POLICE OFFICERS' KNOWLEDGE OF, AND ATTITUDES TOWARDS, MENTAL ILLNESS AND THE MENTALLY ILL INDIVIDUALS

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Abstract

Police officers are some of the first professionals that might have direct interaction with individuals with mental illnesses. Statistics show that from 2017 to 2020 about 3986 individuals in the United States were fatally shot by police officers (Statista, 2021). These reports indicate that at least 25% and as many as 50% of all fatal shootings involved individuals with untreated severe mental illness. The purpose of this pilot study was to test the effectiveness of a five-day psycho-educational mental health awareness training in enhancing law enforcement officers' knowledge about mental illness, and their perceptions towards mentally ill individuals-using a pretest-posttest design. The Community Attitudes Towards the Mentally Ill (CAMI) scale was used to measure participants'four mental health attitudinal domains - authoritarianism, benevolence, social restrictiveness, and community mental health ideology. The results indicate that at the completion of the training there was an increase in participants' confidence about their knowledge of the mentally ill individuals and mental illness conditions. However, the results also indicate a slight decrease in participants' mental illness social restrictiveness sentiment after the completion of the training. Additionally, the results also show a correlation between demographic variables and some of the domains. Implications for practice are discussed.

Keywords: Police, mental health, attitudes, mentally ill individuals.

1. Introduction

Police officers are some of the first professionals that might have direct interaction with individuals with mental illnesses. These encounters occur in several contexts and often require police officers to exercise sound judgment and to make critical decision-making under pressure. Cordner (2006) reported that over 90% of police officers on patrol often encounter an individual with a mental illness. Others (Franz & Borum, 2011; Watson et al., 2014) also noted that 7 to 10% percent of all police encounters involve people affected by mental illness However, many believe that these encounters are often dangerous for both police officers and individuals with mental illness (Kerr, et al., 2010), but more for people with mental illness (Cordner, 2006). According to Frankham (2018), a quarter of the 2000 individuals that were fatally shot and killed by the police between 2015 and 2016 were individuals with mental illness. Recent data on police-related shootings in 2018 also indicate that a significant portion (25%) of the fatal police 1000 police shootings involved individuals with mental illness (Saleh et al., 2018). Previous research findings showed that police officers' attitudes towards mental illness and mentally ill individuals may determine their interaction with these individuals, as well as the mentally ill individuals' cooperation with the police (Rogers et al., 2019). The prevalence of these incidences has resulted in the growing interest in police officers' attitudes towards the mentally ill as well as interventions targeted at improving negative attitudes.

1.1. Police officers attitude towards persons with mental illness

The results of these previous studies on the attitudes of various professionals towards individuals with mental illness are mixed; whereas, some are positive others are negative (Lavoie et al., 2007; Nauta et al., 2019, Stuber et al., 2014). For instance, both Stuber et al 2014 and Nauta et al., 2019 found that the attitudes of mental health professionals and physicians towards individuals with mental illness to be positive. However, Watson et al. 2014 suggest negative attitudes towards individuals with mental illness among police officers. Callahan (2004) and Lavoie et al. (2007) also found negative attitudes towards inmates with mental illness among correctional officers. Research also shows that compared to the general

population, people with mental disabilities are more likely to encounter the criminal justice system, especially police officers (Hughes et al., 2012; Viljoen et al., 2017). However, even with existing procedures and legislation, the outcomes of the interactions between the mentally ill and police officers have not always been positive. To that end, an important consideration and step that is currently taken to improve the attitudes of police officers towards the mentally ill is the provision of training workshops. For instance, Pinfold et al. (2003) conducted pre and post-research to reduce the psychiatric stigma and discrimination among the police force in the United Kingdom using a total of 109 police officers. A short educational intervention was provided during the training workshops to increase police officers' knowledge of psychiatric disorders. The results of the study showed there was a very small change in participants' attitudes towards people with mental health problems.

