Mental Health Crisis, What Can Be Done?

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Abstract

The mental health crisis in America has largely been ignored in the criminal justice field. Police have little to no training on how to handle these situations leading to numerous arrests, the healthcare industry is swamped with so many people begging for help, and/or the people suffering from mental illnesses are left with little to no resources to deal with it on their own. By giving police officers adequate trainings, forming partnerships between police and the healthcare industry, and providing a safe place for people in a mental health crisis to go, the mental health issue in America can be tackled in a way that keeps everyone involved safe.

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INTRODUCTION

If recent years have shown us anything, working within the medical field and/or the policing field has become increasingly difficult. There have been different pressures placed on both, the medical field to help tackle the COVID-19 pandemic and the policing field to do better in their practices when dealing with the public. One struggle that both these professions have in common however is how to effectively, safely, and respectfully help those who suffer with mental illnesses.

It has been found that around 51,500,000 people in this country suffer from some sort of mental illness (National Institute of Mental Health, 2019). In terms of percentages, mental illnesses affect 20.9% of people in the United States (National Institute of Mental Health, 2019). Sadly, this issue only seems to continue to become a pressing issue especially with youth. That is not to say that the adults and/or the elderly do not suffer from mental illness, as people age fifty-year-old individuals and up have a 14.1% chance of suffering from any given mental illness, but they are the smallest group (National Institute of Mental Health, 2019). Those who are twenty-six to forty-nine years old still have a 25% chance, but those who are eighteen to twenty-five years old have the highest rate of 29.4% for suffering from a mental illness (National Institute of Mental Health, 2019). Coming from a background in hospital security, nurses, police officers, and security officers have to help with patients that suffer from mental illnesses almost on a daily basis. The question being since the number of patients only seems to be rising, is everything truly being done in the best way to ensure these patients are getting the help they need?

Purpose of Study

As it has become more apparent that there are plenty of people who need help out there that suffer with mental illness, it should be clear what role healthcare workers, including hospital security, and police officers hold when they come into contact with them. The UW Health Security Department has their own policies and procedures set in place on how to assist with those who suffer from mental illness. However, nothing is ever perfect, and many other places have their own policies and procedures that may in fact hold a better end result than the current ones put in place. As this is a newer topic as well, there are many procedures and/or policies in the testing stages that show promise to the healthcare field as well as the field of policing. This paper will argue for Crisis Intervention Teams to not only be utilized, but to be in house to help combat the long waiting periods that people go through to get the help they need. As well as, support and respect for the partnerships UW Health Hospital has made with the surrounding police departments and recommending these partnerships as it makes life easier for all parties involved. As for specific trainings, teaching officers to be less hands on and more empathic and communicative with those who suffer from mental illnesses really does seem to work best out in the field.

Methodology

This paper utilized secondary research. This topic has been researched before and there are many studies done showing what truly helps mental health patients and what practices are designed with the safety of all in mind. This paper compiles them and compares the benefits and the downsides.

Contribution

This topic is still relatively new, and more methods are being utilized in the field for dealing with and helping those who suffer with mental illnesses. The goal is to be able to sort through the various methods and advocate for which methods work and try to steer others clear from those that do not. There will also some first-hand knowledge as the author does work with many people suffering from mental illnesses coming from a hospital security background. The author does utilize certain practices to help everyone involved stay safe and get the patient to get the help they truly need.

LITERATURE REVIEW

As this country is realizing how big of an impact that mental health holds over the American people, it is vital that it is widely understood so our police officers have a better understanding of what to do to help fix it. There are a few sections to dive into to fully understand this topic. First, there are a couple of definitions to understand that had a hand in guiding this research. The other topics will be as follows: history of police interactions with those who suffer from mental illness, recent findings of police interactions, and beyond the criminal justice system alone.

Definitions

This paper refers to mental illness a lot, so a definition needs to be provided. A couple of definitions were used during this research, one for mental illness as a whole and one for the severe side of mental illness. For the broad definition of mental illness, the National Institute of Mental Health describes it as a disorder that impacts one's mental functions, behavior, or emotional health (National Institute of Mental Health, 2019). Going further, The National

Institute of Mental health states those who suffer from severe mental illness also have a disorder that affects the above, but it goes further to the point where the mental illness can cause severe functional impairment which then affects one or more of normal life activities in a major way (National Institute of Mental Health, 2019).

This paper also uses the term police interactions or variations of the term. Again, a broad definition was chosen for the research and this one comes from the Bureau of Justice Statistics. The Bureau of Justice Statistics (2015) uses the definition of any time a police officer interacts with the public or a member of the public, but there are two different kinds of police interactions, or police-public contact (Bureau of Justice Statistics, 2015). The type of police interaction depends on who, police or public, initiates the interactions first (Bureau of Justice Statistics, 2015). However, for this research this distinction is not all that important as the research is looking at all interactions.

