

MENTAL ILLNESS WITHIN THE CRIMINAL JUSTICE SYSTEM: URBAN VS. RURAL  
POLICE PERCEPTION

by

Tameka V. Poppars

An Abstract

of a thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Science  
in the School of Public Services  
University of Central Missouri

December, 2018

## ABSTRACT

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This study examines mental health within the criminal justice system. The study gathered data from police officers regarding how they interacted with suspects and offenders that are suffering from mental illness. Interviews were conducted on police officers from two departments. The purpose was to determine if police officers' perception affects how they view mental illness within the criminal justice system. A series of questions were asked and recorded and found that officers from the urban and rural department perception were different. The purpose of the study was to determine if police officers have more negative or positive interactions with people suffering from mental illness. Does the officer have a different perspective of mental health then when they had their first encounter with someone with mental illness? Do the two police departments have different approach techniques for handling situations involving mental illness? After interviewing and carefully translating the information, it was found that officers had limited knowledge about mental illness and officers felt that they were not prepared to handle encounter with individuals with mental illness.

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UNIVERSITY OF CENTRAL MISSOURI  
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## ACKNOWLEDGEMENTS

I would first like to acknowledge Chris Beggs for helping a first-generation college student overcome obstacles and persevere. He has been one of the many mentors that has had a helping in my undergrad and graduate career at the University of Central Missouri. I would also like to thank the faculty in the Department of Criminal Justice. Many faculty has helped me become a better writer and challenge me.

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## CHAPTER 1 INTRODUCTION

Throughout history, society has developed perceptions that affect the lives of individuals with mental illness and lead to discrimination. Many of the perceptions that were created by society were that individuals with mental illness are dangerous, violent, uneducated, use drugs, and many more (Wig, 1997). Though some of the perceptions listed can be true, each is not accurate for every individual. Mental illness can affect any person, race, culture, or sex. Mental health issues could also develop at any time during a person's life. Some people develop mental illness at birth, childhood, or adulthood. There are many different mental illnesses, and some are depression, hallucination, false memory syndrome, trauma, and/or deficit disorder (Szasz, 1997). Once a person is diagnosed with a mental illness, he or she may begin to experience the stigma and discrimination that society has created, and most of those experiences come from professional workers, such as police officers (Corrigan & Watson, 2002).

Individuals with mental illness begin to experience being treated differently by others based on personal perception, those individuals then begin to experience discrimination and stigma. Scheff's labeling theory states that when persons' behaviors are labeled as "mental illness" this trigger negative stereotypes (such as dangerousness), leading to social rejection and changes in identity, ultimately fostering "careers" in "residual deviance" (Corrigan, Markowitz, Watson, Rowan, and Kubiak, 2003). It is likely that discrimination comes from stigmas that society has created. The stigma that society created then leads to individuals with mental illness being treated based on individual perception. Society views individuals with mental illness as individuals that cannot function or be a productive citizen (Corrigan, Markowitz, Watson, Rowan, and Kubiak, 2003). Other types of discrimination that people with mental health

problems experience are segregation, withholding help, coercion, and avoidance (Corrigan et al., 2003). This could lead to individuals feeling abandoned and unwilling to seek help for their mental illness.

### Purpose of Research

It is also important to know and understand the opinions of individuals that work closely with individuals with mental illness. Data were collected from two police departments in order to explore the relationship between mental illness and law enforcement. One of the goals were to discover police officers' perceptions about mental illness. Another goal of the research was to compare the rural and urban police departments' perceptions on mental illness. Officers' perceptions from both departments were compared. Qualitative semi-structured interviews were used for this research. The purpose was to allow officers to lead the discussion and for the researcher to develop a deeper understanding of the issue. Qualitative semi-structured interviews are done by developing questions, as a guide, to ask during an interview. These questions are conversation starters for the person being interviewed. As the person being interviewed answered the questions, the researcher listened and asked additional questions based on how the individual being interviewed answered. Interviews were recorded using a tape recorder and later transcribed.

### Significance of the Study

A great deal of research has examined public perspectives of mental illness; however, very little research has focused on the perspectives of police officers. This research could give the public an insight on what officers personally feel about mental illness and discover if there is any personal bias. Findings may also guide development of resources or training for police

officers. A qualitative study was chosen based on the type of questions that the researcher wanted to ask officers. The researcher also wanted officers to know that the researcher was engaged in the conversation.

Two departments were chosen within Missouri. One department was located within the rural area and the other department was located within the urban area. Comparing how law enforcement perceive mental illness from rural and urban neighborhoods was important because the researcher wanted to know if there was a difference in opinions based on location. The researcher also wanted to know if officers understood mental illness and wanted officers to talk about their experience with mental illness. It was important for the researcher to discover officer's perception because the researcher wanted to know if officer's perception affected how they treated individuals with mental illness. With individuals with mental illness experiencing stigma and discrimination because of their mental health, the researcher wanted to know if perception affected mental health (Martin, 2000). It is important for the reader to understand officer's perceptions on mental illness and understand officer's perceptions from the viewpoint of two different police departments.

The significance of the study was to determine police officer's perception on mental illness. This research wanted to know if officer's perception affects the way individuals with mental illness are treated. This research also wanted to know how officers felt about mental illness within the criminal justice system and know what knowledge officers had on mental illness. Perception matters because perception shapes an individual's attitude and thoughts towards certain people, things, and subjects. The literature review will further explain perceptions and its importance.