1.2. Demographic variables and attitudes towards persons with mental illness

Previous researchers' findings have identified a correlation between disability attitudes and demographic variables such as age, sex, educational level, religious beliefs, academic major, and extent of contact with persons with a disability (Salimi & Crimando 2018, Grames & Leverentz, 2010; Stebnicki & Marini, 2012). The findings, however, have not been reported to be consistent, as the results have depended on the characteristics and disability populations studied. For instance, Yuker and Block (1986) reviewed research findings related to gender and disability attitudes and they found that 44% of the studies reported that women had more favorable attitudes toward people with disabilities than men, whereas only 5% of the studies reported more positive attitudes among men than women. Consequently, more studies need to be completed to assess the relationship between demographic variables and attitudes to persons with disabilities, including those with mental illness. The purpose of this pilot study, therefore, was to test the effectiveness of a five-day psycho-educational Mental Health Awareness raining (MHA) in changing police officers' attitudes towards mental illness and the mentally ill individuals' using a pretest-posttest design. The followings were the research questions:

1. Is MHA training effective in improving the law enforcement officers' confidence level about their knowledge of the mentally ill individuals and mental illness conditions?
2. Is MHA training effective in improving the attitude of the law enforcement participants about individuals with mental illness in the following four attitudinal domains of CAMI's scale? (Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology).
3. Is there a correlation between demographic factors and any of those attitudinal domains?
4. Do police officers who have had someone with mental health disability in their immediate family or have had first-hand experience with someone with mental illness show more positive attitudes than those who do not?

2. Methods

2.1. Participants

The participants in this pilot study were 11 law enforcement officers who attended a mental health awareness training in the state of Missouri, USA. The mean age range of the participants was 30-40 years. Of the 11 participants, 6 (54.5%) were male and 5 (45.5%) were female. In terms of race, all of the participants 11(100%) identified themselves as Caucasian. Among the respondents, there were 6 (54.5%) law enforcement officers, 1(9.1%) medical officers, and 4 (36.4%) probation officers. Four (36.4%) of the respondents have a high school diploma, 5(31.3%) have an undergraduate degree and 2(18.2%) have a graduate degree. The majority of the respondents, 9(81.9%) have two or more years of experience.

2.2. Design

A cross-sectional survey design was used for the collection of data in the study. A cross-sectional survey design permits the collection of data from a sample to make inferences about the characteristics as well as the relationship between the characteristics of the population (Gray, et al., 2007). Prior to data collection, discussions were held between one of the researchers, who was a training consultant to a law enforcement agency in a large Midwestern state, to collect data for the study. Following the approval, participants were recruited directly by one of the trainers, who was charged with conducting the Mental Health Awarness (MHA) training which covered topics about various mental illnesses. Participants were voluntarily self-selected to participate in the study. The study also used a one-group pre-test, post-test design. The following research instruments were used:

1. Community Attitudes Towards the Mentally Ill (CAMI; Taylor and Dear, 1970). The CAMI includes 40 statements (5-point scale ranging from 1= strongly agree to 5=strongly disagree)

which are divided into 4 sub-scales: a) Authoritarianism: items for this subtscale measure an attitude that people with mental illness are inferior and require custodial care and a coercive approach, b) Benevolence: items for this subscale measures sympathetic view for that experiencing mental illness c) Social Restrictiveness: includes items that view the mentally ill as a threat to society, and d) Community Mental Health Ideology: items that focus on the therapeutic value of community in treating mental illness and acceptance of deinstitutionalizing the mentally ill (Morris et al., 2021). Beyond CAMI measures we also asked respondents one additional question which measured their confidence about their knowledge of the mentally ill individuals and mental illness conditions.

2. A Demographic Questionnaire. The demographic questionnaire gathered information about the law enforcement participants' sex, age, current job, education level, marital status, race, and religion. Three additional questions were also included in the questionnaire. One of the questions asked participants to identify if they have ever had a first-hand experience with an individual with a mental illness, and with the other item, participants were asked if they had any immediate family member with a mental disorder.