History of Police Interactions with Those Who Suffer from Mental Illness

As stated previously, this is a relatively new topic and the history of police and people who suffer from mental illnesses is fairly short. But nevertheless, police find themselves on the frontline in a mental health professional manner partially due to deinstitutionalization (Lamb et al., 2014). Given there was no time to prepare, the police departments, which are currently overwhelmed with mental illness interactions, were found without any resources on what exactly to do when these situations arose and do not know how these cases are different. Suddenly, police found themselves dealing with those who suffer from mental illnesses as it is their duty to protect and serve their communities, and due to the mental health hospitals closing, they began receiving the publics calls for help, including from those who do not have control over their mental statuses (Lamb et al., 2014). To give an idea of how important and long these calls there

are, one study found that police will respond and be on mental health calls longer than they are on traffic related calls, burglary calls, and assault calls on a typical time span (Barillas, 2012). Initially, if someone suffering from a mental illness had committed a crime of any sort, they were immediately arrested and taken to jail to be punished, no matter the circumstances (Lamb et al., 2014). Percentage wise, somewhere between twenty and forty percent of people with a mental illness today are placed within the correctional system, be it jails or prisons, due to a crime they committed (Mclean & Marshall, 2010). In more recent times, police have been able to use their discretion in interactions with those who suffer from mental illness depending on the type of crime. The police typically chose to either do as they have and start them in the correctional process by sending them to jails or the police have begun to take them to a nearby hospital to try and get the person some help to deal with the mental illness rather than just punish them (Lamb et al., 2014). Which presents the first of many solutions, get the health care system involved and treat the problem at the source.

Interestingly, and unfortunately, another reason that this issue should be addressed is that historically, people who suffer from mental illnesses are more likely to become victims of crimes in addition to them being in contact with the police and arrested for minor crimes more regularly than the rest of the population (Schulenberg, 2015). This researcher offers that since those who suffer from mental illness tend to present similar characteristics to those who are under the influence of illegal drugs or alcohol, some officers will assume that is what they are dealing with and approach things like they would be dealing with drug or alcohol abusers (Schulenberg, 2015). There are many similarities to these types of cases in general terms. Both types of individuals typically exhibit behaviors such as uncooperative, uncommunicative, aggressive, and potentially physical. Schulenberg (2015) suggests that this is where there may be an unconscious

connection made, leading to the larger number of arrests involving people with mental illnesses (Schulenberg, 2015). The researcher puts forward two different solutions that fall under the same category, crisis teams. Here in the United States, some police departments have begun training specific officers to form a Crisis Intervention Team which strictly interact and handle cases that include those who suffer from mental illness (Schulenberg, 2015). These selected officers receive additional training to better prepare them for what they may encounter out in the field (Schulenberg, 2015).

The second solution comes from Canada. They take the same idea but take it one step further. They too enlist the usage of Crisis Intervention Teams, but they tack on health care workers who will ride along with the police officers and assists with any given situation that requires mental health intervention (Schulenberg, 2015). This is not limited to police either as other professions such as hospital security have a partnership with Crisis Intervention Teams as well. However, they are still fresh in practice and it is too early to tell if this is the new standard for dealing with and assisting those suffering from mental illness. But these Crisis Intervention teams do show promise and have shown signs of properly improving the way that these interactions are conducted and handled (Schulenberg, 2015).

To really finalize and show the importance of why the mental health crisis is a problem that should be dealt with quickly, the statistics in the beginning being 51,500,000, or 20.9%, of the United States citizens that suffer from mental illnesses are only coming from a confirmed diagnosis (National Institute of Mental Health, 2019). This means that there are plenty more people out there in the United States who have not been seen or tested for mental illness because they do not have resources available to them or do not use available resources in general. Lehrmann and Kerschner's (2016) research concluded that it is possible that everyone has a fifty-

fifty chance in their entire lives of developing some kind of mental illness. At the end of the day, any United States citizen could hypothetically flip a coin and have the same odds of developing a mental illness sometime in their lifetime. This is why this issue is so important. Any police office may have up to fifty-fifty chance of being involved in a situation where the individual they are interacting with may have at least one mental illness. To have as little training or resources available to all parties involved with such high stakes is not only irresponsible but could also be extremely dangerous for anyone and everyone involved. With such chances, it is obvious as to why the public and the police departments want to see each and every police officer trained on how to handle these situations.