## CHAPTER 2 LITERATURE REVIEW History of Mental Illness

Public perception can be harmful to individuals with mental illness because stigmas affect how those individuals are being treated (Martin, 2000). Mental illness is defined as “a problem to the brain and mind that causes severe, and unusual changes or problems in: feelings, behaviors, senses, thoughts, understanding of events, and ability to relate to other people” (Korhonen, 2005). There was an “anti-psychiatry” and “decarceration” movement that began in the nineteenth century toward mental illness (Boschma, 2003). In the late nineteenth century, because of the movement, asylums began to open to individuals with mental illness that committed crimes, could not be cared for by their family, or could no longer care for themselves. It became clear to society, during that time, that asylum was to reform and begin medical treatment. Society’s views about mental illness led citizens in the United States to feel that action was needed, and this led to discrimination against people with mental illness. Also, in today’s society, asylums no longer exist and many people that were once institutionalized are now deinstitutionalized and these individuals now interact with the public (Crandall & Feldman, 2007). Society now believes that asylums are not necessary, and because of this, and police officers are now interacting with individuals with mental illness more often.

Today, people with mental illness experience job discrimination, family discord, and social rejection (Crandall & Feldman, 2007). Studies show that the United States has reported 26 percent higher level of mental illness than any other country (McNally, 2011). Studies also found that mental illness disorders begin before the age of 14, but many people do not become diagnosed with a mental illness until their adulthood. Many people are diagnosed with mental

illness or have a mental illness, but are living undiagnosed, and the way people perceive them can lead to many issues.

### Public Perception of Mental Illness

Reports show rates of stigma towards individuals with mental illness from the public are higher than in 1999 (Barry, Canton, Gershon, Li, & Vlahov, 2014). The public's perception on mental illness is that there should be social distance (society should not interact with individuals with mental illness), and the public views individuals with mental illness as dangerous (Barry et al., 2014). Public perception leads to stigma, which affects how society views groups (Martin, 2000). If society has a negative perception on mental illness, then society will create stigma that will continue to affect individuals with mental illness.

Stigmas about mental illness also influences how society treats people with mental illness. Previous research shows people with mental illness are not accepted by society, and society views people with mental illness as not intelligent (Martin, 2000). Stigmas could affect a person with mental illness' quality of life (Martin, 2000). Researchers found that stigmas that were created in the 1950s and 1960s were stigmas that society still believes to be true today (Link et al., 2000). The majority of the stigmas that society believes in today has no evidence to support that the stigma is true (Asmussen et al. 2001). Just like society stills believe in stigmas, so do police officers that interact with individuals with mental illness.

### Police Perception

An important factor, which most individuals fail to examine, is police officers' perception. Police officers have many perceptions on different groups and their perception affects how they do their job (Groves & Rossi, 1970). Police perceptions have been shown to be

stable over time, even in the face of education efforts (Greene, 1989). Even if police officers are given a class to help improve their perception about groups, the class could be ineffective (Greene, 1989). There have been classes offered to officers to change their mindset about groups and how their perception could affect others, especially because an officer's perceptions could interfere with their duties (Hansson & Markstrom, 2014). The classes were found to be successful for some officers, but not others (Hansson, & Markstrom, 2014).

Discovering ways to change the perception of police officers about groups can be a challenge because the mindset of a police officer would have to change first. How a police officer perceives an individual before they become an officer could affect how the officer would treat the group, which could create issues (Skogan et al., 2008). If a police officer had a negative perception about teenagers being delinquents, for example, then officers will treat all teenagers that they encounter on their job, as delinquents. Officers' perception about groups are personal and reflect how those groups are treated. McCullagh & Ratcliffe (2001) found that officers felt their personal knowledge and perceptions, helped them determine high crime areas. In some cases, an officer's personal perception was correct, but other cases found that officers' perceptions were not correct (McCullagh & Ratcliffe, 2001). This study shows that there are some biases in police perception and their perception could affect how they do their job.

Perception can be biased and attach negative stigmas to a group of people (Hansson & Markstrom, 2014). In a study conducted by Drury and colleagues (2003), conducted an interview with police officers and found that officers have biased perceptions on certain groups of people and because of those perceptions, police officers treat certain groups differently. The types of demographic groups that police officers have biased negative perceptions toward are delinquents and minorities (Dury et al., 2003). This study demonstrated that police officers can allow their

perceptions to interfere with their job duties, which lead to officers being more likely to arrest delinquents and minorities. Police officer's perception can affect the lives of humans and how they are treated. Just like police officers have biased negative perception of delinquents and minorities, police officers also have a biased perception of people with mental illness. Officers biased perception can then affect the treatment that individuals with mental illness experience from officers. Police perception is one of many challenges that society faces, public perception on mental illness is also a challenge.

### Rural Police Officers Perception

Not much is known about rural police officer's perceptions. What is known is that in rural communities, police officer's perceptions tend to be different than police officer's perceptions in urban communities (Haarr, 2001). The difference is due to size of the communities and resources that are available (Haar, 2001). A study conducted by Pelfrey (2006) found that community policing affects police officer's perceptions in rural communities (p.628). Rural communities are typically smaller towns (Hall et al., 2006) and being a police officer in a small town could allow officers to conduct more community policing and develop a personal relationship with citizens in the town.

Not only are policing styles in rural communities different from urban communities, but rural police departments are also affected in other ways (Meier & Oliver, 2004). In rural police departments, officers report high levels of stress and that they feel useless because of the lack of resources (Meier & Oliver, 2004). Rural police departments are short-staffed, which forces officers to act as peacemakers in the community (Decker, 1979). These studies show that rural police departments tend to become less motivated because of the small area and the lack of resources.

