more effectively and safely.

Law enforcement officers must recognize alternatives available to them when faced with a mental health circumstance. Law enforcement officers are typically the first and often the sole community resource called to respond to urgent situations involving juveniles with mental deficiencies. They are responsible for either recognizing the need for treatment for a juvenile with a mental deficiency and connecting the juvenile with the proper treatment resource or making the determination that the juvenile's illegal activity warrants arrest. This responsibility thrusts law enforcement officer into the role of what is termed as the primary gatekeepers who determine whether or not the mental health or the criminal justice system can best meet the needs of the individual with mental health deficiencies. A major problem with having to fulfill this role, is that law enforcement officers have little training in performing this task. In many cases, law enforcement officers use familiar tactics (like trying to calm a person down), which are seen as less formal. In other cases, law enforcement officers have been more inclined to charge mentally deficient juveniles with a criminal offense and take them to juvenile detention if they think that no other appropriate alternatives exist or are available. At times, when a law enforcement officer considers a juvenile's urgent problem to stem largely from mental deficiencies, their choosing the mental health option can be both problematic and aggravating for them as they see it. There may be long waiting periods for services during which law enforcement officers cannot attend to other duties. Mental health professionals may question the judgment of the law enforcement officer and refuse to admit the person, or they may release the person who just a short time earlier was thought by the law enforcement officer to constitute a clear menace to the community.

Because of this dilemma, different strategies have been developed to provide a mobile team of police, mental health professionals, or both to respond to persons with mental deficiencies in the community who are in a crisis. Many jurisdictions use sworn law enforcement officers who have special mental health training to provide crisis intervention services and to act as liaisons to the mental health system. This approach is often referred to as the Memphis model. Another strategy is one in which the civilian mental health consultants are hired by the police department to provide on-site telephone consultations to officers. It is imperative that law enforcement officers obtain the adequate mental health training to perform the duties to an optimal level when dealing with juveniles with mental deficiencies. This ability to perform is important regardless of whether or not law enforcement officers act as a part of a team (with members of the mental health system) or whether employees of the police department deal with on-site emergency situations on their own. There is evidence that law enforcement training is inadequate to prepare law enforcement officers to identify and deal with persons with mental deficiencies. In fact, the law enforcement officers themselves often think that they lack adequate training to manage this segment of the population. They want to know how to recognize mental deficiencies, how to deal with psychotic behavior, and how to handle violence or potential violence among these persons. Law enforcement officers also need to know what community resources are available and how to gain access to them. Training led by both law enforcement and mental health professionals, with the active participation of law enforcement trainees, is thought to be the most effective teaching process. At a minimum, training for law enforcement officers should include: becoming familiar with the general classification of

mental health disorders used by mental health professionals, learning and demonstrating skills in managing persons with mental deficiencies, including crisis intervention, knowing how to gain access to meaningful resources less restrictive than hospitalization or juvenile detention, and learning the laws pertaining to persons with mental deficiencies, in particular the criteria specified for involuntary psychiatric evaluation and treatment. In addition, considerable emphasis should be placed on deescalating situations that might lead to use of deadly force on persons with mental deficiencies. A key part of such training is learning how to distinguish which persons with mental deficiencies who risk causing harm to themselves or to others can be managed more appropriately by the mental health system than the criminal justice system (Lamb, 2002). It is clear that much can be done by law enforcement officers to better serve people with mental deficiencies, but a major problem with having to fulfill this role is that law enforcement officers have very little training in performing this kind of specialized task. This lack of training is one of the key factors that has played an important part in the criminalization of persons with mental deficiencies. Working with this population can be more gratifying to law enforcement officers by giving them the ability to feel a greater sense of professionalism as they fulfill the responsibilities that have been thrust on them in the era of deinstitutionalization. Furthermore, the mental health deficiencies of children and adolescents have potentially far-reaching effects, as suggested by the following statement from The National Institute of Mental Health (1999), by authors Nastasi, Moore, & Varjas (2003):

Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuropsychiatric disorders will rise proportionately by over

50% to become one of the five most common causes of morbidity, mortality and disability among children. (p. 6)