Recent Findings of Police Interactions

The severity of ones' mental illness could become an issue too. There are some with more severe mental illnesses can impact a person's way of living and could impair someone's normal life activities (National Institute of Mental Health, 2019). One of these such mental illness that police find themselves interacting with commonly would be that of the autism spectrum disorder. On the severe end of the spectrum, autism spectrum disorder can cause those who suffer from it to be nonverbal. Individuals on the severe side of the autism spectrum may also find themselves extremely sensitive to others touching them and may become aggressive if they do not understand their situation. Unfortunately, this type of behavior is uncontrollable due to the nature of the Autism Spectrum Disorder and can make it difficult for police to communicate and effectively do their jobs. Though there are trainings out there to help the officers be better prepared and have a broader understanding on how to work with those on the autism spectrum, it may not be enough according to one study done in 2016. This research study was presented in Wales and England and had to do with how the officers viewed such trainings

that they had received. Forty-two percent of the 394 officers who responded stated that they were actually satisfied with their interaction and their end results with those who are on the autism spectrum (Crane et al., 2016). There could be numerous reasons behind the percentage but having less than fifty percent of the officers feeling good about how their interactions went is not a good thing in the slightest. Furthermore, the researchers asked how many officers had received prior training on how to interact with those who suffer from mental illness before their interactions and of the 394 only 37 percent stated that they had gotten some kind of training (Crane et al., 2016). With there being an ever-increasing number of interactions between police officers and those who suffer from mental illness, having less than half having some sort of training before hand is not going to benefit anyone. Moving over to the public's portion of this study, the researchers found that 74 percent of parents with kids who are on the autism spectrum and 69 percent of adults on the autism spectrum were upset by their interactions with police and dissatisfied with how things were approached during the process (Crane et al., 2016). One simple solution to this issue is training to all officers. Police are there to protect and serve and having almost three-quarters of a population finding themselves dissatisfied with the police is doing nobody any favors. If there is training available, the departments and their leadership teams should want to have their officers trained not only to provide a safer interaction for both officer and the person on the autism spectrum, but to also protect the department from being sued for mishandling of a situation. Places such as UW Health hospital provide such trainings for not only their security department, but for all their employees to ensure they are all aware of what to do should they come across such a situation. If it can be done for medical staff and security, it can be done for police officers.

A certain study could not offer any solution to what does work with those who suffer from mental illness, but they could offer a definitive answer on what never does work, that being use of force (Cappellazzo, 2016). Much like police officers assuming those who suffer from mental illness are under the influence of illegal drugs or alcohol, without the proper training, the police may also assume the individual is just looking to make trouble as an unruly citizen (Cappellazzo, 2016). Officers are trained to exhaust all other means and methods to gain compliance to further deescalate a situation before they use force to gain compliance. Though it may work for those unruly citizens some of the time, it tends to cause further aggravation and further escalate the situation when interacting with those suffering from a mental illness (Cappellazzo, 2016). One researcher found that providing even as little as 40 hours of Crisis Intervention training or other such similar trainings will give officers enough knowledge and preparation to recognize when it is someone dealing with a mental health crisis and then key them into using said training to properly handle the situation (Cappellazzo, 2016). Even the 40 hours of this type of training is found to be a better preparation for their officers to be able to observe the situation different and react in a safer and more proper manner (Cappellazzo, 2016). As stated previously, this type of training is still fairly new, but this is one of those cases where it really shows some positives to having the officers trained in Crisis Intervention or similar techniques.

There is another issue that on its own is not a bad thing; this issue being the use of discretion on the police officer's end. Again, police officers being able to use their discretion on calls is usually a good thing; however, this is not always the case when they are dealing with people suffering from mental illness (Godfredson et al., 2010). This is more along the lines of a communication issue than anything, but that is still a major issue as touched on previously.

Everyone has biases and it affects the decisions that are made, including the police. Whether or not a police officer perceives someone as aggressive and combative even if the individual is having a mental health crisis, they may respond with more aggression and escalate the situation (Godfredson et al., 2010). These researchers conducted an experiment to see if police officer could correctly respond to separate scenarios. The officers were shown three different videos of police interactions, one involving someone suffering from a mental illness, one without, and one with a regular combative person (Godfredson et al., 2010). Based off of their trainings, the officers had to determine which person had the mental illness and had to describe how they would handle each interaction (Godfredson et al., 2010). This was found to be a difficult task for the officers, and many got the individuals confused (Godfredson et al., 2010). In the field, they may only have mere seconds to figure out what is going on and how they should and need to react to the situation, so this is a difficult thing to accomplish and do so correctly. But there are trainings and communication skills, that will be discussed later, that can be utilized so that the officer and the person with the mental illness is safe remain safe throughout the entire interaction. But some police interactions do end poorly or dangerous due to these types of decisions being made on the spot. It is vital that the officers fully grasp what is happening and can correctly act to ensure all parties walk away unharmed and fairly treated.