An interview-based study of 40 rural police officers found that officers that worked in rural jurisdictions were not happy with their job because they spent too much time on matters they felt did not pertain to their job duties (Huey & Ricciardelli, 2015). Officers felt their role as law enforcement became the role of social workers, peacekeepers, and/or parents (Huey & Ricciardelli, 2015). The study showed that police officers were unhappy about their job and that shaped their perception on their job and the community they served. Just as police officers in rural areas perceptions are shaped by the experience of their job, so are officer perceptions in urban areas.

### Urban Police Departments Perception

Urban officer perceptions are shaped by their job experience and job satisfaction (Johnson, 2012). Demographic characteristics of an officer are known to influence job satisfaction and perceptions. Demographic differences can sometimes have a negative effect on an individual and affects the ability to meet the needs of a group (Chatman & Flynn, 2001). Research has found that female officers are less satisfied with their job than male officers and officers' education levels are negatively associated with job satisfaction (Johnson, 2012). It was also discovered that white male police officers were more likely to have biased perceptions against minorities than white or black women (Johnson, 2012).

Not only do demographic characteristics influence officer's perception, but stress causes officers that work for urban departments to develop a perception on the department and the community that is not favorable (Barocas, Canton, Gershon, Li, & Vlahov, 2009). Stress influences police perception and urban officers' perception can influence how they treat individuals within the community they work in and how they view their job. The nature of police work, and the legal system is also another factor that influences police perception on their job



and groups (Amarant, Castellano, Mitchell, & Steinberg, 2003). The stresses of working as a police officer can cause police officers to develop negative perceptions. The issue of police officer perception is not just an issue with urban officers, it is an issue with all officers.

### Police Perception on Mental Illness

Discovering police perception on mental illness could help society understand the thought process and why police officers handle crisis situations the way they do. Police perception could also help society understand and develop new strategies that assist police officers perceive mental illness in a positive way (Schafer & Wells, 2006). Previous research shows officers perceive people with mental illness as a problem to their departments (Borum, Deane, Steadman, & Morrissey, 1998). Police officers have stated they feel that they are not experts to handle situations with people with mental illness and that officers are ill-prepared to provide services to people with mental illness (Angell, Draine, Kerr, Morabito, Ottato, & Watson, 2012). The only option of services that officers can give a person with mental illness is to take them to a hospital (Angell et al., 2012). Services that officers are given are limited and leads officers to feel they are not prepared and develop negative perceptions about individuals with mental illness (Angell et al., 2012). Police officers from rural areas feel that they don't have the tools to provide people with mental illness, but police officers from urban areas have a different outlook (Angell et al., 2012). Not only do police officers feel that the services for individuals with mental illness are not enough, but officers feel that individuals with mental illness are a danger.

Police officers in urban communities tend to assume that all individuals with mental illness are dangerous (Cooper, McLearn, & Zapf, 2004). Police officer's response to individuals with mental illness, can appear to others as officers always treating people with mental illness as

if they are dangerous (DeCuris, Lam, & Weinberger, 2002). Officers developed a common principle that they have to protect the safety and welfare of the community and themselves (DeCuris et al., 2002). Police and community safety will always be the first priority for officers, but it could be possible that officers feel a sense of threat from people with mental illness for other reasons. As stated in Miller and Ruiz, 2004, “the lack of education, training, policies, and procedures has a tendency to cause line officers to respond improperly. Instead of approaching the call as a person with an illness, oftentimes police officers will approach as though the patient is a dangerous felon” (p.359). Police officer’s behavior leads to the lack of awareness and demonstrates officers’ perception (Sellers, Shane, Sullivan, & Veysey, 2005).

Officers are sometimes required and/or offered a course that educates officers on mental illness. Crisis Intervention Teams, CIT, has been developed and implemented in many departments. Over 3000 jurisdictions implemented the CIT training, but not all of the 3000 jurisdictions implemented the full CIT training, over 40 hours of training, and it is not clear if all officers are required to take the course (Watson & Wood, 2016). Even with CIT training in urban communities, police officers are still struggling with learning how to manage individuals with mental illness (Watson & Wood, 2016). This study shows that even in urban communities’ officers are not getting the training that they should, so officers could handle crisis situations with mental health.

Research has found that society will treat individuals with mental illness based on their personal perception (Martin, 2000 & Link, t al., 2000). Perception influences how individuals with mental illness are treated (Martin, 2000). Police officer’s perception can and does influence how they view groups and treat those groups (Groves & Rossi, 1970). This research will

discover the difference between two departments, rural and urban, perception on mental illness.

The two departments will be compared, and their finding will be documented.

## CHAPTER 3 METHODOLOGY

This study aims to discover the perceptions of police officers in urban and rural areas regarding mental illness. Research has shown that there are differences between police style, police professionalism, arrest statistics, and organizational factors on arrest statistics between urban and rural police departments (Crank, 1990, p.186). The main reason for these differences between urban and rural police departments is population (Hassell, Marguire, & Zhao, 2003). Since there is a difference in policing style between urban and rural police departments, this study decided to research the difference in perception between the two.

Qualitative semi-structured interviews were chosen to examine police officers' perception on mental illness. This section will talk about the methods used to collect the data, sample subjects, and how the data was analyzed.

