The Bill Blackwood
Law Enforcement Management Institute of Texas

Mental Health Training: Beneficial or a Waste of Time?

An Administrative Research Paper
Submitted in Partial Fulfillment
Of the Requirements for Graduation from the
Leadership Command College

By

Jaime Castro

Galveston County Sheriff's Office
Galveston, Texas
2003

ABSTRACT

Confronted with tighter budgets and a sweeping policy of psychiatric deinstitutionalization in the 1960s and 1970s, many states have been unable to provide adequate support to mental health consumers and their families. Often, because of this lack of community support, mentally ill individuals choose to self-medicate with alcohol and illegal drugs which causes them to deteriorate and creates difficult, frequently tragic, situations for law enforcement and the community. Many officers have little knowledge about mental health diagnoses and are often unsure how to respond to individuals in crisis, which may lead to serious injuries and death. Some law enforcement agencies responded to this situation by developing training programs to increase officers' confidence in dealing with the mentally ill and to divert individuals with mental illness from the criminal justice system, where they often do not receive appropriate treatment. This research was initiated to address the need for specialized mental health training and to ask if this training benefits law enforcement agencies that are called to deal with the mentally ill. The information in this paper is important for law enforcement agencies that are considering developing their own mental health training and for those who operate in communities with large populations of individuals with mental illness.

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INTRODUCTION

Mental illness is a disorder that affects many in the United States. Since the nationwide policy of deinstitutionalization in the 1960s and 1970s, “hundreds of thousands” of individuals with mental illness have been released from mental institutions and sent back to their communities, where they tried to live normal lives (Gideaut, 2000). Many problems arose when these individuals did not receive the treatment that the hospital was providing them. Some individuals stopped taking their medications, which caused them to deteriorate and create crisis situations that law enforcement officers were called to deal with. Many of these individuals were also incarcerated in facilities that were not prepared to treat them.

Some law enforcement agencies responded to deinstutionalization by placing the mentally ill in jail. This put a burden on the jail system, which had neither the staff nor the budget to deal with this population. Other agencies responded by developing training programs to help officers deal with the problem of mental illness in the community. This paper asks the question: Will specialized mental health training benefit law enforcement officers who are called to deal with the mentally ill?

It is hypothesized that specialized training for law enforcement in mental health issues will benefit an agency by reducing the amount of time officers spend on calls that involve the mentally ill, increasing the confidence level of officers in crisis situations, and diverting individuals from the criminal justice system.

Very little research has been published about this issue, if one uses the availability of resources as an indication. Most books are focused on general crisis intervention; many seminars also address general crisis intervention methods. Even the most recent law enforcement journal articles do not address the question of whether to have specialized mental

health training; they all seem to lump together mental health crises with domestic violence and drug abuse and do not address the specific concerns of dealing with the mentally ill. Therefore, most of the research reviewed for this paper was taken from publications of existing mental health law enforcement training programs and includes the benefits and pitfalls those programs have experienced.

This research will be important for law enforcement agencies that are considering developing their own mental health training and for those who operate in communities with large population of individuals with mental illness. It is hoped that this information will prove helpful to anyone interested in the question of specialized training for dealing with the mentally ill.

REVIEW OF LITERATURE

As downsizing of mental health facilities proceeds nationwide, more police officers are responding to situations involving the mentally ill (City of Memphis, 1998). There is very little research that has been done on this subject, as evidenced by a review of the literature. According to Torrey and Zdanowicz (1998), states have been responsible for the care of severely mentally ill individuals for over 150 years. With the policy of deinstitutionalization, the states have shifted the responsibilities to the counties in which individuals reside.

A problem arose when the states shifted the responsibility for care of the mentally disabled onto health maintenance organizations (Torrey & Zdanowicz, 1998) and the counties (Clay, 2000), but failed to send money to set up appropriate staff and centers to deal with the clients. According to Torrey and Zdanowicz's research, "for-profit HMOs, with few exceptions, have been disastrous for the severely mentally ill." Clay notes that when the states' monies for community mental health centers "failed to materialize," scheduled medications were no longer

available. Some consumers became alcoholics and drug addicts in an attempt to alleviate the symptoms of their mental illness.

