Police Officer’s Awareness on Mental Health

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Social Work

By

Kimberly Lopez

May 2016
The graduate project of Kimberly Lopez is approved:

_______________________________________  Date
Dr. Amy Levin

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Dr. Jodi Brown

_______________________________________  Date
Dr. Hyun-Sun Park, Chair

California State University, Northridge
Dedication

I dedicate this research study to all of my friends and family that have supported me throughout my master’s program. This is also dedicated to the Antelope Valley law enforcement agencies as a reminder to be mindful in their own self-care as well as the service and safety they provide to society.
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Abstract

Police Officers’ Awareness on Mental Health

By

Kimberly Lopez

Master of Social Work

The purpose of the study is to explore the officers’ comfort level based on the amount of mental health trainings they received in the Antelope Valley area. Hypothesis: The more mental health training that police officers received, the more likely officers would feel more comfortable in dealing with mentally ill persons. There were two Law Enforcement agencies that participated in this study, the Lancaster California Highway Patrol and the Palmdale Los Angeles Sheriff’s Station. The total sample size was 55 returned surveys. There were seven questions that used a 10-point Likert scale and three open ended questions. The results were that 85 percent of all participants reported only having less than two mental health trainings during and after their academy. The officers’ comfort levels were less than 35 percent, and with 38 percent knowledge of mental health resources in their area. In conclusion, officers in the Antelope Valley are not offered enough mental health trainings, their comfort levels are low, and their knowledge on mental health resources were also low.
Introduction

When discussing about mental health and law enforcement, one can ask, are there any trainings for officers that would provide them with knowledge and assist them with mental health crises? This study looks at police officers’ awareness in mental health by studying their comfort levels and the mental health trainings they were offered. According to DeCuir et al. (2002), there is evidence that police training generally are inadequate in preparing police officers to identify and deal with persons with mental illness. A significant portion of police work involves persons with mental illnesses, which officers would need to be aware of when they are on duty (Corrigan et al., 2004). The research question would be: Does less mental health trainings affect officer’s comfort level when on duty when dealing with mental health cases? Hypothesis is: The more mental health training that police officers received, the more likely officers would feel more comfortable dealing with mentally ill persons. Without the appropriate amount of mental health training for police officers, rash stigmatization and misinterpretation of the intentions of the mentally ill can cause vital errors (Pauly, 2013). The specific areas where the research study would be looked at are how many mental health trainings were offered to officers and the level of comfort they feel when dealing with mental health crisis on their own. The purpose of the study is to explore mental health awareness amongst police officers in the Antelope Valley area based on the trainings they were offered during and after their academy. The National Alliance on Mental Illness (NAMI) strives to increase awareness and understanding of the mentally ill (Pauly, 2013). Which means that officers would need to evaluate what mental health resources are out there to give to the public when in need. A survey will be used in combination of open-ended
questions to understand the officers’ awareness in mental health by examining their responses on their encounters/interactions, trainings during and after the academy, and how well they deal with mental health crisis on their own. This research study would support the idea that even though officers were not trained enough in mental health, they are still able to do their job and keep everyone safe. One can ask why this is significant to social workers and other health care professionals. People with mental health problems were reported to take up most police resources and officers were stuck in having the only option that they knew, which was arresting them (Martin & Thomas, 2013). As health care professionals and social workers, this is greatly significant to this population because of the resources, support groups, and referrals that can be offered. Arrest and incarceration should be the last resort in helping these individuals.
Literature Review