### Sample

Two police departments in Missouri, one urban and one rural, were chosen based on convenience. For the rural department, the researcher contacted the chief of police, and the researcher knew an officer personally from the urban department. Urban is defined "as territory, persons and housing units located within the urbanized area (UA) or an urban cluster (UC), which consist of core census block groups or blocks that have a population density of at least 1,000 persons per square mile.... minimum total population of 50,000" (Hall, Kaufman, & Ricketts, 2006, p.3). Rural was defined as, "territory, population and housing units located outside of UA's and UC's...farm residence or non-farm residence" (Hall et al., 2006, p.3). Urban neighborhoods typically have a large population, while rural neighborhoods typically have a smaller population. For this project the urban neighborhoods have at least 50,000 residents and rural has less than 25,000 residents. The urban department served a population of 308,626. Of the 308,626 citizens, 48.3% are men, 51.7% are women, 43.9% are White, and 49.2% are African

American. The rural department had a population of 20,251. Of the 20,251 inhabitants, 50.9% are men, 49.1% are women, 85.3% are White, and 7.5% are African American.

The rural department was broken down into three divisions within the police department. One department is the patrol division, the investigations department, and the administration department. There are 36 sworn officers, 5 civilian workers, and 24 of the 36 full-time officers are devoted to patrol (the rest serve administrative or investigative roles). Six of the 24 officers that patrol the rural area were chosen for the study because of convenience. All of the 6 officers that chose to participate in the research were white men.

The police department located in the urban environment has 1,300 sworn officers and 400 civilian workers. The department is divided into three area patrol stations and six police districts. Each district patrols over five neighborhoods within the city and has a Captain that oversees the district. Six officers were chosen from the urban police department and the officers' district was not recorded for the purposes of protecting their identity. There were 3 African American men and 2 white women and 1 African American woman that chose to participate in the research.

### Process

An email was sent to the Chief of Police of the rural police department explaining the purpose and procedures for the study. The Chief of police then gave the researcher's contact information to patrol officers, and interested officers contacted the researcher. The researcher felt that allowing self-selection was the best choice for the study because officers cannot be forced to participate in the study. Self-selection can lead to selection bias in the research, however (Cao & Mokhtarian, 2008), indicating that officers' views that participated in the research could be different than the officers that chose not to participate in the research. The researcher then allowed officers to choose the location for the interview. All officers from the rural department chose the police department to do a face to face interview. When the researcher arrived at the police officer interview location, the researcher gave the officers two copies

of the informed consent form, one copy for the officers to sign and the other copy for the officers to keep. The process of recruiting urban officers was similar, but not identical.

A phone call was made to an officer from the urban department that the researcher knew. The researcher had several conversations with the officer about the research and contacting officers. The researcher used snowball sampling to get interview subjects to participate in the research study (Noy, 2008). The officer from the urban police department gave the researcher the number of an officer that works closely with individuals with mental illness. That officer then talked to the researcher about mental illness. The officer then gave the researcher contact information of officers to contact for the research. The researcher then called each officer and explained how the researcher got their contact information, explained the research, and asked if they would like to participate in the study. All of the officers agreed, and the researcher asked for a day and time to conduct the interview. All of the officers from the urban police department choose to participate in the study over the phone. The consent form was then read to the police officers from the urban police department over the phone.

It was stated to all officers, from both police departments, that the police department that they work for and their names would not be included in the research. All officers from each department were asked if they felt comfortable with the interview being recorded and all officers agreed. All interviews were recorded and labeled by numbers because the researcher wanted to ensure that the officers' interviews were anonymous.

### Semi Structured Interviews

Semi-structured interviews are defined “a flexible and powerful tool to capture the voices and the ways people make meaning of their experience” (Rabionet, 2011, p.563). Semi structured interviews are a list of questions, that are used for each person participating in the interview, and there is flexibility in how the questions are asked (Teijlingen, 2014). Semi structured interview questions are used as a guide and allow for follow-up questions to be asked

based on the subject's response. Interviews were conducted both via telephone and face-to-face. The basic interview schedule is listed in Appendix A. Based on the answers that officers gave, additional follow up or probing questions were then asked during the interview. The purpose of asking follow up questions is to ensure that the researcher is listening, clarifying answers to questions, and learning in greater detail about what the subject is saying (Leech, 2002). Interviews ranged from 10 minutes to 25 minutes. Once the interview was complete, the researcher then transcribed the recorded interviews. The purpose of transcribing the interview was for the researcher to code the data later. It is also helpful to transcribe the interviews into text, so the researcher could have a written form of the data and to be able to view the data in greater detail.

Qualitative semi structured interviews were chosen because it was important to allow officers to lead the conversation. Allowing officers to lead the conversation allowed officers to give details, if they wanted, on the matter. The researcher wanted the officers to feel comfortable while talking to the researcher, so officers would feel comfortable giving their honest opinion. Police officers tend to be silent on certain matters because officers fear their ideas and opinions, when mentioned, could have consequences (Knoll & Dick, 2013). This can become difficult for researchers because there is a chance that officers will not participate in research. That is why it was important for officers to choose the interview location, date, and time. It was also important to tell officers, before they agreed to participate in the research, that their department and name would not be mentioned in the research. In this research, their departments would be referred to as rural and urban police departments and each officer was given a number. The researcher was also sure to inform officers that only the researcher and thesis chair would have access to the tape recordings and transcripts. The researcher wanted officers to have a certain level of control, so officers could be honest and want to participate in the study.

