Mental Health Training for Law Enforcement Professionals

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The purpose of this pilot study was to determine topics of interest and preferred modalities of training for police officers in their work with persons with mental illness. Police officers across Massachusetts attending in-service mental health training were asked to rate the importance of potential mental health topics and the effectiveness of potential training modalities on a Likert-type scale. Additional data collected included the officer's experience, level of education, motivation for attendance, previous attendance of post-academy mental health training, and preferences for length, frequency, training site, and trainer qualifications. A *t* test was used to determine if there were significant differences ($p < .05$) between those who volunteered and those who were mandated to attend the training. Repeated-measures ANOVAs were used to determine if there were significant differences ($p < .05$) between mental health topics and lecture formats and to determine the effect of education and experience on the results. Although all topics suggested were rated, primarily, as fairly important, the topics of Dangerousness, Suicide by Cop, Decreasing Suicide Risk, Mental Health Law, and Your Potential Liability for Bad Outcomes were given the highest ratings. Role-playing was rated significantly lower than other training modalities, while Videos and Small Group Discussion had the highest mean scores. Level of prior education had no significant effect on the ratings, but officers with more experience rated the importance of mental illness as a training topic significantly higher than officers with less experience. This survey suggests that police officers are interested in learning more about working with persons with mental illness and view it as an important aspect of the job.

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Law enforcement professionals provide up to one-third of all emergency mental health referrals.[1] They interact with more persons with mental illness than any other occupational group outside the mental health field.[2] They are often the first to respond to a mentally ill person in crisis and are called on to determine if and when a person should be referred for mental health treatment; yet, in general, their training in mental illness is limited.[1] Some jurisdictions have developed intervention models that include officers who are specially trained in mental health.[3–6] Officers in the field, however, commonly encounter citizens with mental illness without any more specialized training than they received in their initial academy training. A 1995 survey of California law enforcement agencies found that the average number of mental health training hours in the academy was 6.3, only 83 of 158 agencies provided mental health training after the academy, and only seven percent of departments reported they had specific training on suicide prevention for custody officers.[7]

Deinstitutionalization, more stringent commitment criteria, and cutbacks in treatment programs have resulted in an increase in the number of mentally ill persons involved with the police.[8] When combined with increased demand for intervention, this limited amount of training has become a great source of frustration for law enforcement professionals. The risk of morbidity and mortality related to encounters between law enforcement and persons with mental illness has the potential to be quite high[9,10]; therefore, it has been suggested that it would be in the best interest of all parties to educate officers about ways to manage persons with mental illness with an eye toward decreasing the risk of

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harm.[9,11] Recognizing a need, police officers have been turning to mental health professionals to provide training in mental health.[12] In this pilot study, we sought to examine preferred topics and modalities of mental health training from the police officer's perspective.

Methods

Subjects

Approval for this study was obtained from the Institutional Review Board of the University of Massachusetts Medical School. Data were collected from police officers across Massachusetts who attended one of two in-service training seminars about mental illness. The first seminar was a full-day training seminar titled "Reducing Risk of Death in Custody." It was divided into medical causes of death and suicide risk reduction for persons in custody. It took place 18 times from October 2001 to June 2002. The second seminar was a three-hour seminar titled "Mental Health Issues for Law Enforcement Officers." It took place 18 times from October 2001 to June 2002. Subjects were among those who attended from January to May 2002. All seminar participants were presented with a written survey prior to the beginning of the training seminars. The survey began with a description of the study and information related to consent, including the notation that consent would be indicated by returning the survey to the seminar instructor.

Data Collection

Surveys were distributed to all police officers attending the training ($n = 150$). The survey incorporated questions about the officer's background, including years of law enforcement experience, prior post-academy mental health training, level of education, and motivation for attendance. Subjects rated the importance of knowledge about mental illness and 14 potential mental health topics on a scale of 1 to 4, with 1 representing "completely unimportant" and 4 representing "very important." They rated seven presentation formats on a scale of 1 to 4, with 1 representing "completely ineffective" and 4 representing "very effective." They rated their preference for length, frequency, training site, and trainer qualifications and had the opportunity to provide a written response for additional topics of interest.

Analyses

The mean rating and the percentage of subjects responding to each rating[1–4] were calculated for each mental health topic and lecture format. Repeated-measures ANOVA was used to determine if there were significant differences ($p < .05$) between mental health topics and lecture formats. Repeated-measures ANOVA was also used to determine the effect of education and experience on the ratings. A t test was used to determine if there were significant differences ($p < .05$) between those who volunteered and those who were mandated to attend the training.