Officers are better prepared when they are introduced with mental health trainings, but does their comfort level change if there aren’t any trainings involved? With this literature review, there will be two studies that will attempt to support the research study that was conducted. With this said, one statistic from the Lincoln (Nebraska) Police Department found that it handled over 1,500 mental health investigation cases in 2002, and that it spent more time on these cases than on injury traffic accidents, burglaries, or felony assaults (Cordner, 2006). Frustrating as the situation may be for police officers, it is imperative that they investigate such complaints from victims with mental illness before dismissing these individuals as “crazy” (Corrigan et al., 2004). A study in Atlanta, Georgia was conducted by having 159 police officers take a survey before and after a 40-hour Crisis Intervention Team (CIT) training program. This study determined changes in knowledge, attitudes, and social distance related to schizophrenia among police officers after CIT training (Compton et al., 2006). One of the questions that were asked was on their comfort level in working with a person with schizophrenia. From the results, their level of comfort increased because of the training they were offered. In comparison to the research study being looked at, officers were also asked about the trainings they were offered during and after the academy. They were also asked about their comfort level as far as handling crisis on their own. The difference from these studies is that with the Atlantis study, officers were provided with crisis intervention training programs versus only mental health awareness trainings. The similarities are that both studies have had mental health trainings and both were measured in how comfortable officers feel towards mentally ill persons. We can see that this is a major focus for police officers because it
does not only affect their well-being, but how they are effective with the mentally ill population. Police officers are used to problem solving quickly based on their risk of being in danger, but there needs to be a connection first. Officers need to first engage in building rapport with the person, then, they can move to problem solving. The research study that was conducted was able to measure the amount of trainings offered and the officers’ comfort level. With the next literature review, it will show how mental health trainings were not offered to officers when dealing with crisis. There was a survey that was distributed to 194 police departments and only 174 completed surveys were received. On the scaling survey, there were three open-ended questions. The questions asked officers if there are any on-site emergency psychiatric evaluations, any specialized officers in mental health, and if there are any collaboration with other mental health services (Borum et al., 1999). The results were that 55 percent indicated that they had no specialized response for handling these types of calls (Borum et al., 1999). The strengths of this literature review demonstrate the lack of mental health trainings these officers received, but were able to show they can still handle crisis. This would also indicate that mental health plays an important part in their daily work and needs to be considered during law enforcement trainings. Crisis response trainings can help officers respond in a manner that increases safety and provide other outcomes for all people involved (Dongon et al., 2013). This study is showing that officers are not being trained in crisis interventions and what they are doing to handle situations in their department. Police officers are not asked to oversee the management of persons with mental illness on a long-term basis (Appelbaum et al., 2005). Therefore, it causes officers to handle a situation right away instead of thinking a bit more on the trainings they were taught to
reduce physical violence. The findings from both reviews here indicate that CIT programs may effectively correct myths, enhance understanding and support, and reduce reports consistent with holding stigmatizing attitudes in the context of officers’ responding to calls involving individuals with mental illnesses (Compton et al., 2006). In addition, law enforcement experts estimate that 7 to 10 percent of patrol officer encounters involve persons with mental disorders. This is why law enforcement is a crucial point of interception to divert people with mental illness from the criminal justice system along with healthcare professionals (Griffin & Munetz, 2006). These studies are synchronized in expressing mental health trainings and officers’ comfort level. One limitation of this study recently conducted is how it needed to identify more questions as far as types of comfort levels. Some questions may ask their comfort level without the mentally ill population, the LBTQ population, and in front of other officers. Another limitation could be the sample size not being large enough for more data to be demonstrated. The overall result of the literature review is the type of mental health trainings that are offered to officers and how their comfort level is affected.
Methods

Design: In this quantitative research study, the specific research design that was used is a survey with a total of ten questions. There are seven 10-point Likert scaling questions and three open ended questions. Some of the questions consist of the amount of times that officers were offered mental health training and their comfort level with the mentally ill population. The reason for this specific design was to understand if less mental health trainings would affect officers’ comfort level in dealing with crisis. Mental Health awareness can also influence on how officers perceive things and how they are able to recognize the need for treatment for an individual with mental illness (DeCuir et al., 2002). This can be seen usually after officers are introduced to a mental health training from their department. Using a survey was more convenient and faster to complete for the Sherriff’s Department and the California Highway Patrol because of their “on the go” routine. The population of this study was consisted of 18 years of age and older who are sworn officers in the Antelope Valley area. The requirements that were needed to be a participant was to be a sworn officer, either male or female, and at least a year on the department after they have completed their police academy. The officers were also required to have had at least one type of mental health training. There were no vulnerable populations in this study. This study recruited participants through convenience sampling based on the Palmdale Sherriff’s Station and the Lancaster California Highway Patrol Station. These two stations have distributed the surveys to their officers.