If certain decisions are made brashly or incorrectly, this can lead to people getting harmed unjustly. One study examined the differences between police interactions with those who suffer from mental illnesses and police interactions with those who do not have a mental illness. Unfortunately, it was found that more so that those who suffer from mental illnesses tend to get injured during police interactions than those who have no mental illnesses (Rossler & Terrill, 2016). Granted, there were still injuries on both ends, but those who did not suffer from mental

illness were injured around one-fourth of the time while those who do suffer from mental illness were injured around one-third of the time (Rossler & Terrill, 2016). The reasoning behind the injuries could be due to unknown bias or maybe even the way the officers are trained. Either way, the researcher proposes the idea to pull back on the more violent options and start using more calm ways to deal with those who suffer from mental illness (Rossler & Terrill, 2016). This is due to the fact they become less agitated when worked with rather than approached with less than lethal methods in mind (Rossler & Terrill, 2016). The researchers recommend additional training for the officers to correctly deal with people who suffer with mental illness and use less than lethal force such as oleoresin capsicum spray or CEDs (Rossler & Terrill, 2016). UW Health hospital security is trained to deescalate by any means possible before even escalating to OC spray. This can be done by removing individuals from the room, sitting down and talking to the individual, truly understanding the root of their issue and trying to fix it so they calm down, whatever it may be use of force is the final resort for these types of cases. Most of the time, patients are having an issue with staff members or need something as simple as a blanket or water to calm them down. It just takes a little bit of time to work with them to get at the root of the problem and come up with a solution the benefits both staff and patient.

Beyond the Criminal Justice System Alone

The criminal justice system is not entirely to blame for all the downfalls in the battle against mental illness though. This is a police and health care collaboration and sometimes when hospitals are too full, the police officers are entirely out of options besides arresting the individual. One study found that even a fully trained officer who is aware of the exact situation and how to handle it may only have jail as a somewhat beneficial option, as they can provide some kind of mental health help when the hospitals are full (Schulenberg, 2015). Obviously, this

is less than ideal, and the decision is not an easy one for the officers to make. Yes, the individual gets short term help due to the jails, but now they also have a record to deal with in the long run along with a semi-treatment (Schulenberg, 2015). This researcher presented the solution of a partnership between the health care system and the criminal justice system. The partnership between local health organizations and their fellow police departments could help reduce the wait time to be seen and get a room thus, giving the patient the help they truly need to combat their mental health issues (Schulenberg, 2015).

A second reason behind the numerous arrests of those who suffer from mental illness is because police officers are busy and cannot take on the addition of being the exact person that these people need (Short, et al., 2012). This study found that police officers may have to dedicate somewhere around two and a half hours on average to find the person suffering with a mental illness a place to be seen, get them a ride, and/or drive them to the location themselves and ensure they get seen (Short et al., 2012). This can take longer as seen at UW Health hospital and their partnership with University of Wisconsin Police Department. If the officers are required to drive the individual up to somewhere like the Winnebago Mental Health Institute, they must sit with the individual during the duration of their time in the emergency department until the bed has been approved, they then drive the two hours out to Winnebago, and then check the patient in before they drive another two hours back home. This process can be an entire shift long process depending how much the mental health institutes require from the emergency department and how far they are from the hospital. A couple of solutions were presented by the researcher to attempt to resolve this specific issue of police officers being on each call for the amount of time they are. Once again, the suggestion was made for partnerships between local health care organizations and police departments to be formed to issue Crisis Intervention Teams (Short et

al., 2012). The reason this becomes a solution is the fact that there will be trained professions that are specifically tasked with handling these cases to free up the other officers so they may return to their regular patrols and duties (Short, et al., 2012). The second option presented by these researchers would be to construct specific drop off centers, such as emergency rooms or mental health institutions. This way, the police officers have somewhere safe to bring the patients to be seen by professionals in a timely manner and free the officer to go back out on patrol (Short, et al., 2012). Either way, the patient would have somewhere to go and have a professional see them, but it gives the officers less responsibilities in the matter so they can return to their job.

METHODS

This paper utilizes the secondary research of peer reviewed articles within various fields including criminal justice and the medical field. The research found for this paper was analyzed and interpreted by the author to grasp a better understanding of what is known about this mental health crisis and police interactions and what is still unknown. Studies are were used to show the prevalence of this issue and how it affects many Americans. The research also showed that it only continues to grow with each generation having larger numbers come forward to get help for the mental illnesses they struggle with. Information and evidence were drawn from places such as Bureau of Justice Statistics, National Institute of Mental Health, as well as many other independent researchers for further understanding. This research was used to provide evidence of why the mental health issue in America needs to be addressed and why police should be better equipped and prepared for the interactions they are likely to have.