With the increase in the use of illegal street drugs and alcohol by mental health consumers, more individuals began to be arrested for minor, non-violent charges. Because mental health and substance abuse programs are not available in the jail system, these individuals' problems went untreated. The jail setting and lack of treatment caused these individuals to deteriorate and enhanced the symptoms of their mental illness. Later on, when their short sentences were served, they were released back into society, where they still had no medications or support available to them and the problem would start again. As quoted by Clay (2000), project officer Ali Manwar, Ph.D, of CSAT states "the criminal justice system's priority is to ensure that prisoners serve their sentences, not to treat people for mental illness and other problems." Individuals with mental illness need treatment and do not need to be incarcerated.

In response to this crisis, a program in Memphis was developed because of the large number of calls that the police department was receiving involving mentally ill patients (City of Memphis, 1998). Before Crisis Intervention Training in Memphis, the families of the mentally ill only called the police when situations got out of hand. Police officers had no prior training in handling the mentally disturbed. The officers, jail system, and local mental health systems were not working together to find solutions to the problems. Police officers who responded to calls involving the mentally ill frequently got involved in disturbances that often resulted in an arrest and the greater probability of someone getting hurt.

Then the City of Memphis, the local police department, and the local mental health authority, began a training program to educate officers about mental illness and established community programs to divert these individuals from the jail system to the mental health

treatment centers. After training, the officer's response to calls involving the mentally ill was faster. Officers were trained in how to de-escalate situations with individuals who were having problems, making this process much easier for them because they were more confident with the situation. They learned Verbal Judo and other techniques to help change their voice command and mannerism in order to make the individual more comfortable at the scene. Patience and not pushing the issues became their best friend.

As the program grew and everyone involved knew what the process was, repeat calls to the same individuals were easier because family members were now requesting trained officers to come by, since they were now familiar with one another. The families began to trust the officers as they came to know them better.

The police department, local mental health authorities, and the criminal justice system also began to trust one another and were getting together to solve most of the problems by diverting individuals from jails to the proper institutions. Many patients were now being taken to medical facilities instead of the jail, which was not only good for the patient, because he needed the treatment, but also good for the criminal justice system, which did not have the resources to provide for these inmates. With this system in place, arrests of the mentally ill decreased dramatically, letting the correctional institutions concentrate on dealing with criminals. The biggest accomplishment from this program was that by having trained officer to respond to mental health calls, injuries to clients and officers decreased.

The Miami Police Department also started a CIT program, which they use to help divert the mentally ill from jails. According to Captain Aguirre of the Miami Police Department (through personal communications in January, 2003), their program was initiated because of the number of mentally ill individuals that were being handled by the police on a daily basis. Most

of these individuals went to jail for treatment, which put a strain on the City of Miami's resources, so they adopted CIT to help divert individuals from the jail. Miami has had almost the same results as Memphis, in terms of a reduction in the time officers spend on calls involving the mentally ill and fewer injuries to all in these cases. They also have a pay incentive for officers who receive this specialized mental health training and have had positive results in many areas since the initiation of this program.

Much of the literature gathered for this project state that there is a major problem with the mentally ill in communities. Many articles were found on websites for the National Alliance for the Mentally Ill (NAMI), The Mental Illness Education Project, Inc., and other agencies whose purpose is to advocate for people with mental illness. These articles identify problems and provide statistics about the mentally ill, but do not provide concrete solutions. CIT and other law enforcement training were developed in response to these articles, to provide solutions to the problems that individual communities have been facing.

METHODOLOGY

Crisis Intervention Training (CIT) is the wave of the future for many law enforcement agencies in the United States, as is evidenced by the amount of information discovered during research for this project. However, CIT is not the only way law enforcement and communities have found to handle the mentally ill. According to Deane, Steadman, Borum, Vesey, & Morrissey, as quoted in Borum et al (1998), there are three general models of police response to the mentally ill:

1. ***Police-based specialized police response*** utilizes officers with specialized mental health training to respond to individuals in crisis.

2. ***Police-based specialized mental health response*** uses mental health professionals to provide consultation to field officers.

3. ***Mental-health-based specialized mental health response*** employs a partnership between law enforcement and mental health crisis teams to address the needs of mental health consumers.

