Los Angeles Police Department

- Los Angeles Police Department
- Los Angeles County Department of Mental Health/Emergency Outreach Bureau Enforcement Program
  - Crisis Response Support Section
    - Mental Evaluation Unit (MEU)
      - Triage
      - Systemwide Mental Assessment Response Team (SMART)
    - Case Assessment Management Program (CAMP)
    - Administrative Training Detail
    - Threat Management Unit (TMU)

Measures and Outcomes “COMPSTAT”

- 2015 Crisis Calls for Service – 16,504 (confirmed mental illness)
  - 80% were in caregiving environment (residence, board & care, etc.)
  - 20% homeless
- 78% resulted in Involuntary Mental Health Detentions
  - 60% resulted in one-time contacts due to successful initial intervention
  - 10% resulted in arrest
  - 351 individuals diverted from custody pre-booking
    - 16 individuals diverted post-booking
  - 12% resulted in referral to outpatient provider/clinic (voluntary)
  - 716 cases referred to CAMP for intensive case management
    - 60% of the cases referred resulted in successful linkages to services
    - 269 Firearms seized
The “Five Pillars”

- Triage
- Crisis Response
- Follow Up
- Community Engagement
- Training

The “Five Pillars”

- Triage
  - Mandated Reporting
    - Data Capture and Analysis (Automated Reporting)
    - Historical Info
  - Advise and Guidance
    - Dispatch of SMART
    - Hospital v. Urgent Care Center
    - Diversion from Custody
  - Critical Incident Support
    - Barricades / Jumper

The “Five Pillars”

- Crisis Response
  - Co-Responder
    - Police Officer (LAPD)
    - Mental Health Clinician (LACDMH)
      - Intervention
      - In-field clinical assessment
      - Determine Insurability
      - Linkage
The “Five Pillars”

Follow Up
- Co-Deployed
  - Detective (LAPD)
  - Mental Health Clinician (LACDMH)
- High Risk
- High Recidivist
- Intensive Case Management
- Prevention
- Risk Reduction
- Linkage

Community Engagement
- Senior lead officers
- Community meetings
- Collaboration
- 911 Checklist
- Community resource guide
- Intercept ‘O’

Training
- Mental Health Intervention Training (MHIT)
  - Police Science Leadership
  - Field Training Officers
  - 911 Operators (100%)
  - Adult Custody Officers (100%)
- Policies and Procedures
  - Manual
  - Field Officer Notebook Divider
- Community
Mental Health Intervention Training

- Goals:
  - Identify persons suffering from mental illness or in a mental health crisis
  - Properly manage/de-escalate the crisis
  - Conduct a comprehensive assessment of the individual pursuant to 5150 of the Welfare and Institutions Code (WIC)
  - Obtain appropriate referral information
- 40 Hour Training
- YTD – over 1,000 officers LAPD officers

Day 1

- Introduction
  - Introduce self and speak about personal experience with mental illness
- Mental health crisis response program
- Mental health overview
- Juvenile mental health issues/concerns
- Autism
- Legal aspects
- Triangle assessment
- Mental health laws – firearms

Day 2

- Crisis communication
- Rotation briefing
- Course rotations by DMH staff members
  - Force option simulation, psychotic disorders, mood disorders, anxiety disorders, and cognitive disorders
- Suicide by cop
- Handcuffing
Day 3

- Psychopharmacology
- Substance abuse/co-occurring disorders
- Site visit
  - Mental health court, Exodus and county clinic

Day 4

- Student presentations of site visit
- Scenario based skills training
- Mental evaluation unit tour
- Panel discussion
- NAMI/community resources

Scenario Based Skills Training
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**Takeaways**

- “Hearing from people that are affected by mental illness”
- “Hearing from families, it brings it closer to home”
- “Learning about the different illnesses and learning what those individuals go through”
- “Learning to properly write the 5150 applications because now I know the process of when it goes to court 95”
- “All the resources that we have available to help families with what happens after a hospitalization”
- “It makes everything more real, which gives me more patience and compassion, not only for the individual, but also for the family”
- “Our outpatient visit and learning why people refuse their medications”

**Stomping Out Stigma**

I don’t like that man. I must get to know him better.

*Abraham Lincoln*
**Mental Illness Stigma**

- **What we know:**
  - Stigma attached to mental illness
  - Police have insufficient mental health training
  - Negative attitudes and stigma limit the effectiveness of police
- **What we don’t know:**
  - How much do officers know about mental illness?
  - What do officers need to know about mental illness?
  - Are mental health trainings effective?
- **Need research based outcomes for Crisis Intervention Trainings**

**Mental Health Training**

- Police are first line responders to persons with mental illness in crisis
  - Increasing radio call involving mentally ill
  - Tragic outcomes result from interactions between police and mentally ill
- **Eliminate stigma through education**
  - Improve interaction/police response with persons with mental illness

**Research Project**

- Where do we start? What do we measure?
- Attitudinal changes
  - MHIT Takeaways
- Reduce negative interactions by reducing negative attitudes
Attitudes & Behavior

› Change attitude → Change behavior

“Attitudes involve the integration of both beliefs and values, which combine to exert varying degree of influence on a person’s behavior” (Bailey, Barr, and Buting, 2001)

Research Question

Does LAPD’s MHIT reduce officers’ negative attitudes towards mental illness?