METHODOLGY

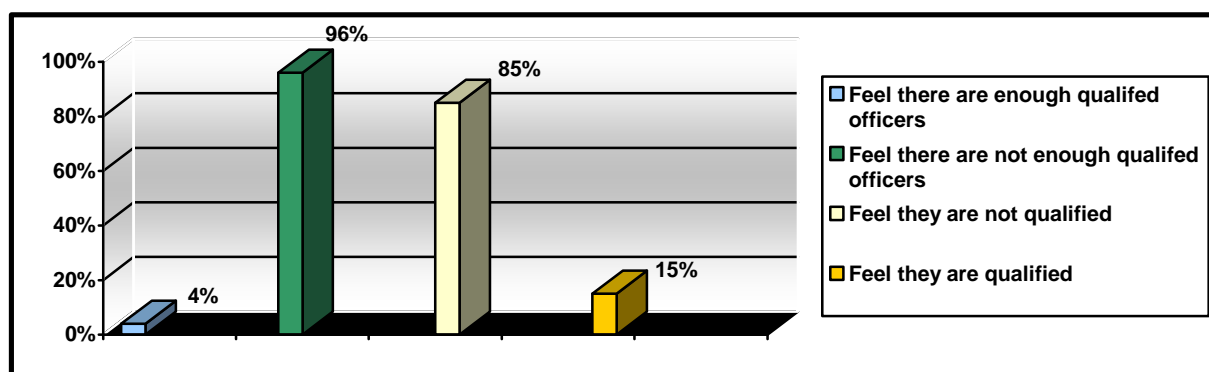
As law enforcement progresses into the 21st Century, officers are faced with a multitude of problems, which require a multitude of skills. Mental health disease is said to be an increasing issue. Recently (September 2005), Texas State Legislature passed bill 1473 requiring Texas peace officers to obtain 16 hours of crisis intervention and de-escalation techniques to facilitate interaction with persons with mental handicaps. Nevertheless, the question remains as to whether or not law enforcement officers are adequately trained to properly handle juveniles who have been diagnosed with mental deficiencies and is there a need for more sufficient training. Research into this problem leads to the hypothesis that Texas law enforcement officers are in serious need for additional mental health training. It is further anticipated the outcome will show that to be effective in handling juveniles diagnosed with mental health deficiencies, officers will not only need to be adequately trained, but sufficient training will need to be made available. There is a great need for more officers trained and specialized in this field. In order to take a comprehensive look at the current abilities of Texas police officers in this field, two surveys will be analyzed. (A copy of the survey can be found following this article). A questionnaire consisting of five questions will be developed and administered to two different measuring groups. The first group of officers to be analyzed consisted of 27 agencies. The agencies responding to the survey represent a geographical area covering the state of Texas. The size of the departments vary

from 14 officers to more than 3,300 officers. The second group of officers to be analyzed consists of Independent School District officers and School Resource Officers (SRO's) charged with working with juveniles on a daily basis; 16 total. All officers to be analyzed in this survey represent the total number of agencies employing School District Police Officers and/or SRO's in McLennan County, which consists of five agencies. The size of the department varies from 1 officer to 330 sworn officers. The questions will be directed toward getting the overall opinion from officers in reference to several categories which include whether or not: officers feel there are enough qualified officers to properly handle juveniles with mental health deficiencies (to include recognition of signs and symptoms), they felt they are qualified to handle juveniles with mental health deficiencies, they felt there is a need for additional mental health training and if they feel they are adequately trained to work with juveniles with mental health deficiencies. Officers will also be asked to clarify their level of training in this area, as well as determine whether or not they feel that the appropriate mental health training is readily available to law enforcement officers.