In 1974, Galveston County, Texas developed a revolutionary program, the Mental Health Division, that "employs a team of sheriff's deputies who specialize in dealing with emergency situations involving the mentally ill and emotionally disturbed" (Castro, 2001). The Division was formed to address the community's concern about the treatment of its mentally ill residents and has had great success in getting individuals the help they need.

The program recently expanded its services to include mental health training for any law enforcement officer in the County who wishes to attend. This decision was made in response to a recent budget freeze that kept the Division from being able to add another full-time officer to its ranks, which limited the Division's ability to respond to a growing number of calls for service. This paper addresses the issue of mental health training for law enforcement by asking the question: Will specialized mental health training benefit law enforcement officers who are called to deal with the mentally ill?

It is hypothesized that specialized training for law enforcement in mental health issues will benefit an agency by reducing the amount of time officers spend on calls, increasing the confidence level of officers in crisis situations, and diverting individuals from the criminal justice system.

Several different methods were used to support the hypothesis. To determine the amount of time officers spend on calls, statistical data was compiled from the monthly stats of deputies

in the Galveston County Mental Health Division between 1999 and 2002 and was analyzed regarding the number of hours officers, combined, spent in local Emergency Rooms.

To examine the confidence level of officers before and after taking the mental health training classes, a brief survey was distributed to 20 officers throughout Galveston County who have received recent training. The survey's responses were compiled and will be used as a representative sample of officers who have completed the two-day course.

Statistical data from monthly calls by the Mental Health Division will again be used to show how the number of persons being taken to area Emergency Rooms for treatment is directly related to the diversion of individuals from the criminal justice system.

FINDINGS

Galveston County uses two types of mental health training to help its officers handle the mentally ill. The Mental Health Division is staffed twenty-four hours a day to provide on-site and telephone consultation to officers with questions about the mentally ill and provides regular evaluations and transportation of disturbed individuals to area Emergency Rooms, as its officers are able. The Division also offers free, voluntary, mental health training to area law enforcement officers twice a year. This training is offered to provide better service to the residents of Galveston County by preparing a larger number of the county's law enforcement officers to deal with the mentally ill.

The data obtained after training shows that consumers are quickly identified and taken to area medical centers with less delay. The results have been positive; subjects seem to be more at ease when they are transported by officers with mental health training, perhaps because they know the officers from past experiences and perhaps because the officers are more comfortable with the individuals. Medical staff are also more positive about dealing with consumers and

officers upon arrival to the hospital, since they trust the officer to transport individuals who really need the help. Memphis was able to reduce the wait times of their officers from hours to minutes (Memphis Police Department, 1998) by capitalizing on the cooperation between officers, consumers, families, and medical centers. Galveston County has not experienced such a dramatic decrease in wait times. However, analysis of the data collected from the Mental Health Division's statistical reports, 1999-2002, does show that with this cooperation between consumers, families, and medical personnel, the period of time officers spent waiting at Emergency Rooms for evaluation of patients has decreased.

Table I: Estimated waiting time for ER evaluation (Galveston County Sheriff's Office)

1999	2000	2001	2002
5-7 hours	4-5 hours	5-6 hours	2-4 hours

The decrease in wait times is significant because the officer can return to service faster to be available for other crisis calls.

The results for Galveston County and other areas with mental health training programs differ for several reasons. With recent budget cuts to the mental health system in Texas, streamlining of the Sheriff's budget, a growing population of mentally ill patients in the County, and a shrinking number of psychiatric beds at the two area hospitals, the system is trying to do more with less. This effort takes time to produce good outcomes and the time often impacts the officers who have to wait with patients for evaluations.

Unlike other areas that have adopted training programs, Galveston County does not have a direct crisis clinic where officers can drop off individuals who are in crisis. Mental Health Deputies have to go through the Emergency Rooms of local hospitals to get the clients evaluated.

Frequently, clients are aggressive and violent, so the officer takes on the responsibility to stay with the individuals until they are evaluated. This can take hours, depending on the number of people that are waiting to be seen or bed availability. Psychiatric departments give the Mental Health Officers first priority on arrival, but it can still take a long time depending on the wait times in the ER. Officers remain out-of-service for longer periods of time and are unable to return to service in a timely manner.