Sampling: There were 70 surveys handed out and the goal was to reach 50 returned surveys. There were 55 surveys returned. There were no screening tools used other than
participants being sworn officers, have had completed their police academy, as well as having one type of mental health training. There were no sorts of deception in this study.

**Data Collection:** The problems that were encountered during distribution were that there were 35 surveys passed out to each department and the returns were not evenly out. There were 21 surveys returned from Lancaster California Highway Patrol and 34 surveys returned from the Palmdale’s Sheriff’s Station. The goal of having at least 50 surveys returned was met. Police officers that participated in this survey willingly volunteered, it was not mandatory. Sergeants, Lieutenants, and Captains announced the survey in their department without any additional advertisement. When the surveys were ready for distribution, the researcher provided a detailed informational form regarding the survey, but did not give a brief oral description to officers, only to the person that was collecting the surveys. One of the sergeant’s from the Human Resource Department from the Palmdale’s Sherriff’s Station was the one that handed out the surveys. A Lieutenant from the Lancaster’s California Highway Patrol, was the one who distributed the surveys. Both the Lieutenant and the Sergeant from each station collected the surveys when their officers were done. The surveys were put inside an orange envelope for confidentiality. After a participant has turned it in, they were free to go. The survey did not ask any identifiable information and had been collected anonymously by the facilitators (Sergeants and Lieutenant). All research data has been entered into SPSS and stored on a laptop computer that has a protected password, whom only the researcher has access to it. The surveys and other paper work pertaining to the study had been locked up in a drawer with a lock that only the researcher has access to. All data will be maintained until the research project has been completed at the end of May 2016. The researcher will destroy
all data with a shredding machine after the project has been completed at the end of May 2016. Also, electronic data will be removed from the computer.

In the survey, it did not ask for specific markers, but it did ask for demographics. These are the following demographics that were asked on the survey: gender, age, ethnicity, education level, the department they are from, and the years they have served. The questions on the survey were not changed due to the measurement of the officers’ responses. The variables that were measured were the amount of times mental health trainings were offered to police officers and their comfort level. The dependent variable is the comfort level of officers. The independent variable is the amount of mental health trainings officers received. Mental Health Awareness means to understand the basics of signs and symptoms someone has and to how to be able to handle a mental health crisis. Experience is the police officers experience and encounters with the mentally ill population. In the next section, we will examine the methods of measurements on the survey that was handed out.

**Measurements:** As mentioned earlier, this study has used seven 10-point Likert scaling questions with three open ended questions. Questions that were asked were trainings that were offered, the amount of encounters they had with the mentally ill population, their comfort level in handling a crisis on their own, their interest level in receiving more support in mental health, and what they can do to improve their own knowledge on this population. These questions measured the trainings that were offered to officers followed by their comfort levels. Their knowledge about mental health was measured with one open ended question that provided three lines to write down three resources to a mental health facility. To assess the comfort level of officers’ when handling crisis, a two-item
modified version of the Social Distance score was used. The term social distance attempts to measure degrees of tolerance or prejudice between social groups, including religious groups (Swatos, 1998). An example of the social distance is, “how comfortable do you feel when using the training that you received on mental health?” ranging from 0, “least comfortable,” to 10, “most comfortable.” The last three open ended questions asks: “How will you improve your knowledge on the mentally ill population?” “Can you list at least three mental health agencies in your community?” “If you could improve mental health trainings for officers, what would it be?” These responses would be used for additional information for the departments to know the positive feedback and the negative feedback in their department. Once the data has been analyzed, the most common responses will be to implement the results such as to what most officers want to change in their trainings or what would assist them in improving their knowledge in mental health.
Data Analysis and Findings