The information gathered from the peer-reviewed academic research provided evidence that there currently is no solution to ensuring that police and those they interact with struggling

with mental illnesses remain safe through the entire process. The data also showed that this negatively impacts these interactions and can do more harm for both parties involved than good. Many methods of addressing this problem were researched to determine what works and what does not during these interactions and that evidence was used to support the stronger methods and their usage.

One such method would be utilizing and training individuals for Crisis Intervention Teams. Many of the researchers found that Crisis intervention teams were new but showing positive results for all parties involved. The author also has worked with Crisis Intervention Teams within the medical field and the teams have proved to be beneficial to both parties when it came to interacting with those suffering from mental illnesses. Along those lines, other researchers found that providing officers with training programs, even some as little as forty hours, improves these interactions significantly. All in all, this research has shown that something for the officers is better than nothing as they can readily recognize when they are dealing with someone in a mental health crisis and can better react to assist that person instead of making things worse.

This research has better strengthened the argument to better prepare police officers across the country, and/or globe, for these interactions. Whether the research was about Crisis Intervention Teams, other types of training programs being provided for police officers, other forms of partnerships between the local police departments and healthcare organizations, or pulling the police officers out of these interactions and forming a new team within the healthcare field to conduct these interactions, the research has proven to have positive effects for all in involved. It is clear via this research that what currently is being done is not the correct solution

and there are various other methods available that have a vastly different outcome that led down a better path.

RESULTS

After looking into options of what could work, it is time to provide some training methods with some solid results. One area that seems to be improving with their interactions would be Vancouver, Canada. In contrary to the previously discussed Crane et al. (2016) study where both the police officers and families of those they interacted with were surveyed resulting in both parties severely dissatisfied with how things went, the Livingston et al. (2014) found the opposite. Livingston et al. (2014) found that after researching the satisfaction rate of their police interactions with those who suffer from mental illness, they are getting very positive feedback from both sides. In fact, the majority 72% of people surveyed, found that their interactions with the police officer to be handled correctly and that the officer did their job to a satisfactory level (Livingston et al., 2014). Furthermore, just over half of those surveyed (51%) stated that their interaction with the police was a positive event in their life (Livingston et al., 2014). On the negative side of this study, the minority of those surveyed (31%) described that their interaction with the police was a negative experience in their life and things were not done correctly (Livingston et al., 2014). Sadly, that is still a third of the people surveyed, but when compared to Crane et al.'s (2016) earlier study, one-third of the people is way better than the almost three-fourths of the people being unhappy.

So why is there such a gap in experience between these similar studies? Well, the respondents of the Livingston et al. (2014) study found that there were four key elements to their interaction that made the interactions in Vancouver a more positive experience for them than those in the United States. The first thing that made the interaction easier for the person suffering

from the mental illness was when the police officer truly understood the illness and all the effects that came with it (Livingston et al., 2014). When the police are already knowledgeable about the mental illness and what it does to a person, those who suffer from them have an easier time with the interactions with the police (Livingston et al., 2014).

The second thing that seems to have made the interactions in Vancouver run a little smoother was just simple communication (Livingston et al., 2014). Much like anyone else, the people surveyed said the interactions with the police officers went a lot smoother when they were treated with respect and dignity (Livingston et al., 2014).

The third thing the respondents said was that simply showing some compassion during the interaction made them feel more at ease and safer (Livingston et al., 2014). Most of the time, interacting with an officer can be stressful and may it probably is not the best day for the person they are interacting. An officer showing some compassion towards the situation as a whole, but more specifically the person they are interacting with made things easier for both parties (Livingston et al., 2014).

Finally, the respondents made it clear that the officers who approached them with non-violent responses made the situation easier (Livingston et al., 2014). Much like any police interaction, the police use of violence can result in the escalation of said interaction. This may be worse and amplified due to some mental illnesses, so officers showing no signs of aggression or violence found better results with the respondents than those who did (Livingston et al., 2014).

Another study conducted by Krameddine et al. (2013) looked at how to improve this knowledge and training for the police officer out in the field to help them deal with those who suffer from mental illnesses. This study found that police departments utilized actors to play out

six different scenarios with their officers to try and improve their knowledge and understanding of certain mental illnesses (Krameddine et al., 2013). The main goals of these scenarios were to improve the officer's empathy skills, communication skills with those who suffer with mental illnesses, and further the officer's de-escalation skills (Krameddine et al., 2013). After each scenario the officers went through, they were given feedback by other officers, healthcare workers, and the actors themselves to express how they felt during the scenario and what the officers did to make them feel such ways (Krameddine et al., 2013). Through the use of this type of training, those who participated found that their individual behaviors changed while on calls and the behavior as the department as a whole changed as well (Krameddine et al., 2013). Because of this change within the department, the officers found that they could now easily recognize when they are dealing with an individual with a mental illness and actually had a 40% improvement via interaction satisfaction in their calls with situations of those with mental illnesses (Krameddine et al., 2013). On a different note, the departments discovered that while the cost for each officer to be trained was $120 per officer, each department ended up saving around $80,000 in the six months after the trainings via court fees and injuries (Krameddine et al., 2013).