Results

Of the 150 surveys distributed, 126 were returned, representing a response rate of 84 percent. According to a census taken in 2000, this sample represents less than 1 percent of the total number of local police officers ($n = 16{,}718$) in Massachusetts.[13] Over half (55.4%) of the police officers attending the training volunteered to attend. The majority (73.4%) of police officers reported they had previously attended post-academy mental health training. Regarding highest level of education, 28.8 percent had taken some college classes, 32 percent had graduated from college, 9.6 percent had some post-graduate training, and 19.2 percent had completed post-graduate training. Regarding experience, 19.2 percent had 1 to 5 years, 22.4 percent had 6 to 10 years, 20.8 percent had 11 to 15 years, 14.4 percent had 16 to 20 years, and 14.4 percent had over 20 years of law enforcement experience.

Over 90 percent of respondents reported that the topic of mental illness was either fairly or very important. Interest in particular topics varied, although all topics were rated by a majority of respondents as fairly or very important. Table 1 identifies those topics ranked as of significantly greater and lesser interest, along with an intermediate group. The topics of Dangerousness, Suicide by Cop, Decreasing Suicide Risk, Mental Health Law, and Your Potential Liability for Bad Outcomes were rated significantly higher (repeated-measures ANOVA, $p < .05$) than the topics of Management of Problem Behaviors, Mental Health Resources in Your Area/Institution, Personality Disorders, Overview of Specific Types of Mental Illness, and Types of Medication and Their Side Effects, which, although considered important, were ranked lower in an overall preference list. The topics

Table 1 Police Preferences for Mental-Health-Related Training Topics

Topic	Mean Rating*	% Responding Very Important*
Dangerousness*	3.86	89.6
Suicide by Cop*	3.77	82.4
Your Potential Liability for Bad Outcomes*	3.73	77.6
Decreasing Suicide Risk*	3.71	74.4
Mental Health Law*	3.63	68.0
How to Recognize Mental Illness	3.62	66.4
Drug and Alcohol Abuse	3.58	64.8
Effective Communication With Persons With Mental Illness	3.58	64.8
Stress Management	3.51	58.4
Management of Problem Behaviors†	3.44	49.2
Mental Health Resources in Your Area/Institution†	3.37	45.9
Personality Disorders†	3.27	36.0
Overview of Specific Types of Mental Illness†	3.25	35.0
Types of Medication and Their Side Effects†	3.23	37.1

Based on a Likert-type scale: 1, completely unimportant; 2, fairly unimportant; 3, fairly important; 4, very important.
* Topics rated significantly higher (based on repeated-measures ANOVA with $p < .05$) than † topics.

of Effective Communication With Persons With Mental Illness, Drug and Alcohol Abuse, and Stress Management received intermediate ratings (Table 1). Level of education did not have a significant effect on the ratings, but police officers with more law enforcement experience rated the importance of learning about mental illness significantly higher (repeated-measures ANOVA, $p < .05$) than officers with less experience. Subjects who volunteered to attend the training rated Importance of Mental Illness as a training subject and the topics of Overview of Specific Types of Mental Illness, Personality Disorders, Mental Health Resources in Your Area/Institution, Suicide by Cop, Management of Problem Behaviors, and Stress Management significantly higher (t test, $p < .05$) than those who were required to attend.

With the exception of Role-playing, which was rated significantly lower (based on repeated-measures ANOVA with $p < .05$), there were no significant differences among training modalities. Responses ranking presentation formats as very effective were 37.7 percent for Video, 29.9 percent for Small Group Discussion, 29.0 percent for Handout, 25.0 percent for Lecture, 22.7 percent for Role-playing, 22.3 percent for Slides, and 22.5 percent for Panel Discussion. Responses ranking presentation formats as completely ineffective were 0 percent for Video, 1.7 percent for Small Group Discussion, 0.8 percent for Handout, 0.8 percent for Lecture, 5.0 percent for Role-playing, 0.8 percent for Slides, and 1.7 percent for Panel Discussion. The average ratings for teaching formats were 3.34 for Video, 3.21 for Small Group Discussion, 3.17 for Handout, 3.15 for Lecture, 2.87 for Role-playing, 3.21 for Slides, and 3.12 for Panel Discussion.

Regarding training frequency, 68.3 percent of respondents preferred yearly training, 18.7 percent preferred training once every five years, 11.4 percent wanted training every six months, and 1.6 percent wanted training on a monthly basis. Regarding training length, 55.7 percent preferred a half day of training, 22.1 percent wanted a full day of training, 19.7 percent wanted two hours of training, and 2.5 percent wanted one hour of training.

There were 12 written comments about additional topics for training. Three respondents requested more information about civil commitment laws. Other requested topics included jail diversion, feedback from mental health professionals regarding performance, juvenile issues, death in police station "lock-ups," dealing with family members of mentally ill persons, dispatcher's role in suicide attempts, mental health issues within police departments, video examples of persons with mental illness, how to communicate with mental health professionals, and visiting community mental health facilities.

