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The Need for Mental Health Officers in a University Setting

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ABSTRACT

This paper concerns the rising occurrence and severity of college students who experience a mental health crisis which can lead to suicidal or homicidal actuation. Research indicates that “Suicide, abuse of alcohol and drugs, and highly publicized incidents of violence with co-occurring mental illness have raised considerable concern on college campuses” (Margolis & Shtull, 2012, p. 307).

This topic is relevant because higher education law enforcement across the nation is responding to persons suffering from mental health crisis more than ever before. Consequently, it becomes imperative to ensure campus police are properly trained to effectively resolve instances of mental health crisis which may occur among the community they serve.

In order to facilitate an appropriate and professional response to a mental health crisis on campus, higher education police departments should be staffed with certified mental health officers who are specially trained to recognize and respond to students experiencing a potentially dangerous mental health crisis.

Major areas this paper will cover: the fact that instances of mental health crisis on campus are on the rise; the assertion that mental health crisis is linked to active shooter events on campus; the fact that mental health crisis is linked to suicide; the benefits of having certified mental health officers in campus law enforcement and their ability to recognize and respond to persons suffering from mental health crisis.

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INTRODUCTION

College is an opportunity for tremendous growth and learning. There are few other periods in a young person's life where their potential is as boundless and so much is learned personally and about the world as a whole. For many, encountering this level of freedom and exploration can be overwhelming. Indeed, "The transition from school to higher education is associated with a rise in the incident of mental health problems, due to multiple stressors and life-style changes involved" (Musiat, et al., 2014, p.1). For this reason, most institutes of higher education have on-site counseling centers in place to assist the student so they may continue upon the path towards graduation. However, there remains the ever-present risk that a student will not recognize they need help and, if left untreated, may consider self-harm or harm to others. For this reason, higher education police departments should be staffed with certified mental health officers who are specially trained to recognize and effectively respond to students experiencing a potentially dangerous mental health crisis.

The sad truth is that in the past, the primary concern of parents regarding the safety of their student entering college usually centered on alcohol or drug use. Now, a shift has been made to include "Suicide, abuse of alcohol and drugs, and highly publicized incidents of violence with co-occurring mental illness have raised considerable concern on college campuses" (Margolis & Shtull, 2012, p. 307). The complexity of these problems and the risk they can pose to the student and the entire campus community requires a prepared approach on the part of the responding police officer. Fortunately, there is special training campus police officers can receive which can effectively equip them to recognize and respond to students experiencing a mental

health crisis. This training covers a variety of topics regarding mental illness as well as recommended de-escalation tactics. Upon successful completion of this training, officers are formally certified as Mental Health Officers (MHO). A survey of higher education public safety found that “During the 2004-2005 school year, 74% of the 750 law enforcement agencies serving 4-year universities and colleges with 2,500 or more students employed sworn law enforcement officers” (Reaves, 2008, p.1). This means that nearly two-thirds of large, higher education institutes have personnel already on staff that is eligible for MHO certification. Given the implications of failing to recognize or properly respond to a person suffering a mental health crisis on campus, institutes of higher education and police administrators in particular owe it to the student, the parent, and the entire campus community to make every effort to achieve mental health officer certification for every available officer who may be called to respond to this particular call, a call which is becoming ever more frequent on campuses across the nation.

POSITION

In order to justify the time and expense of certifying university police officers as MHOs, it is incumbent to first establish a need for this expertise on campus. In truth, the college student suffering from a crisis linked to mental illness is not some new or unheard of problem. That being said, “Traditionally, student mental health has been defined within the context of adjustment and developmental challenges college students face. However, mental health problems have not only grown in complexity but also in volume and severity” (Byrd & McKinney, 2012, p. 185). A number of theories could be offered as a possible explanation for the increase, be it a result of natural causes or nurtured tendencies or for the fact there are more students in college than in the past.