## Analysis

A grounded theory approach was used to analyze the data. As stated by, Belgrave & Charmaz 2007, “grounded theory is defined as logically consistent set of data collection and analytic procedures aimed to develop theory. Grounded theory methods consist of a set of inductive strategies for analyzing data” (Belgrave & Charmaz, 2007, p.28). This means that the researcher uses grounded theory to start with the data and then work backwards to findings as opposed to starting with a hypothesis. Grounded theory was used to identify patterns and understand the data. There are characteristics of grounded theory; being able to analyze phrases of research, create analytic codes and categories, develop theories to explain behaviors and processes, write analytic notes, develop theoretical sampling, and delay of literature review (Belgrave & Charmaz, 2007). In this research, grounded theory was used to analyze the data that was developed from the qualitative study. Grounded theory gives the researcher a better view on interpretation of the data.

Once the researcher has transcribed the data and understands it, the researcher then coded the data. Coding is defined as

A code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data. (Saldaña, 2015, p.3).

Coding is done by “selecting segments of text using line numbering in the document, or by highlighting the specific quotation to be coded” (Basit, 2003, p.149). For this research, coding was done manually and entered in the results section of this paper. After multiple readings of the interview transcripts phrases, concepts, and ideas were all grouped together, and a code was attached.

Data from both police departments was compared. Six officers from each department were interviewed and asked the same questions. The officer’s response to each question was examined and compared to police officers in the opposite department. Studies have shown that with lack of training,



education, and written policies, police officers have a tendency to respond to individuals with mental illness based on officers' personal perception (Ruiz & Miller, 2004). This continues society's norm of discrimination and inflicting stigma on mental illness. Although grounded theory was used to analyze data inductively the research began with two broad questions:

RQ1: How do officers perceive individuals with mental illness?

RQ2: Officers personal perspectives affect how they treat individual with mental illness.

## CHAPTER 4 RESULTS/DISCUSSION

The purpose of the study was to discover the perception of police officers from rural and urban police departments and compare them. After coding the data, it was discovered that there were differences in perception between the urban and rural police departments. The differences were in resources, understanding of mental illness, and individuals with mental illness being aggressive. Despite some differences between the two police departments, it was discovered that both police departments viewed mental illness similarly. There were two main themes found between the departments: resources, and aggressive/dangerous.

### Resources

Officers from both departments were asked, “What is the worst part about interacting with offender/suspects that suffer from mental illness?” Five of the six officers from the rural department stated that the rural police department needed more resources. Two of the six officers from the urban police department stated that the department needed more resources. Other officers from both rural and urban departments stated that more training and education were the resources that they needed. For example, officer 6, from the rural department, stated,

“The worst part I’d probably say the lack of resources. For what you can do for them or help them get... they are just aren’t any, really. Interacting with the people, you just got to do what you got to do, but not being able to help them is probably the worst part.”

Many officers felt the same as officer 6 and felt that they were not aware of the resources available for people with mental illness or that people with mental illness do not have many resources.

Officers in the rural area stated the department has resources available to people with mental illness that officers were aware of, but those resources were limited. For example, officer 1 stated,

“One of the main issues with mental illness is that there is not a lot of resources. Um, so there are a few mental hospitals in the areas, but some are in Kansas City. They have a limited bed space, so if there is someone in crisis, they would talk to a doctor they have to be an extreme harm to themselves or others.”

Only individuals with mental illness that are a harm to themselves and others are admitted to a hospital that provides treatment to individuals with mental illness. The individuals with mental illness that are admitted, have to prove they are no longer a harm to themselves or others and once medication is readjusted, the individual is released from the hospital (Eckert, Hamilton, Linhorst, & Young, 2002).

Many officers, stated that the “hospital” was the only resource available. Research shows that people with mental illness are likely to be arrested rather than being taken to a hospital and this shows a lack of treatment (Lamb & Weinberger, 1998). It could be that the officers that participated in this study are not taking individuals with mental illness that are in crisis to the hospital, because they assume there would be limited bed space. The officers assume there is limited bed space because the local hospital in the rural area only has 100 beds available.

Another issue that officers had with limited resources was that there was limited funding for individuals with mental illness to get better or more resources. For example, officer 1 stated,

“There is not a lot of funding for mental health. A lot of times that is the first thing to get cut. That’s like the hardest thing. There is a lot of people that need help.”

Society recognizes that there is a need for policy, legislation, and governance to develop a committed plan to provide services (Belfer, 2008). During the interview, an officer, from the rural department, stated,

“Most of all the homeless, we have a lot of homeless, the ones that I have met, they told me that they have some type of mental illness”

A majority of government funding that is cut is in low income communities and it causes lack of care, lack of services, and failure to provide social services (Belfer, 2008). With the lack of services provided to individuals with mental illness, officers have to use their best judgement on how to handle a situation. Officers’ only option is to arrest individuals with mental illness because of the limited resources.

All officers from the rural department, that were interviewed were Crisis Intervention Team, CIT, certified and only two officers from the urban department were CIT certified. Even after the CIT certification training, some officers from the rural department did not know what mental illness was and had limited knowledge about it. One of the two officers from the urban department, talked about stigma and expressed their knowledge about mental illness. For example, officer 12, stated,

“There is still a lot to learn about mental illness and there is a lot of stigma surrounding it and people just feed off social media and the media just perpetuate it. It’s almost like “oh, it sounds good, they must be mentally ill.” You never know what is true most people that commit most heinous acts are just as sane as you and I and they plan them out. So, you don’t have to be crazy to do crazy stuff.”

The second officer from the urban department, officer 8, stated,

“Well I had CIT training, so we go over that in the CIT training. Um, probably other than that, just limited. I don’t have a lot of education in that area.”