Conclusions

In this study, we conducted a preliminary analysis of the topics, presentation formats, and frequency of mental health training preferred by police officers. Although the officers were from police departments across Massachusetts, only a small percentage of Massachusetts police officers were surveyed. Because of the small sample size and potential bias of the study population, it is not clear whether the findings from this survey can be generalized to all police officers; thus, the results must be interpreted with caution. Although just over half of respondents volunteered to attend the training, over 90 percent of respondents reported that the topic of mental illness was either fairly or very important to their work. In addition, the responses for interest in topics and lecture modalities were compressed in the three to four range. When taken together, these data suggest that many police officers are interested in learning more

about working with persons with mental illness and view it as an important aspect of their job.

In this survey, over 70 percent of officers reported receiving post-academy mental health training. It is possible that the high percentage of officers who received post-academy mental health training reflects a self-selected population, in that officers with preexisting interest in mental health training may have chosen to attend the training sessions where the survey was administered. Similarly, the officers who were mandated to attend the training may have been sent from individual police departments that emphasized mental health in-service training for their officers. Officers may be receiving such mental health training as a consequence of recent litigation related to officer performance in crisis situations (see for example, *Palmquist v. Selvik and the Village of Bensenville*[14]) or based on a recognition of the frequency with which officers encounter persons with mental illness in the course of their work.

Police officers are not asked to oversee the management of persons with mental illness on a long-term basis. This may explain why the topics of Management of Problem Behaviors, Mental Health Resources in Your Area/Institution, Personality Disorders, Overview of Specific Types of Mental Illness, and Types of Medication and Their Side Effects, although still desired by respondents, were not rated as high as the other topics. Although correctional officers were not included in this survey, they may have more interest in these particular areas.

Given the current interest in mental health training, it is likely that many mental health professionals will be asked to speak to law enforcement professionals about mental illness. When time is limited for training, this study suggests that officers would choose the topics of Dangerousness, Suicide by Cop, Decreasing Suicide Risk, Mental Health Law, and Your Potential Liability for Bad Outcomes as topics of interest. Additional topics could include Effective Communication With Persons With Mental Illness, Drug and Alcohol Abuse, and Stress Management. Based on the written comments from this study, there may also be a need for less formal, more specific discussions on topics such as how to communicate with mental health professionals or jail diversion. Training in some of these areas may warrant the addition of legal professionals to the training team. Regarding the topics selected by study subjects, however, these personal preferences must be balanced with the mental health topics that training and commanding officers would select for their departments. For example, for the training programs attended by study respondents, police chiefs and training coordinators were specifically asked to design curricula that included education about types and manifestations of mental disorders. Although the individual officers in this study did not rank the topic of Overview of Specific Types of Mental Illness as high as other topics, teaching officers to understand basic differences between specific mental illnesses may be useful in improving communication and understanding of the persons whom they encounter. In this regard, police departments could also solicit advice from mental health professionals and local agencies in selecting prioritized topics. Although attitudes of police officers may be more difficult to change,[9,12] providing training topics aimed at increasing knowledge may be a first step. Further study is needed to identify the effectiveness of such training in improving outcomes in law enforcement encounters with persons with mental illness.

Regarding training modalities, Role-playing was rated significantly lower than the others, but the percentage of respondents rating it as extremely effective was similar to that for both Slides and Panel Discussion. The percentage of respondents rating Role-playing as completely ineffective, however, was higher. This most likely reflects extreme views toward Role-playing, with fewer respondents giving mid-range ratings. For some officers, role-playing may be considered a very useful training modality, but other officers may not prefer this training technique. Thus, when considering role-playing as a training modality, we recommend asking about the level of comfort with it prior to including it as a part of the training.

Regardless of the method, when developing training for police officers, it is important to keep in mind that many police officers may have completed college and engaged in post-graduate studies. Therefore, the level of the information should be presented to suit their needs. Officers and mental health professionals come from different vantage points in their exposure to persons with mental illness. In our experience, using mental health and law enforcement professional co-trainers allowed the officers to learn from the perspective of each discipline. It has been noted that, in working together, police and mental health providers must be mindful of the limits of their ex-

pertise.[11] By collaborative teaching or by having a designated law enforcement leader in attendance, mental health professionals in the instructor role can defer questions related to police procedure to someone with expertise in that area, and vice versa. This approach to teaching may also serve as a model for effective communication between a law enforcement officer and a mental health professional.[15] Such efforts may assist mental health professionals in joining forces with law enforcement to provide the most effective means of managing persons with mental illness in crisis.

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