In this research study, there were seven questions with a 10-point Likert scale. The purpose of this study was to explore if less mental health trainings affect officer’s comfort level when on duty. The hypothesis is: The more mental health trainings police officers receive, the more likely officers would feel more comfortable. In the survey that was given, there were four questions that would measure the comfort level and the trainings offered to officers. The four questions were then separated into two groups. The first group was the two questions that were similar in measuring the comfort level of officers. The second group measured the trainings that officers received during and after the academy. For the data analysis, these were the only four questions used to correlate the relationship between trainings offered and the officers’ comfort level. Following demographic variables were used: gender, age, ethnicity, education level, what department they belong to, and the years they served. There were 70 surveys passed out with the goal of having 50 completed. Out of those 70, there were 55 returned surveys. It was not equally balanced between the two departments. The Lancaster California Highway Patrol Station returned 21 from 35 that were handed out to them. From the Palmdale Sheriff’s Station, there were 34 from 35 returned surveys. There were at least five surveys in total that were missing a response from one of the questions, leading to only 50 fully completed surveys. Between the California Highway Patrol and the Palmdale Sheriff’s Station, there were 7 women and 47 males. This means the majority of officers in the study were men. Officers that have taken the survey were also ranging from 39 years old to 45 years old, leading to a 40.0% of all participants. A small percentage of officers were ranging from 18-31 years old, leading to 12.7%.
From the 55 officers that participated in the survey, a total of 33 (60%) stated they went to college. There were only 22 (40%) indicated they received just a high school education. With this said, the majority of the officers in this study were white, middle aged men with a college education.

For the analysis, four questions were used to correlate with each other. The first group, as mentioned earlier, was the two questions that were similar in measuring the comfort level of officers. The second group measured the trainings that officers received during and after the academy. The first group was renamed under “SumTrainings.” The second group was named “SumComfort.” The first group had similar variables such as “how many mental health trainings were included,” and “how many mental health trainings were offered.” The second group that was looked at was “how comfortable did you feel when using mental health trainings?” and “do you feel comfortable to handle mental health crisis?” The reason behind the two separate groups is to divide the trainings from the comfort level of officers. Using the SPSS program, it shows that there was no correlation between how many mental health trainings were offered in the academy and the officers’ comfort level. The results also show that there were no relationship between how comfortable officers felt and the trainings they received (r(55)=0.124, p<0.05). This is significant because the study had shown that officers are not receiving enough mental health trainings, and their comfort level is also being affected. Officers would still be doing their job whether they had mental health trainings or not. Their duty is to protect and serve at a fast pace without time to think about trainings they receive in order to handle a crisis. At the same time, this can also affect how they make the right referrals to persons with mental health issues. Their knowledge about mental health was measured as
a supplement to the study. This was measured by having one open ended question that provided three lines to write down three resources to a mental health facility. The Lancaster California Highway Patrol had a 38% on mental health resource knowledge. The Palmdale Sherriff’s Station had a low 29% on mental health resource knowledge.
**Discussion, Implications, Limitations, Conclusion**

**Discussion:** The results have shown that there were no correlation between the amount of mental health trainings and the officer’s comfort level. In fact, when police officers rated their level of comfort in a 10-point Likert scale for “how comfortable do you feel when using the training that you received on mental health?” ranging from 0, “least comfortable,” to 10, “most comfortable.” The Lancaster California Highway Patrol scored a comfort level of 33% compared to Palmdale Sherriff’s Station’s comfort level of 35%. The same measurements were used for the trainings they received with the questions “during the academy, how many mental health trainings were included?” and “after a year of completing the academy and the probation period, how many mental health trainings were offered to you?” From the Lancaster California Highway Patrol, their score was a 95%. From the Palmdale Sherriff’s Station, they scored an 85%. This means that over 85% of all officers reported they had less than two mental health trainings during and after the academy. These results show that their comfort level is low as well as mental health trainings offered. From 34 participants with the Palmdale Sherriff’s Station, 9 officers reported having no affect with their comfort level regardless of the amount of trainings they received. From the 21 participants with the Lancaster California Highway Patrol, 5 officers reported having no affect with their comfort level regardless of the amount of trainings they received as well.