It appears that CIT training is not as effective for officers, but officers from the rural department seem to know more about mental illness than the urban department. CIT was designed to educate officers about mental illness and officers have to take over 40 hours of training (Watson and Wood, 2016). It is not clear how many hours each department, rural and urban, department requires the officers to take. With the training of CIT, officers begin a struggle with role conflict because CIT trains officers to handle mental illness by being a liaison for people with mental illness, but officers still have to protect themselves and society (Pogrebin, 1978). Role conflict is demands that are placed among a person that causes difficult to preform because of the many directions a person feels they must go (Huey and Ricciardelli, 2015).

Other officers from the urban police department stated that officers needed to be better trained on how to identify mental illness. For example, officer 10 and 11 stated,

10 “Being trained to handle it. I think they can do a little bit of a better job of being able to identify it. Um, and I think the mental health profession should have away”

11 “More training. More frequent training. They can be better aware of individuals that are suffering from mental illness.”

Officers from the urban police department felt that officers cannot identify mental illness and that not being able to identify is an issue. One goal of CIT is to give officers tools and resources to provide to people with mental illness, so officers could make fewer arrests (Draine, 2008). CIT was designed for officers to identify mental illness, but studies have failed to show if CIT is helpful to officers and the mental health system because arrest rates have not decreased nor increased since CIT has been implemented (Draine, 2008). The officers from the rural department seem to have a better understanding of CIT and how to identify mental illness than officers from the urban department. It was also found that not all officers are CIT certified in the urban department, and not being CIT certified could be the reason officers from the urban department struggle to identify mental illness.

While both argue there is a lack of resources there are qualitative differences in what resources are perceived as lacking, the rural department has lack of treatment, while the urban department has lack of training for officers. Officers from the urban department stated that there was a need for more training and education for officers on mental illness. For example, officer 8 stated,

“I think they can have some training by a counselor. Which they do have what is called Crisis Intervention Training, but I think it should be more on going like a psychology course taught in our academy class. Also, once a year refresher that talks about medication, different ways to communicate with mentally ill people. I think that would be helpful.”

Police officers are one of the many occupational groups that interact with people with mental illness and one-third of all mental health referrals come from police officers (Appelbaum, 2005). There were 35 out of 36 officers from the rural department that were CIT certified. Not all of the officers from the urban department were CIT certified. This shows that officers from the urban department, who request more training, are probably not as likely to be CIT certified. Their request could also be due to CIT not being effective and/or officers not using the training that is provided to them.

Officers from both the rural and urban department were asked, “What do you know about mental illness?” and “what do you know about mental illness within the criminal justice system?” Despite officers talking about the types of mental illness they have encountered, officers stated that people with mental illness had a lack of understanding. For example, officer 2 stated,

“Most of the time they are not at an understanding as why we are dealing with them...is not like you would be able to talk to somebody like you would normally be able too. I would say that’s the hardest part of that.”

People with mental illness are trying to understand and deal with their mental illness while still trying to understand and handle the criticism from society (Whiteford, Degenhardt, Rehm, Baxter, Ferrari, Erskine, Charlson, Norman, Flaxman, Johns, Burstein, Murray, & Vas, 2013). It is not that people with mental illness do not understand, but that they are trying to gather and balance the emotions that they feel at that moment. This means that individuals with mental illness are trying to understand the immediate situation, such as being arrested by the police and the reason why.

Police officers from both rural and urban police departments also admitted that they have limited knowledge about mental illness and that they want to get a better understanding of mental illness. For example, officer 2 stated,

“it was more of trying to understand why they are the way they are.”

Another officer, officer 1, stated,

“I don’t know a whole lot, but I just know the different ways of going about taking your time talking to somebody. I think that’s all.”

Officers from the urban department stated that there was a need for more education. For example, officer 12, stated,

“You have to...some people you could de-escalate and some people you can’t. You cannot de-escalate no matter how good you are and how much you try. The biggest thing is education and patience at the very best. The officers, ask questions and have patience. Um, stuff like that. While remaining personal safety and safety for community and

everything because you have all these other things going on. That's the first thing I would say is education and patience."

It appears that officers from both departments have a lack of understanding about mental illness. Officers from the rural department have a lack of understanding about individuals with mental illness and officers from the urban department have a lack of understanding about mental illness in general. Despite officers from the rural department having a lack of understanding of individuals with mental illness officers still attempt to interact with the individuals and try to find solutions. For example, officer 2 stated,

"I'm trying to slow things down a bit. Get their background a little bit. I try to get to know a little about them. That way I can try to relate. That way it brings them down a little bit. That typically tends to help."

It appears that officers from the rural department are willing to gain an understanding about mental illness and try to assist the individual with mental illness.

Officers from the urban police department stated that there was a need for more education, so officers could get a better understanding of mental illness. For example, officer 9 stated,

"Um, I would say making sure that everyone is CIT trained or if there is something to help with a better understanding of mental health education."

Many officers have admitted, from various police departments that they find it difficult to manage and handle individuals with mental illness because they feel that they are not prepared (Borum et al., 1998). In this study, officers admitted that they were not equipped to de-escalate situations that involved people in crisis and that more education was needed. For example, officer 12 stated,

"You have to...some people you could de-escalate and some people you can't. You cannot de-escalate no matter how good you are and how much you try. The biggest thing is education and patience at the very best. The officers, ask questions and have patience. Um, stuff like that. While remaining personal safety and safety for community and everything because you have all these other things going on. That's the first thing I would say is education and patience."