Wherever one lands as to the question of why, what is not questioned is that there has indeed been a noticeable rise of mental illness on college campuses. For instance, “95% of campus psychological counseling centers surveyed in 2008 reported a significant increase in mental health issues among their students” (Byrd & McKinney, 2012, p.185). Again, one could dismiss this simply by asserting this increase is due to the overall increase in the student body population on campus and its correlation to services used, much like there is likely an increase in students using cafeteria or library services. However, “Many colleges also reported significant increases in students’ utilization of counseling services, the severity of symptoms, and the duration of treatment” (Byrd & McKinney, 2012, p.185). In other words, not only are there more cases of students exhibiting mental illness, the cases are presenting more severe and thus requiring longer and more regular counseling sessions. To add credence to these findings, yet another recent study conducted by the *2010 National Survey of Counseling Center Directors* found that “nearly half of respondents reported clients with severe psychological problems, representing a significant increase from 2000, and nearly 24% of counseling center clients were referred for psychiatric evaluation as opposed to 9% in 1994 (Gallagher, 2010)” (Margolis & Shtull, 2012, p. 310).

Based on these findings, it is evident that a noticeable shift has occurred within university counseling centers from treating expected developmental or adjustment concerns to more serious psychological problems (Margolis & Shtull, 2012). It is worth considering whether this is a societal issue or exclusive to college campuses. While there likely is little evidence to the contrary that mental illness in America is rising, research has found that “Compared to age-matched controls, university students have

increased symptoms of mental health and the number of students with mental symptoms of mental disorder is rising" (Musiat et al., 2014, p. 1). There is an established reason for this understanding. College-age students, roughly 18-25 years old, are in the period of life where several mental disorders first manifest (Keyes et al., 2012). Coupled with the added stressors incumbent upon most college students such as making the grade or perhaps new relationships or feelings of homesickness, one begins to more clearly understand the groundwork which can culminate into episodes of mental health crisis. Also, it is important to remember that "Persons with mental illnesses have strong interests in enrolling in college and obtaining higher education and are enrolling in increasing numbers" (Salzer, 2012, p.1). With the advent of newer and more effective medication to treat mental illness, the possibility of attending college for mental health consumers is more feasible than it has ever been. Finally, it would be an error not to include military service veterans who are returning from overseas and enrolling in college courses. These heroes can be afflicted with post-traumatic stress disorder (PTSD) which can tax the counseling centers even further and extend beyond their capability to address (Kraft, 2011).

Based on the evidence gathered from those who regularly and directly address student mental health needs in higher education, it is apparent that there is in fact a rise of mental illness on college campuses. Given this rise, it is prudent to believe campus law enforcement should prepare to encounter students who suffer from mental illness by certifying as many as possible as MHOs so that they may be better able to recognize the signs of mental illness and have a plan to help the student as safely as possible.

What is equally concerning as the rise in severity of mental illness are the potential dangers linked to these disorders if not properly addressed.

Now that it has been established that mental illness on college campuses is on the rise, it is important to consider the implications of what occurs when safeguards, such as on-site counseling centers, do not encounter a student suffering from mental illness in time or is not effective. In the most extreme cases, the consequences can be deadly. For example, “The massacre at Virginia Tech, in which thirty-two students and faculty members were murdered, and at Northern Illinois University, where four people were murdered have catapulted college student mental health to the top of the nation’s list of priorities” (Wood, 2012, p. 5). After the shootings, the news reported that in both instances, the shooter suffered from mental illness. Now this is not to say that all persons who suffer from mental illness are capable or even likely to commit this type of carnage, nor that it is impossible for people who do not suffer from mental illness to be capable of this atrocity as well. Rather, it is to come to the understanding that “Students with emotional and behavioral problems have the potential to affect roommates, classmates, faculty, and staff with disruptive and even dangerous behavior” (Margolis & Shtull, 2012, p. 311).

Just as mental illness on campus is on the rise, so too are the occurrences of active shooter events according to a recently released study conducted by the Federal Bureau of Investigation which covers the years 2000-2012 (Blair, Martaindale, & Nichols, 2013). This study revealed “The findings establish an increasing frequency of incidents annually. During the first seven years included in the study, an average of 6.4 occurred annually. In the last seven years that average increased to 16.4 incidents

annually" (Blair et al., 2013, p. 8). What should be concerning for campus police departments is the fact that educational environments were identified as the second largest location grouping for these horrendous acts (Blair et al., 2013). In total, between 2000-2012, there were 12 active shooter events at institutes of higher education that resulted in 60 people killed and 60 more wounded (Blair et al., 2013). This translates to one active shooter event a year if the trend continues with at least five deaths and five more wounded.