Objective

› Measure the Efficacy of LAPD’s Mental Health Intervention Training (MHIT) on officers’ attitudes
› Identify strengths and weaknesses
Method
› Administration of the “Mental Health Attitude Survey for Police” (MHASP)
   - University of Massachusetts, Dept. of Psychiatry
     (J. Clayfield, K. Fletcher, A. Grudzinkas Jr., 2011)
   - Reliability and Validity Study
   - Major police department in the east coast
› Replication study
   - Pre and Post Administration of MHASP during MHIT
   - Attitudinal changes?

MHASP
› Reliable & valid measure of officers attitudes towards mental illness
   - Inferior class requiring coercive handling
   - Persons with mental illness are a threat to society
› Items examine specific police attitudes towards mental illness
   - 33 items
   - 6 point Likert-Scale
   - Anonymous
   - EDP
   - Factor breakdown of attitudes

MHASP: Factors
› Factor I:
   - Positive Attitudes Towards EDP’s
     “Dealing with emotionally disturbed persons should be an integral part of community policing”
› Factor II:
   - Negative Attitude Towards Community Responsibility for EDP’s
     “It is frightening to think of emotionally disturbed persons living in residential neighborhoods”
MHASP Cont.

- **Factor III:**
  - Not Adequately Prepared to Deal with EDP’s
    - “I feel I am adequately trained to handle situations/call involving emotionally disturbed persons”

- **Factor IV:**
  - Positive Attitude Towards EDP’s Living in the Community
    - “Emotionally disturbed persons are a disadvantaged group who deserve special consideration from the police.”

Demographic Questionnaire

- Gender
- Race
- Time on the job
- Education
- Age
- Marital Status
- Religion

Hypotheses

- **Factor I:**
  - Positive attitudes will increase toward EDP’s
- **Factor II:**
  - Reduction in negative attitudes toward community responsibility for EDP’s
- **Factor III:**
  - Officers will feel more adequately prepared to deal with EDP’s
- **Factor IV:**
  - Increase positive attitudes toward EDP’s living in the community
A Sample of 236 Law Enforcement Officers (N=236)

**Years of Age**
- 18-25: 25%
- 26-35: 42%
- 36-45: 22%
- 46-64: 11%

**Gender**
- Male: 82%
- Female: 18%

**Marital Status**
- Married: 44%
- Single: 52%
- Divorced: 4%

**Ethnicity**
- Caucasian: 24%
- Hispanic: 51%
- African American: 8%
- Asian: 9%
- American Indian: 1%
- Pacific Islander: 2%
- Other: 5%

**Educational Level**
- 8th-11th Grade: 44%
- Some College/AA: 33%
- High School/GED: 12%
- 6-10 Years: 9%
- 11-15 Years: 9%
- 16-20 Years: 10%
- 20+ Years: 11%

**Years on the Job**
- 1-5 Years: 61%
- 6-10 Years: 9%
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Mental Health Training

- Yes: 35%
- No: 65%

History of Mental Illness in the Family

- Yes: 18%
- No: 82%

Results: Factor Analysis of MHASP

Factor I:
Positive attitude toward EDPs (no change)

Factor II:
Negative attitude toward EDPs living in the community (significant decrease; p < .001)

Factor III:
Not adequately prepared to deal with EDPs (significant decrease; p < .001)

Factor IV:
Positive attitude toward EDPs living in the community (significant increase; p < .001)

Decrease in Negative Attitudes

- Factor II: Negative attitude toward community responsibility for EDPs (significant decrease; p < .001)
- Factor III: Not adequately prepared to deal with EDPs (significant decrease; p < .001)
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### Relationships Between Attitude Changes: Age and Years on the Job

<table>
<thead>
<tr>
<th>Mental Health Attitude</th>
<th>Age</th>
<th>Years on the Job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive attitude toward EDPs</td>
<td>-0.166**</td>
<td>-0.161*</td>
</tr>
<tr>
<td>Negative attitude toward community responsibility for EDPs</td>
<td>0.103</td>
<td>0.105</td>
</tr>
<tr>
<td>Inadequately prepared to deal with EDPs</td>
<td>0.217***</td>
<td>0.255***</td>
</tr>
<tr>
<td>Positive attitude toward EDPs living in the community</td>
<td>-0.216***</td>
<td>-0.192**</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01  ***p < .001

### Demographic Trends

- Male (n = 193)
- Female (n = 42)

married (n = 104)
- single/divorced (n = 131)
Discussion: Attitudinal Shift

- 3 out of 4 MHASP Factors, p < .001
  - Decrease in negative attitudes
  - Officers reported feeling more adequately prepared to deal with EDP's
  - Positive attitudes of EDP's living in the community increased

Discussion Cont.

- Attitude Change → Behavior Change
  - Reduce negative attitudes and reduce negative interactions with persons with mental illness
- Is there a Police Culture Shift?
  - SMART, CAMP, MHIT (collaborative efforts)
- Future of MHIT
  - Continued research to improve areas of training
    - Ex. “uses of force”

Limitations

- Officers vs. Control population
- Some research suggests a complex relationship between attitudes and behaviors
  - Positive attitudes among officers may not necessarily reflect positive behaviors in the field
- Not enough to just change the attitudes
  - Behavioral changes
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References

- Development and Validation of the Mental Health Attitude Survey for Police. Community of Mental Health Journal (2011). Clayfield, J, Fletcher, K., Gudmundsson, K.
Questions?