As discussed earlier, this is not a crisis that police alone can handle. One such study looked into what police officers felt with this duty and how it could improve. One thing that was brought up was police departments are looking into is working and partnering with those in the mental health and medical fields (Mclean & Marshall, 2010). In their pre-test, the researchers found that most officers they interviewed were extremely frustrated that they had to be the ones to deal with mental health issues, many claiming that it was not their role to play (Mclean & Marshall, 2010). But, after their partnerships began, their tunes began to change as they began to

have a positive attitude about being able to help someone who is struggling with their mental health (Mclean & Marshall, 2010). They also began to show more empathy to those they were helping and the situation that the people who suffer from mental illnesses were in (Mclean & Marshall, 2010). These partnerships also helped police officers have more options and made them try a little more to get these individuals the real help they need. As opposed to the common practice of sending them to jail to get some kind of help that is not necessarily specifical for their needs (Mclean & Marshall, 2010). This study not only helped highlight the importance of police work in the medical field and mental health field, but it also emphasized the need for police departments and local health organizations to work together to ensure these people with mental illnesses get the help they actually need (Mclean & Marshall, 2010).

These types of partnerships do work. The UW Health system and the University of Wisconsin Police Department (UWPD) share this type of partnership. UWPD officers are able to bring people in a mental health crisis in to be treated instead of relying on the correctional system. Most of the time, UWPD is able to bring such patients in and go back out and resume their patrols. Sometimes they are required to drive these patients to another mental health facility, however, that tends to be the last option as the medical staff attempts to either solve the crisis in the Emergency Department or room them on the psychiatric floor within the hospital first. This helps to free up the police officers time as they are in charge of the hospital grounds, the college grounds, and various other surrounding areas under their jurisdiction.

Similar to the last idea, another solution presented is to not only involve the medical facilities into these responsibilities, but to make it solely the medical field's responsibility. This solution is to simply shift the responsibility and task of dealing with people and the mental illnesses they struggle with to the healthcare industry as they would be better equipped and have

more knowledge about how to deal with people who suffer from mental illnesses (Steadman & Morrissette, 2016). The police departments and the police officers within it may still be available to help during these situations, but in the end, the main people that are in charge of the whole situation and the person's care would be in the healthcare industry (Steadman & Morrissette, 2016). The researchers also suggest that not only should the police officers continue to be trained in Crisis Intervention Teams, but healthcare workers and providers should also receive similar trainings to Crisis Intervention Teams so they can begin to accept more people and deal with them more often and more effectively (Steadman & Morrissette, 2016). This would prepare both sides of the team to most effectively help the person suffering from their mental illness. The researchers also suggested this idea as it would be more cost effective for both the police departments and the healthcare industry (Steadman & Morrissette, 2016). This is because the researcher's purpose that through this proper training, not every crisis or situation would need to end in a mandatory Emergency Room visit which can end up being extremely pricey for the patient, the police department, and the healthcare industry as a whole (Steadman & Morrissette, 2016). Testing this idea out in the field, the researchers found that this collaboration between police departments and the local healthcare organizations also reduces the number of arrests that normally happen during these situations (Steadman & Morrissette, 2016). It seems that having a partnership would be entirely beneficial as it gives the people with mental illnesses the best care they can get in the safest way possible. Additionally, it frees up some time and pressure on the police departments as the majority of the care goes to the healthcare industry. And it saves all parties involved more money at the end of the day as it could possibly eliminate the needless mandatory Emergency Room visits that are currently required with police departments leading the charge with the patients cares.

This is similar to the partnership in practice at UW Health. The difference being that the police officers bringing people in still have to sit with their patient and remain with them throughout their stay. One thing that really seems to work for UW Health is utilizing the Security team in these times as well. That way the police officer's time is freed up and only really need to be there if the patient attempts to leave or gets violent. This also frees up the nursing staff's time as they too are no longer required to staff a sitter to stay with the patient in the police officer's absence. Training all of these separate parties in Crisis Intervention methods seems to show incredible promise for both time and money, but more importantly, for the patient's treatment and experience as well.