The danger arises when the mental illness goes untreated or if the person suffering from the illness stops taking their prescribed medication. It then becomes a matter of chance that the police or some other entity encounters the emotionally-disturbed person and is able to identify a need for emergency detention prior to that person harming themselves or others. Indicators of dangerous behavior are more likely present than not, as "Reports suggest that up to 60% of perpetrators of mass shootings in the United States since 1970 displayed symptoms including acute paranoia, delusions, and depression before committing their crimes" (Metzl & MacLeish, 2015, p. 240). This means that there was a good chance there was some other unusual behavior exhibited by the perpetrator prior to the crime, which indicates there is an opportunity to locate and divert persons in crisis prior to any action taken against a very vulnerable population such as that which lives and works on a college campus.

Currently, most officers attend active shooter training that is designed to engage and defeat an active shooter. This is effective and necessary training, but it is at best a response to the violence only. The MHO training focuses on identifying alarming signs the shooter may exhibit prior to the active shooter event and knowing what to do with

them once they are encountered. If law enforcement is truly to mitigate the likelihood of future active shooter events, it becomes necessary that we train officers to identify alarming behavior and thus perhaps save lives in the process. Despite the media attention and public outcry that follows after every active shooter event, there is a far more likely victim whom a college student suffering from a mental health crisis is likely to harm.

According to the National Institute of Mental Health, suicide annually remains one of the leading causes of death for young people aged 15-24 years old ("Suicide," 2010). When specifically considering college students, the National Alliance on Mental Illness identifies suicide as the second leading cause of death and second only to traffic accidents ("NAMI," 2012). In fact, research estimates that approximately 1,088 suicides occur on college campuses each year, and one in 12 college students in the United States makes a suicide plan (NMHA, 2002). As a result, mental health professionals working in a university setting have long been concerned about the increase they are seeing in student mental health needs, and it is important for first responders such as campus police or other responding agencies to be aware of this alarming trend as well (Wood, 2012). Wood (2012) goes on to point out that "In the past two decades the number of college students presenting with clinical depression and suicidal tendencies has tripled" (p. 6). The fact of the matter is that based on these statistics, a college student is much more likely to die by their own hands than by an active shooter. When breaking it down further, a recent survey of college students found that "Ten percent of women and nine percent of men seriously had contemplated taking their own lives" (Wood, 2012, p. 7). While the college counseling center or private therapy may help

most of these students, campus law enforcement must be prepared for the ones who slip through the cracks and are not discovered until they make an outcry attempt to emergency personnel.

Officers must be trained to recognize this outcry and be tactful enough to get them the help they need without treating them like suspects. This is especially important considering “Almost all those who commit suicide suffer from a diagnosable mental illness, a substance disorder, or both” (“NAMI,” 2012, p. 1). When dealing with an emotionally disturbed person, the MHO is the de facto mental health paramedic that is trained to stabilize the patient until he or she reaches the care of a doctor in a hospital. Law enforcement administrators cannot expect a patrol officer to know how to do this without proper training. Today, the majority of officers are certified to administer the Standardized Field Sobriety Tests (SFSTs), which are used to identify drunk drivers. Officers are provided this training because it saves lives. The very same thing can be said for MHO training. After all, according to the National Institute of Mental Health, more people die from suicide than homicide every year (“Suicide,” 2010). Now is the time for law enforcement, especially campus law enforcement, to step up and recognize the potential to not only encounter these people who are suffering but to be able catch them before they slip over the edge and it is too late.

The final point this paper will make on the necessity to certify campus police officers as MHOs is because it has the potential to reduce the likelihood of resorting to physical force. Emotionally disturbed persons can harm the police and need to be approached with caution, yet may not always be a suspect in a crime. It is important to remember it is not illegal to be mentally ill. Still, “Nearly 7% to 10% of all police contacts

involve mental illness, which presents an increased risk of injury to both the officer and the person with mental illness (Council of State Governments, 2002)" (Margolis & Shtull, 2012, p. 309). In all likelihood, this percentage has likely increased given what has been established about the increase and severity of mental illness. It is important to ask why there is an increased risk of injury to both parties with these calls. One researcher suggests "Police officer fear of injury and lack of understanding of mental illness are primary factors in aggression between police officers and individuals with mental illness (Peirson 1976)" (Canada, Angell, & Watson, 2012, p. 747).