Police perception can affect how officers receive new information and education on how to handle crisis situations with mental illness. Officers have to be confident on receiving and applying the information (Angermeyer & Matschinger, 2003). Officers, from the urban department, have many resources, but many officers that were interviewed felt that the education and training that they were receiving was not enough.

#### Aggressive/Danger

Officers were asked, “Were you nervous or afraid when you had your first encounter on the job with someone that has mental illness? If so, why? If no, why not?” Officers from both the rural and urban police department stated that people with mental illness are aggressive and dangerous. Many officers, from both departments, stated stories about encounters they had with individuals with mental illness that used a knife to harm the officer and/or themselves. For example, officer 8, from the urban department, told this story,

“The first thing I remember...what I can recall, a person I knew that was really mentally ill was, we received a call for an attempted suicide. The subject was found with a knife in the bathtub. When I got there, one of the EMS, a person I know was like “hey he had this knife in the bathtub and when I went into the house he had showed me this large knife. When we knocked on the door, he answered the door and he was naked and wet from the bathtub. We tried to get him into custody, not to take him to jail, but to hold him and take him to go get medical treatment. He tried to go through...he was not very responsive, but he tried to go to the kitchen, and for fear of our safety we had to wrestle with him to the ground. During that time, we did not know that he had slit his wrist until we had blood on us and he was bleeding on his wrist.”

Another officer, from the rural department, stated a similar story,

“For us, we just had this situation yesterday, we had a woman in full on psychosis, who was tearing her apartment apart, and we get there, and she threw two knives at the officers, and the officer fires a shot, it didn't hit her, thankfully for her and for him.”



Many officers continued to state that people with mental illness are dangerous and/or aggressive. This could be because of the effects that labeling has caused. Labels have little effect on social life, but when the individual has a mental illness then labels have a strong effect (Link et al., 1987). If the person with mental illness was previously hospitalized then people have a strong need to keep distances from that person because they believe that they are dangerous (Link et al., 1987).

The labels that society gives people with mental illness, can cause individuals with mental illness to act like the label they were given by society (Link et al., 1987). Officers may not be aware that they are labeling individuals with mental illness, which can affect how officers treat mental illness. A majority of the citizens in the United States have stigmatizing attitudes about mental illness, and trained professionals subscribe to stereotypes about mental illness (Corrigan & Watson, 2002). While officers perceive individuals with mental illness as dangerous, based on the research done by Corrigan and Watson, 2002, individuals with mental illness are not that dangerous.

An officer from the urban department also stated that they had to be cautious around people with mental illness. For example, officer 9 stated,

“I don’t remember being nervous or afraid. You have to be careful around them. Some of them you don’t know what they would really do next. You have to be kind of careful. I don’t remember being nervous or afraid.”

Society views individuals that suffer from mental illness as people that are not understanding and do not have control over their life (Markowitz, 1998). The officer being cautious around individuals with mental illness can be because the officer has a perception about mental illness that is not favorable. Officers are trained to handle threats and provide protection and safety to the communities they serve and for themselves (Angell et al., 2012). Role conflict among police officers can cause an officer to perceive all people with mental illness as dangerous and/or aggressive. Officers have to maintain the role of protector of the community, and contribute to the department (Pogrebin, 1978). Unlike officers from the rural area that tend to have more knowledge and experience with mental illness, officers from the urban department seem to have limited knowledge about mental illness. Therefore, officers from the urban department tend

to react based on their personal perception of mental illness and that leads to officers believing that they have to be cautious around people with mental illness.

Officers from the urban department stated that they have limited knowledge about mental illness and that when individuals with mental illness are in crisis, officer's safety comes first. For example, officer 9 stated,

“Um, but you have to remember that officer's safety comes in, just because they are going through something does not mean that I have to not protect myself for no one else. It's just a thin line of allowing them to be in their crisis and help them through it by trying to not allow them to hurt themselves or somebody else.”

It appears that officers from both department are experiencing role conflict. Officers believe that the role of an officer is to fight crime and not participate in social matters like a social worker (Huey & Ricciardelli, 2015). Officers in the rural department tend to take on the role of a social worker/case worker, which is why officers from the rural department were willing to find a solution to the problem when individuals with mental illness were in crisis (Huey & Ricciardelli, 2015). Officers from the urban police department feel that their job is to fight crime and that brings officers from the urban department satisfaction (Johnson, 2012). Police officers from the urban department believe that their job it to fight crime, which is why even when an individual is in crisis, urban officers primary focus is officer safety and not treatment.

This shows that officers are experiencing trying to find a balance between duties of their job and implementing all of the training they received, such as CIT (Pogrebin, 1978).

Officers from both the rural and urban department talked about some of the common diagnoses they encounter. The majority of officers responded by pointing toward the most symptomatic and “dangerous” diagnoses. For example, a few officers, 2, 4, 5, 6, and 9 stated,

2 “Um, it seems like quit a few people that we deal with have mental illness, schizophrenia is the most common.”

4 “Yea. I met schizophrenia, um lots of those. PTSD is another one that we see, um bipolar,”

5 “We are getting more people that are bipolar, schizophrenic, and getting more training on how to deal with those people.”

6 “Schizophrenia, bio-polar, depression”

9 “Bipolar, schizophrenics, depression, um, of the top of my head that is what I would come up with. Those are the ones I do know.”