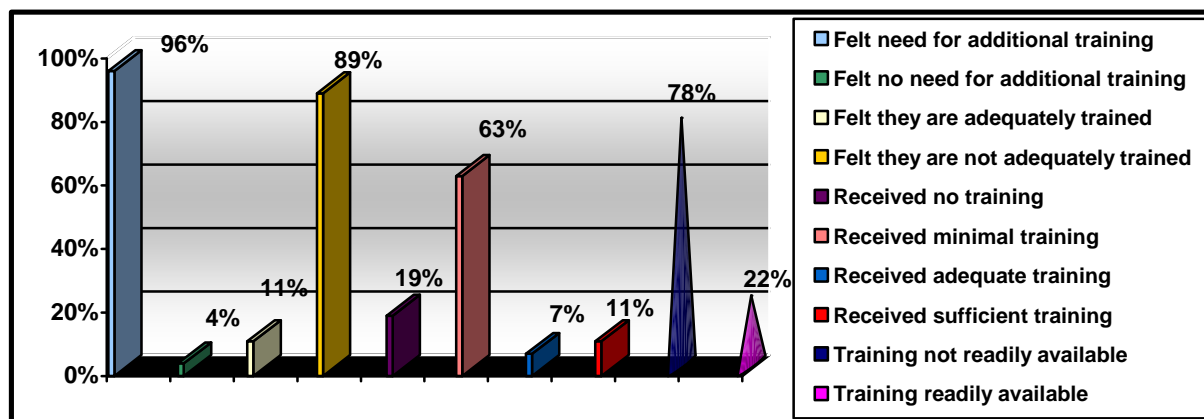
FINDINGS

Based on information provided by the surveys conducted, officers in the State of Texas are in immense need of more training in the field of mental health. Officers from departments of all sizes and regions agree that there is a major deficiency in the level and amount of training for this field. Many of the officers surveyed felt that they have an unacceptable and minimal amount of training to successfully handle juveniles that have been diagnosed with mental deficiencies.

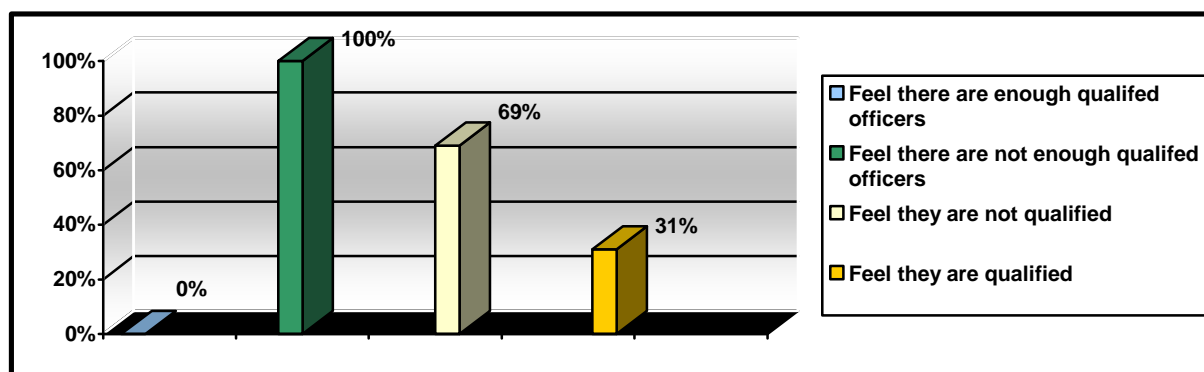
Of the 27 officers surveyed from agencies throughout the State of Texas, 96% felt that there were not enough qualified officers to properly handle juveniles with mental health deficiencies nor could they adequately recognize the signs and symptoms of mental deficiencies. Eighty-five percent of the officers felt that they were not qualified. These results are represented in Figure 1.



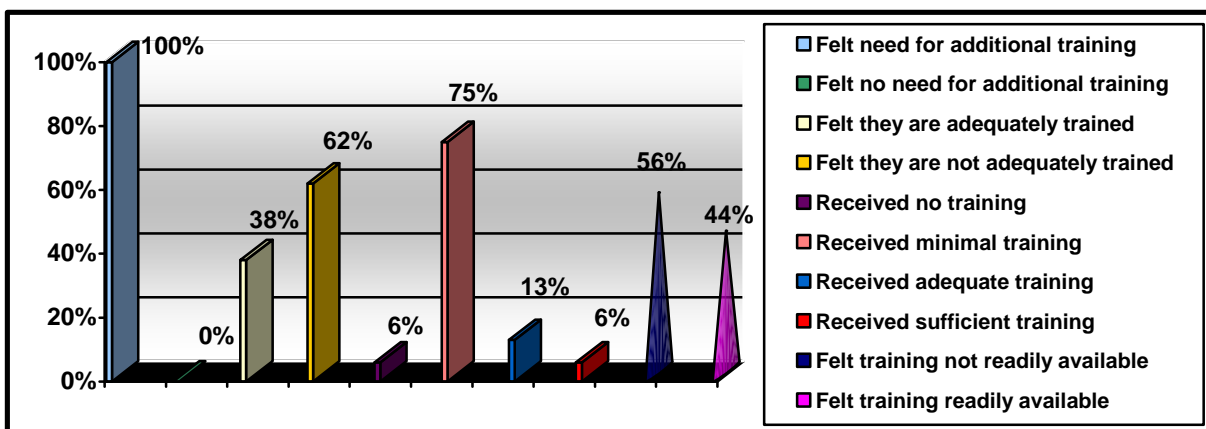
When asked if the officers felt there was a need for additional mental health training, 96% of the officers believed that there was a need for additional training with 89% reporting that they felt they were not adequately trained to work with juveniles with mental health deficiencies. Of the officers surveyed, 19% reported they have received no training in the area of mental health. Sixty-three percent of the officers classified their training as minimal. Seven percent reported adequate training and only 11% felt they had received sufficient training in the area of mental health. When surveyed, 78% of the officers felt that the appropriate mental health training was not readily available to law enforcement officers. These results are represented in Figure 2.