As previously stated, these various trainings and methods really do show signs of improvement for all parties involved. That being said, police officers, security officers, nurses, doctors, and even patients are still human. Retention of information may become an issue, especially when in a potentially dangerous situation. Neither side, be it patient or police/nursing staff knows what the other will do and that can cause fight or flight to kick in making it more difficult to fall back on training. One study looked into how the trainings are taught and how to make the trainings the most effective for the officers and how to teach these trainings in such a way so that the officers retain the information longer. The researchers found that in order for these trainings to be the most effective, the trainers must make the trainings both emotionally and intellectually engaging for the officers (Krameddine & Silverstone, 2015). If the officers truly can engage and do engage in these trainings, the officers would be better prepared for the challenges that come with the interactions that involve people who suffer from mental illness (Krameddine & Silverstone, 2015). They suggest that to make these more engaging, police departments should set up training scenarios with actors for a more hands-on and engaging

approach (Krameddine & Silverstone, 2015). In order to achieve this effect for their study, the researchers use actors to play out these scenarios and have the officers train via this process (Krameddine & Silverstone, 2015).

The researchers' next suggestion was that since there is not much research done on the effectiveness of these trainings, then police departments should examine the outcomes of their trainings (Krameddine & Silverstone, 2015). They see what works, change what does not work, and adjust the trainings so that the officers are prepared and retain the knowledge from the trainings (Krameddine & Silverstone, 2015). The next key idea from the researchers was about watching the officer's behavior while they are interacting with the person with the mental illness (Krameddine & Silverstone, 2015). Having a positive attitude and modifying the officer's behavior can drastically change the outcome during these situations and make it much safer for the officer and the individual (Krameddine & Silverstone, 2015). Finally, if the police departments find that their trainings are beneficially and do work, they should make refresher courses as well to help all their officers retain their knowledge (Krameddine & Silverstone, 2015). The researchers suggest that these refresher courses be done every year to every three years at a minimum so the officers remain prepared to handle those individuals with mental illnesses (Krameddine & Silverstone, 2015).

Finally, this last study dives deeper into why Crisis Intervention Teams and training officers in crisis intervention is so important. As discussed previously, Crisis Intervention Teams and training police officer in crisis intervention has shown signs of improving interactions with those who suffer from mental illness. This type of training is important because as this study, and multiple others, has found, people suffering from mental illnesses tend to not respond well to typical police tactics (Barillas, 2012).

With this system in place, departments pick a select few officers for this training, or use this training as their base. Therefore, whenever a call comes in involving anyone with a mental illness, they take charge and work as both an officer and a mental health liaison to better assist the individual in their mental health crisis (Barillas, 2012).

While there is not much data regarding the aftermath of using this type of training, there are positive outcomes such as officers correctly being able to identify mental illnesses as in who has them and what it is, officers feeling more confident when dealing with people suffering from mental illness and creating positive relationships between the police departments and local health institutions (Barillas, 2012).

Crisis Intervention Teams also help create another step in the interaction process, as those trained in crisis intervention have other options available to them (see Appendix A). So, with this training, there is the added option of helping the person suffering from the mental illness get connected with those who can help them manage their illness rather than just sending them off to jail. Again, this type of training is relatively new so the researchers cannot say for certain that this will work and work correctly, but they can say that there are positive outcomes already being seen with police departments who are already beginning to utilize this type of training (Barillas, 2012).

In the author's experience, Crisis Intervention Teams can make or break an interaction with someone suffering from a mental illness. There is not much training that security officers or nursing staff has beyond restraining and medicated the patient to help deescalate and calm the patient. This can lead to some seriously dangerous situations if no one in the room truly understands what is going on with the patient. This could also cause the patient to panic and may cause their mental illness to worse due to the sheer nature of these interactions. Having someone

there who is trained on what to look for, what to say, and how to approach everything during these interactions makes the nursing staff, security team, and patient feel more at ease. Without Crisis Intervention Teams coming to assist, these interactions tend to escalate rather quickly without the knowledge and training on how to keep things calm. Crisis Intervention Teams are vital to handling extreme cases to keep everyone in the room safe and to help understand the needs of the patient and make arrangements to get them proper cares so they get their specific cares they require.

RECOMMENDATIONS

Through the research done and the author's personal experiences, it would be the recommendation of the author to use Crisis Intervention Teams and implement them in police departments and hospitals. The studies have shown promising results through the use of Crisis Intervention Teams and it is the author's experience that every time they are used, the staff feel more comfortable with the patient, the patient feels more comfortable with the situation and staff, and the patient ends up getting their individual health care plan they need. Now, the implementation into police departments and hospitals is a recommended change because the patient could wait hours to be seen by someone trained in Crisis Intervention.