Schizophrenia was the top mental illness that all officers talked about. Studies show that 88% of people are less likely to interact with people with schizophrenia because they perceived people with mental illness as violent (Link, et al., 1999). Just like officers in this study, officer perception of people with mental illness leads officers to assume that people with mental illness are aggressive and dangerous because of their personal experience with mental illness, which develops their perception. This means that officers assume that people with mental illness are violent, which means that when officers state that someone is schizophrenic they are saying that the person is violent. The majority of people with mental illness that are arrested, and sentenced suffer from psychotic illnesses, major depression, personality disorder, antisocial personality disorder, and schizophrenia (Danesh & Fazel, 2002). After analyzing the results of this research, officers are assuming the type of mental illness and acting based on their personal perception. This shows that officers are experiencing trying to find a balance between duties of their job and implementing all of the training they received, such as CIT (Pogrebin, 1978). In this research, officer’s personal perception appeared to affect how they viewed mental health and the individuals that officers encountered. This research demonstrated that officer’s perception is important to know and understand because of the affects that perception can have.

## CHAPTER 5 CONCLUSION

Police perception can and does affect how officers view society and how officers treat those individuals within society. Police perception can be harmful to individuals with mental illness (Martin, 2000). Mental health and how society views and treats people with mental illness has been harmful and lead to a lack of understanding (Boschma, 2003). This paper has explored the perceptions of police officers from two police departments, one rural and the other urban, and compared them. The research shows that officers have developed their own personal perception of people with mental illness and their perception affects how officers treat and view people with mental illness. It was found that officers' perception was affected because of role conflict. Role conflict affected officers because officers felt pressure to perform as a social liaison for people with mental illness and still protect the community and officer's safety.

This research found that police officers from the rural department, felt that there were limited resources in their community for people with mental illness. Officers in the urban department felt that the department needed to provide more training and education on mental health to officers. Both the rural and urban departments have CIT training courses for officers. Only the rural police department required that all officers are CIT trained, but the urban department does not require all officers to take the course.

Some of the weaknesses of this research was the small sample size of the research which prevents generalizability. Also, convenience sampling was another weakness of the study which again limits the ability to generalize findings. Some suggestions for future researchers would be to compare more than one rural and urban police department and interview more than six officers. Possibly interviewing all patrol officers and comparing the rural and urban department. This study could have interesting findings if compared to other states.

This research explored the perception of police officers on mental illness and found many interesting findings. The research shows that officers perceive mentally ill as: dangerous, aggressive, and individuals with mental illness have a lack of understanding.

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## APPENDIX A

### Interview Schedule

1. How long have you been an active officer?
2. Were you ever an officer previously somewhere else?
3. What is the worst part about being a patrol officer?
4. What is the best part about the job?
5. What is the worst part about interacting with offenders/suspects that suffer from mental illness?
6. Do you know anyone that suffers from mental illness? If so, what is their diagnosis?
7. Were you nervous or afraid when you had your first encounter on the job with someone that suffers from mental illness? If so, why? If no, why not?
8. If so, explain why? If no, explain why?
9. What do you know about mental illness?
10. What do you know about mental illness within the criminal justice system?
11. Do all officers handle each encounter the same that involves someone with mental health issues?
12. How do you typically handle interacting with a person with mental illness?
13. How do you know if someone has mental illness?
14. What could be done differently with patrol officers encounters with mental ill offenders/suspects?
15. Do you approach a situation with a potentially mentally ill offender differently than someone that is not?

APPENDIX B  
IRB Approval Form

Expedited Review

4/20/2018

Protocol Number: 1130

Dear Tameka Poppars:

Your research project, 'Mental Illness within the CJ System: Urban vs. Rural Police Perception', was approved by the University of Central Missouri Human Subjects Review Committee on 4/9/2018. You may collect data for this project until **4/19/2019**. Your informed consent is also approved until **4/19/2019**.

**If an adverse event (such as harm to a research participant) occurs during your project, you must IMMEDIATELY stop the research unless stopping the research would cause more harm to the participant. If an adverse event occurs during your project, notify the committee IMMEDIATELY at [researchreview@ucmo.edu](mailto:researchreview@ucmo.edu).**

The following will help to guide you. Please refer to this letter often during your project.

- If you wish to make changes to your study, submit an “Amendment” through Blackboard under the “Amendment and Renewals” tab. **You may not implement changes to your study without prior approval of the UCM Human Subjects Review Committee.**
- If the nature or status of the risks of participating in this research project change, submit an “Amendment” through Blackboard under the “Amendment and Renewals” tab. **You may not implement changes to your study without prior approval of the UCM Human Subjects Review Committee.**
- If you are nearing the expiration date for collecting data for this project (4/19/2019) and you have not finished collecting data:
  1. submit your project application via Blackboard under the “Amendment and Renewals” tab (include any revisions and/or amendments approved since you submitted your application initially)

AND

  2. submit a “Renewal Report” through Blackboard under the “Final/Renewal Report” tab.
- **When you have completed your collection of data, please submit the “Final Report” found on Blackboard under the “Final/Renewal Report” tab.**

If your protocol contained a consent form and the consent form was approved, you will receive an additional e-mail. The e-mail will contain a copy of your consent form with an approval stamp in the top right corner. Do not begin data collection until you receive a copy of your consent form with an approval stamp. Note: One year after your protocol's approval date, a request for renewal OR a final project report is required.

If you have any questions, please feel free to contact me at [researchreview@ucmo.edu](mailto:researchreview@ucmo.edu).

Sincerely,

A handwritten signature in cursive script that reads "Kathy Schnakenberg".

Kathy Schnakenberg

Program Administrator/Research Compliance Officer

Office of Sponsored Programs and Research Integrity

University of Central Missouri