The information gathered from these surveys also presented another troubling fact. Many officers charged with the responsibility of policing juveniles on a daily basis felt that they too were not capable of properly handling juveniles with mental health deficiencies and many felt that there was a need for additional training to perform this difficult job. Of the officers surveyed, 100% felt that there were not enough qualified officers to properly handle juveniles with mental health deficiencies and recognize the signs and symptoms of mental deficiencies. Sixty-nine percent of the officers felt they were not qualified, only 31% felt they were qualified to properly handle juveniles with mental health deficiencies to include recognizing the signs and symptoms of mental deficiencies. These results are represented in Figure 3.



When asked if they felt there was a need for additional mental health training, 100% of the officers believed that there was a need for additional training, with 62% reporting they felt they were not adequately trained to work with juveniles with mental health deficiencies. Of the officers surveyed, only 38% felt they were adequately trained to work with juveniles with mental health deficiencies. Of the officers surveyed, 6% reported they have received no training in the area of mental health. Seventy-five percent of the officers classified their training as minimal. Thirteen percent reported adequate training and only 6% felt they had received sufficient training in the area of mental health. When surveyed 56% of the officers felt that that the appropriate mental health training was not readily available to law informant officers; 44% felt training was readily available. This information is reflected in Figure 4.



Furthermore, of the School District and School Resource officers charged with the responsibility of working with juveniles on a daily basis, it was discovered that 94% of these officers reported to have successfully completed the new 16 hour mandated Crisis Intervention Training.

Given responses of all the officers surveyed, clearly the need for more and better training in the field of mental health is overwhelming and the evidence found by researching current literature confirms this need. The information obtained in the books and manuals dealing with this issue reflects the deficiencies in today's law enforcement community concerning mental health. It must become a goal of every Texas police agency to seek higher training standards, as well as adequately trained Officers, for those charged with the responsibility of policing in an environment where a great number of juveniles diagnosed with mental deficiencies exist. Subsequently, based on the increasing statistics set forth, just about every agency is affected.

DISCUSSION/CONCLUSION

The purpose of this research was to address the problem of the number of officers insufficiently trained in the field of juvenile mental health issues. The research was to answer the questions as to whether or not law enforcement officers are adequately trained to properly handle juveniles who have been diagnosed with mental deficiencies and consider whether or not there is a need for more sufficient training in this field. It was hypothesized that the research of the current available literature and survey of 27 officers representing 27 statewide agencies as well as 16 school district and school resource officers (representing 100% of all school officers in McLennan County) would prove that Texas law enforcement officers are lacking in this field and would require additional training and more adequately trained officers.

In analyzing the results of this research, it becomes apparent that the problem of insufficient training is very serious and it be needs to be addressed. Police agencies must provide an adequate number of trained officers to meet the needs of the

department and community it serves. Based on available literature and opinions of the officers surveyed, this is not the case. The conclusions drawn from the findings of this research support this researcher's hypothesis. The need for training and more trained officers was proven to be a real and serious problem. As stated previously, the Legislature passed bill 1473 requiring Texas peace officers to obtain 16 hours of crisis intervention and de-escalation techniques to facilitate interaction with persons with mental handicaps. The question considering whether or not 16 hours of training is enough to adequately prepare law enforcement for what lies in the future of mental health still remains. However, there is no doubt that the number of juveniles being introduced to the criminal justice system are showing signs of mental instability. It is only through training that officers will be able to properly analyze the situation and characteristics displayed by the juvenile to make a sound decision on the best possible resolution that will benefit all involved. Basically, the juvenile will feel safe and secure and the law enforcement officer will be able to deescalate and diffuse the situation and display confidence in the decision making process.

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