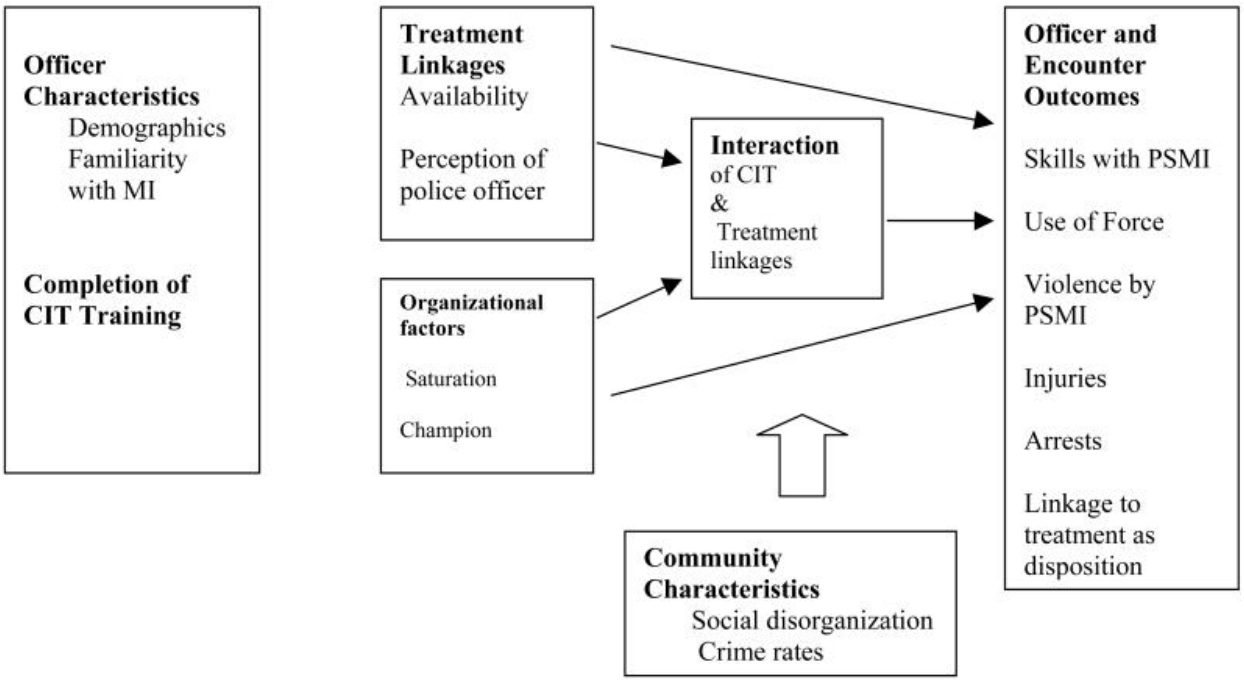
While it may cost these places more money to staff Crisis Intervention Team trained individuals 24/7/365, police officers can go back to their normal patrols, nursing staff do not have to have a sitter watching the patient until Crisis gets there, and the patient can be seen almost immediately with little delay. Staffing these teams would help clear up the other concerns but would also keep the police and medical fields connected and working together to help solve the mental health crisis in America. All in all, the only downside to this recommendation that the author could find would be the fact that there would need to be some money in the budget spent

on staffing Crisis Intervention Teams onsite. Otherwise, it really seems that every other end result would be a positive result.

CONCLUSION

Given that this area of research is still relatively new, there is still so much more to be studied in this field. There are many more practices to be used and studied out in the field that could further the safety and protection of police and those who suffer from mental illnesses as well. There is not nearly enough information collected on this topic as it has only recently become a frontline issue for police officers and the healthcare industry. That being said, there still are some positive outcomes of some practice methods and trainings that have been seen from recent research being done as this paper has discussed and shown. People are beginning to realize that mental health is a larger beast to manage than to just take those who suffer from mental illnesses and lock them away. But that change does begin with how the police handle these interactions in their everyday lives as they are the ones who are called to help assist. Be it Crisis Intervention Teams and/or newfound partnerships, or specific and specialized trainings and/or a change in mentality and behavior, the change in this public issue starts on the frontlines with police officers and the healthcare industry. It is time that those who suffer from mental illnesses finally get the help they need and deserve as they are not able to handle their mental health crisis alone. The United States can do better than what is currently being done, the world can do better than is currently being done, so let the change start with the officers who help and interact with these people suffering from their mental illnesses every day.

Appendix A:


Officer Characteristics
Demographics
Familiarity with MI
Completion of CIT Training
Treatment Linkages
Availability
Perception of police officer
Organizational factors
Saturation
Champion
Interaction of CIT & Treatment linkages
Community Characteristics
Social disorganization
Crime rates
Officer and Encounter Outcomes
Skills with PSMI
Use of Force
Violence by PSMI
Injuries
Arrests
Linkage to treatment as disposition

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