If it truly is a lack of understanding on the part of officers of the complexities surrounding mental illness, then it is reasonable to believe the solution is to offer the best available training to officers in mental health response so as to eliminate any unreasonable trepidation or misunderstanding. What is known is that treating a person suffering from a mental health crisis in the same manner an officer would a suspect of a crime can backfire. The concern arises from the possibility that conventional police approaches such as "verbal commands, the use of verbal and or physical force, and intimidation, especially when initially approaching a subject, may escalate a subject who is agitated or experiencing other acute symptoms resulting in subject and/or officer injury (Engel et al. 2000; Watson et al. 2008)" (Canada et al., 2012, p. 747). Every party involved wins if a subject can be taken into custody without resorting to violence. While this may be difficult, it is not impossible and the odds are increased with additional training and certification.

COUNTER POSITION

Given the arguments in favor of certifying more campus police officers as MHOs, it becomes necessary to acknowledge the reasons why this is not happening.

First, the mental health officer certification course is a week-long, 40 hour course. This presents a sizeable challenge for many campus police departments that can ill afford to send an officer, let alone every officer, to this training without incurring a loss in coverage which can impact the safety of their respective communities. After all, for most colleges, campus police are the sole resource available on campus day or night, 365 days a year, to respond to emergencies, including mental health crises. (Margolis & Shtull, 2012, p. 309). Understandably, campus police executives cannot always justify this loss in coverage.

While officer coverage is and will remain a primary concern, the inherent benefit of campus law enforcement that separates it from other law enforcement agencies is the predictable ebb and flow within its jurisdiction. Naturally, it would be unwise to send officers to MHO training in September or January when the school semester is renewed and calls predictably increase until the semester ends. Just as there are peak periods in the year where it may not be prudent to lose officers to training for a week at a time, there are also periods during the year where call volume and even population within a campus's jurisdiction decreases substantially. These periods are generally during the summer months, during winter/Christmas break, and during spring break.

Consequently, there are several windows of opportunity to train and certify officers as MHOs without sacrificing manpower to the extent public safety would suffer. In other words, focus training during periods when school is out/closed and demand for

police is considerably lower. The reason why this training is scheduled for a minimum of 40 hours is because of the amount of material covered, which includes “the fundamentals of recognizing mental illness; information about psychotropic medications; crisis de-escalation resources; mental health resources on campus and in the community; access to the court system and applicable laws; and case study exercises” (Margolis & Shtull, 2012, p. 316). This training is not a waste of time, but rather an investment in the safety of officers and the public, which is why it becomes imperative that officers receive training to safely de-escalate situations involving emotionally disturbed persons or disturbing behavior. What is important to keep in mind is “Although most people with mental illness are not violent, some individuals with mental illness do become agitated and act out dangerously, to themselves or officers, especially when alcohol and drugs are involved” (Margolis & Shtull, 2012, p. 318). The only waste of time is that time during the very slow parts of the school year where this training could take place and does not.

A second concern of campus law enforcement administrators is the financial cost of the MHO training. Given that it is a 40 hour course that is usually spread over five business days, the price can vary depending on items such as instructor fees, including room and board, as well as class materials. According to the Houston Police Department’s Crisis Intervention Training division’s website, they offer the 40 hour course to officers at a price of $125 for the entire course (http://www.houstoncit.org/available-training/). Again this varies depending on region, training provider, and other factors such as travel expenses for the attending officers. It is for this reason that law enforcement administrators may find that while they would like

their officers to have this training, it may prove too difficult to support financially. This decision can have a negative effect on officers' perception and performance, according to researchers who argue "Due to limited training and the perception of inadequate service options, however, police officers find encounters related to mental illness both challenging and difficult to manage (Borum et al., 1998)" (Canada et al., 2012, p.746). Depending on a specific campus police department's budget, the MHO certification training can be considered more of a luxury than a priority.