To determine officer confidence in handling calls for service that involve dealing with someone suffering from mental illness, a survey was conducted of 20 officers in Galveston County who have gone through the mental health training. Some of the surveys were completed in person, others by phone. Almost 90% of individuals who answered the survey felt more confident when handling calls for people in crisis. Some said that the training was helpful because they had learned the complicated process required to have someone evaluated at the local hospital. Others mentioned that they now feel more comfortable communicating with the mentally ill because they are able to understand the issues better. One individual stated that before the class, he had avoided direct dealings with people with mental health problems because he did not know what to say, but that he is now able to communicate with the mentally ill because he better understands their illnesses. Respondents expressed a better understanding of the legal issues and diagnoses surrounding mental illness which makes the officers more confident when making calls.

Some of the officers who responded to the survey also mentioned a desire for regular training, so they would be able to keep up with everyday changes that are happening within the legal system. These classes would also help them become more familiar with symptoms of illnesses, so they would be better equipped to recognize these illnesses more quickly in the

clients they come into contact with. The author believes that with this recognition, officers will feel more confident when addressing a mentally ill individual.

The Galveston County Mental Health Division practices jail diversion by transporting individuals to local hospitals instead of jails when appropriate. They receive a large number of calls each year to assist individuals and families with assessment, transportation, and referrals. The most important calls for service are requests to help an individual in crisis. Crisis evaluations are calls to assess and evaluate individuals who are an imminent threat to themselves or others. These individuals would likely be injured or taken to jail if there was no field evaluation of their mental status, because the patrol officers who often respond to the calls have little specific training about mental illness. While not all of the requests for service are calls to address crisis situations, the rise in the number of crisis calls over the past few years indicates the potential for danger if the program does not evolve from its present status. The author reviewed the total number of calls for service and the number of crisis evaluations that were performed by the four full time and two reserve officers of the Division in FY 1999, FY 2000, FY 2001, and FY 2002.

Table II: Mental Health Division Statistics (Galveston County Sheriff's Office)

	FY 1999	**FY 2000**	**FY 2001**	**FY 2002**
Total Calls for Service	2201	2990	2343	2897
Crisis Evaluations	313	480	493	525

The above chart indicates an increase in crisis calls from one year to the next, along with an increase in total calls for service. This information is significant because the majority of the crisis evaluations conducted by deputies ended in the consumer being taken to a local hospital for evaluation, instead of to the County jail.

DISCUSSION/CONCLUSION

Since the policy of deinstitutionalization has evolved, individuals with mental illness have been released from mental institutions and sent back to their communities. These individuals are not receiving appropriate treatment and community follow-up because of state budget cuts. The lack of comprehensive treatment has created crisis situations for communities and law enforcement officers. Officers who do not receive adequate training in mental health issues often end up in situations that lead to injuries and arrests.

Many times, individuals with mental illness end up in local jails because the officers do not know where to take them. The jails have become warehouses for subjects with mental illness and are not equipped to provide the treatment that these individuals require. The inmates are getting lost in the system, especially within small agencies, which don't have the time or the manpower to deal with individuals with mental illness.

Officers who arrest mental health consumers and have not been trained to deal with the mentally ill are often not aware of community programs to help individuals with mental illness. Many times, they don't want to transport individuals to hospitals because they know they will have to wait for an evaluation, so they end up filing charges on individuals who should really be hospitalized. "On average, inmates with mental illness serve a longer portion of their sentence than inmates without mental illness" (Close Up, 2002). In order for this to stop, officers must take the time to deal with individuals appropriately so they can stay out of the jail system. Mental health training is an effective way to increase an officer's knowledge of mental illness and the community programs available to consumers.

This paper examines the subject of specialized mental health training for law enforcement. It presents research data to determine if the training benefits an agency by

reducing the amount of time officers spend on calls that involve the mentally ill, increasing the confidence level of officers in crisis situations, and diverting individuals from the criminal justice system.