3. Mental Health Awareness Training. This five-days long training has been designed according to the national Crisis Intervention Training (CIT) guidelines and is offered by qualified mental health and law enforcement professionals. The CIT is a national evidence-based policing practice focused on reducing the risk of serious injuries during an emergency interaction between an individual who has a history of mental illnesses and police officers (Watson, 2017). The CIT training involves three components; the first component is training for self-selected police officers comprising 40 hours of instruction from community mental health workers, people with mental illness (PMI) and their families and advocates, and police officers familiar with CIT. The second component involves training and special coding for dispatch operators to enable them to recognize community reports with a high probability of PMI involvement and to route CIT officers there preferentially. The third component involves orientation to, a centralized drop-off mental health facility with an automatic acceptance policy to minimize police officer transfer time (Rogers et al., 2019).

3. Data analysis and results

Data from the completed surveys were extracted into the Statistical Package for the Social Sciences (SPSS.27.0) program for analyses. Descriptive statistics such as simple percentages, averages, and correlations were calculated to answer the research questions posed in the study.

The results from the pre-test and post-test mental health awareness intervention training indicate that at the completion of the training there was an increase in participants' confidence level about their knowledge of the mentally ill individuals and mental illness conditions. The results also indicate that the Anti-Sentiments about Authoritarianism increased from 20.02% to 25.48%. Moreover, the Pro-sentiments about Benevolence increased by 27.3 percent, from 49.1% to 76.4%, whereas the Anti-sentiments about benevolence decreased by about 12.5 percent, from 18.1% to 5.6%. Associatively, there was a slight decline in participants' Pro-sentiments about Social Restrictiveness of individuals with mentally illnesses, as it declined from 81.9% to 78.26%. Likewise, the Anti-sentiments about Social Restrictiveness slightly dropped from 25.48% to 21.84%. However, the changes in both categories are very small and may not be statistically significant. Further, the participants' Pro-sentiments about "Community Mental Health Ideology" increased by about 11% from 50.96% to 61.88% (Percentages of Strongly Agree & Agree responses). In addition, Anti-sentiments about Community Mental Health Ideology dropped from 9.1% to 5.46%. In terms of demographic variables, results indicated a correlation between age and Anti-Benevolence (.62). Also, gender was negatively (-.68) correlated with social reactiveness pro-sentiments. There was no correlation between marital status, education level, race, and religion with any of the domains. Also, having a history of being diagnosed with a mental illness was not correlated with any of the domains. Lastly, there was no correlation between having an immediate family member with a mental disability with any of the domains.

4. Discussions, limitations and future research

Despite the small sample size, the findings suggest that as a result of this training there have been positive changes in the participants' attitude about individuals with mental illness. Moreover, there has been an impressive change in participants' confidence about their knowledge of mentally ill individuals and mental illness conditions. Therefore, it would be beneficial to continue data collection in other training sites and geographical areas to explore this issue. This study presents initial information about the examination of a mental illness awareness intervention. Admittedly, the results may not be generalizable due to several factors. First, we had a very small and homogenous sample (11 participants, all Caucasian, Christians, and mostly married individuals). A more diverse population could have provided different results. Second,

voluntary convenient sampling (participants were largely sampled from individuals that presented for the training) may also limit the generalizability of the results. Lastly, we do not know the extent and types of the participants' contact or experience with individuals with mental illness. Future research is advocated to expand the depth and breadth of our study. For example, our study's sample size is very small and it is devoid of diversity in terms of race, religious beliefs, and marital status. Therefore, it is recommended that for future studies with larger sample size, more demographic variables be tested. In addition, future studies should also focus on ascertaining participants' level of contact with individuals with mental illness besides immediate family members, especially within the community and in the course of law enforcement work.

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