As a law enforcement administrator, it is important to allocate financial resources responsibly and often times the training budget is the first thing to suffer. One way around this is to utilize instructors within one's own agency to conduct the MHO training. In doing so, a department can ensure the instructor is on duty while instructing and thus no additional fees relating to pay, lodging, or meals is necessary. Any certified police instructor can teach this course because the lesson plan is the same regardless of department and is easily accessible to download via the Texas Commission on Law Enforcement (TCOLE) website (http://www.tcole.texas.gov/content/course-curriculum-materials-and-updates-0). The material learned is what matters, not who is teaching it as long as they are a police instructor. Because it is a certificate-granting course, it is necessary to either be what TCOLE refers to as a training provider agency or have one sponsor the training which just requires some networking to deliver. In other words, each campus police department likely already has the resources available to them to host the training themselves and certify their own officers. Again, this training is crucial because "Campus police officers are often among the initial contacts for behavioral incidents involving people with mental illness" (Margolis & Shtull, 2012, p. 237).

Finally, some may argue that actively pursuing the MHO designation for campus police officers is unnecessary simply for the reason that it is not required. Currently and dependent on level of officer certification, officers are already required to attend training in crisis intervention training. The MHO certification training is extra training that is not mandated by the Texas law enforcement regulatory agency known as TCOLE. In other words, an officer does not have to be an MHO. According the Texas Health and Safety Code 573.001 titled *Apprehension By Peace Officer Without a Warrant*, ANY peace officer can take custody of a person if they have reason to believe that person suffers from a mental illness and is likely to harm themselves or others unless immediately detained ("Health," 2015). Therefore, if there is already mandated training covering crisis intervention and officers are already vested with the power to conduct an emergency detention on a person in mental health crisis, then why bother with the MHO training?

The crisis intervention training is a mandated course that is 24 hours in length usually covered over three days. This training is only required for new officers and once you reach a certain (advanced) officer certification it no longer is a requirement. Also, while much of the same material is covered, the MHO course is two days longer and thus provides much more detail and opportunity to study proper approaches using case study exercises. Plus, if an officer completes the MHO course then that covers the mandated crisis intervention training as well.

With regards to the fact that *any* peace officer can conduct an emergency detention, one must ask should they without first being designated MHOs. It is important to acknowledge "As gatekeepers, the police are required to make decisions that can

initiate or divert a mentally ill individual from the legal process and on campus judicial affairs system" (Margolis & Shtull, 2012, p. 308). In other words, there are serious follow-up consequences riding on this decision and it is reasonable to prefer a certified MHO who has been through extensive training to make it.

Finally, there are already university police departments that are being proactive and utilizing MHOs in novel ways within their department. For example, the University of Florida "offers a model example of this approach, where select university police officers are trained as part of a special response team but all officers receive basic training regarding dealing with persons with mental or emotional illness or disabilities" (Margolis & Shtull, 2012, p. 316). The University of Florida is proof that there are campus police departments that recognize the rise in mental illness on campus and have taken the initiative to address any issues that arise proactively versus waiting and hoping they had done enough to be prepared to help someone suffering a mental health crisis.

RECOMMENDATION

The world of higher education is constantly evolving and each class of incoming students brings new challenges for the campus law enforcement officers charged with keeping them safe and on track. While students suffering from mental illness is not an unfamiliar challenge, what is concerning is the undeniable rise in both occurrence and severity of the crises students are undergoing. In order to keep up with the demand brought about by this dynamic rise, campus law enforcement administrators should dedicate resources to certifying their officers as mental health officers so they will be better prepared to recognize and respond to these emergencies and undoubtedly save lives in the process. In order to accomplish this, campus police departments should look

to their in-house instructors to teach the course. The materials are readily available via the TCOLE website and all that is needed is a dedicated time and place to put the training on. The benefit of working on a college campus means there usually is an available classroom, especially in the off periods of the school year. Once those are in place, it becomes necessary to identify the eligible officers in each respective department who are willing and able to undergo the training. Finally after the training in complete, make sure a training provider agency reports the training.

This process may seem tedious but in the long run police administrators taking this avenue will potentially be saving more than the budget, but also the lives of students, faculty and staff. After all, persons suffering from mental health crisis deserve the best possible response a campus police department can muster. This undeniably includes staffing these agencies with capable, competent mental health officers who are trained and ready to respond and possibly bring someone back from the ledge.

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