In the first part of this research, data was presented to show that deputies from the Galveston County Sheriff Office's Mental Health Division spent less time waiting in local Emergency Rooms for evaluations of mentally ill individuals. The numbers are significant because the officers were able to return to service faster, which allowed them to be available for more calls. While Table I shows an overall decrease in time spent in ERs, it also shows that times increased in 2001, before dropping again in 2002. This may be the result of an increase in overall visits to local Emergency Rooms and a decrease in the number of Registered Nurses across the country. While officers cannot control these factors, the Mental Health Division has begun working with local Emergency Departments to alert them to the arrival of a person in mental health crisis and obtain psychiatric evaluations faster.

To address the confidence of officers before and after mental health training, the author conducted a short survey of recently trained and existing Mental Health officers from Galveston County. The results of the survey revealed that after training, the officers felt more confident approaching and dealing with individuals who suffered from mental illness. They also felt more confident when answering calls on a person with mental illness because they knew the resources available to them. Officers knew what to do and where to transport individuals who needed evaluations or referrals, which also decreased the time they spent on calls and allowed them to return to service faster.

While gathering researching this paper, the author discovered that cities with mental health training programs showed a decrease in arrests of the mentally ill and a notable rate of

diversion from the criminal justice system to the mental health system. The same result was obtained when the author examined local statistics: Calls for crisis evaluations increased over a four-year period, which resulted in more hospital evaluations and fewer arrests of persons with mental illness. This information is important to communities interested in developing mental health training programs because consumers will receive the treatment they need, instead of being warehoused in jails.

Plans to start jail diversion programs are being talked about all over the nation right now, but with the budget crisis that is now upon many states, it will be hard to implement those plans. Recently in Texas, local Mental Health/Mental Retardation centers were asked to cut their budgets by 10%, which will have a serious effect on their communities, by decreasing the already limited services available to consumers.

The type of training promoted by this paper involves educating officers about mental illness and helping officers to become more aware of the problems facing the mentally ill and the resources available to help them. In this way, officers will have a better understanding of mental illness and will not feel the need to confront, but rather to empathize and evaluate. The results of the survey support the hypothesis by showing that officers do feel more confident approaching the mentally ill after training. Officers with specialized training are also able to defuse tense situations and transport individuals in crisis to important community resources for help, instead of arresting them. After training, every officer is expected to be more sensitive to mental health issues, creating a more confident and effective officer.

It is important to note that not all types of crisis intervention training will be effective in all communities. In many parts of the country, SWAT teams are used to handle crisis calls. At one conference attended by the author, a photo of an officer wearing a black mask and carrying

an automatic rifle graced the cover of the course manual, along with the title “Confronting the Mentally Ill” (Barney, 2000). With this type of training, officers arrive in riot gear, which would likely make a client with a mental illness very uncomfortable. The effectiveness of these intervention programs is unknown, but the author expects that if researched, the programs would have negative outcomes, since many individuals in crisis are paranoid or delusional and might be intimidated by an officer dressed like he is ready for a shoot-out.

Although the research conducted for this paper would seem to indicate that CIT and related mental health training is essential to law enforcement in today’s world, the author feels it is important to cite an article in the December 8, 2002, Houston Chronicle (Head & Kelly). This article states that the CIT program in the Houston Police Department has not been as successful as was hoped, when CIT officers are dealing with “life-threatening situations.” While the article does not offer suggestions as to why the program has not been successful, it does ask for the development of committees to review CIT’s effectiveness in Houston. The author of this paper has not examined Houston’s CIT program first-hand, but offers two suggestions as to why the program may not be effective: The type of officer who signs up for CIT training may not have the necessary experience to address any crisis situation (such as rookies), let alone those involving a person with mental illness. Also, the uniformed officer in CIT may provoke a disturbed individual in such a way that the plainclothes officer of other mental health training programs doesn’t.

This research is relevant for law enforcement agencies that operate in communities with a large population of individuals with mental illness or that are considering developing their own mental health training. Agencies should begin by asking themselves and their communities how to deal with the problems they face. The paper opens the door for those agencies that want to

start their own training program and provides brief research that shows the effectiveness of the training on one community. The author hopes that this information will drive other agencies to address the issue of mental illness in their communities and to prepare for an oncoming crisis that is inevitable.

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