**Implications:** For social work practice, policy, and research, this study has significant value as far as where there can be improvement within law enforcement and mental health. One example is mass incarceration. In order to prevent mass incarceration, law enforcement needs to be prepared and educated in mental health because that is the
highest population they are dealing with. Police officers are gatekeepers in deciding whether a person with mental illness should enter a mental health facility or the criminal justice system (DeCuir et al., 2002). As social workers, this can improve the gap between the violence and deaths between officers and persons with mental illnesses. The study has shown that officers are not having enough mental health trainings and have reported a low comfort level on handling crisis. These trainings are crucial for officers to feel empowered in improving not only their well-being, but improving their service to society. Social workers can improve this issue by providing more education and awareness to officers and other community resources.

**Limitations:** The limitations of this study were the low number of subjects that participated. The significance would have been greater if the study group was much larger. Another limitation for this study was the type of questions that could have been asked such as their comfort level with other populations. For example, what would their responses be if the population was LGBTQ? Would male officers be more aggressive if they were handling gay men? An addition to the study’s limitation, both Sherriff’s stations in the Antelope Valley were not studied only the Palmdale Sherriff’s Station.

In conclusion, the purpose for this study was to show how officers’ comfort level is affected by the amount of trainings they receive. Officers in the Antelope Valley area seemed to not have enough mental health trainings as well as knowing resources in the community. This is significant because an officer’s decision can make a change to a person’s life. For future directions, mental health agencies and law enforcement need to increase their relationship to come to an understanding and improve trainings for mental health awareness.
References


http://www.popcenter.org/problems/mental_illness/


http://dictionary.reference.com/browse/awareness


## Appendix

Tables and Sample Survey

### Descriptive Analysis: Frequencies & Descriptive

#### Table 1
Characteristics of Demographics Variables (N=55)

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Officer’s Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>12.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>85.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age Range</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>25-31</td>
<td>7</td>
<td>12.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32-38</td>
<td>12</td>
<td>21.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39-45</td>
<td>22</td>
<td>40.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46+</td>
<td>10</td>
<td>18.2</td>
<td></td>
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</tr>
<tr>
<td><strong>Department</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California Highway Patrol</td>
<td>21</td>
<td>38.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles Sherriff’s Dept.</td>
<td>34</td>
<td>61.8</td>
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<tr>
<td><strong>Education Level</strong></td>
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<td></td>
</tr>
<tr>
<td>High School Diploma</td>
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<td>40.0</td>
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<td></td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>19</td>
<td>34.5</td>
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<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>13</td>
<td>23.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral Degree</td>
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<td>0</td>
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<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>35</td>
<td>63.6</td>
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</tr>
<tr>
<td>Hispanic</td>
<td>12</td>
<td>21.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
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<td>Asian</td>
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<td>Pacific Islander</td>
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<td>1.8</td>
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<td>Other</td>
<td>2</td>
<td>3.6</td>
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</tr>
<tr>
<td><strong>Age Range at the time of survey</strong></td>
<td></td>
<td></td>
<td>3.69</td>
<td>.948</td>
</tr>
<tr>
<td><strong>Years as an officer</strong></td>
<td></td>
<td></td>
<td>3.38</td>
<td>1.284</td>
</tr>
</tbody>
</table>
**Correlations**

**Table 2**

Correlations among the variables

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Trainings</th>
<th>Comfort Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Trainings</td>
<td></td>
<td>.124</td>
</tr>
<tr>
<td>2. Comfort Level</td>
<td>.124</td>
<td></td>
</tr>
</tbody>
</table>

There is neither correlation nor relationship.

- **Correlation coefficient (Pearson’s r) can range from -1 to 1.**
  - Small: \( r < 0.05 \)
  - Medium: \( 0.124 < r < 0.05 \)
  - Large: \( r > 0.124 \)

- **Reporting correlation findings**

  The variables A and B are not correlated, \( r=(55)= 0.124, p< .05 \)
  \( P=0.05, p< 0.05 \)
Police Officers’ Awareness on Mental Health

Research Study

This is a 10-15 minute survey. Please read the directions before beginning the survey.

Directions: Please answer all questions as honestly as possible. After completing the survey, please turn it in the manila folder that will be provided. Note: This is strictly confidential and your identity will not be disclosed.

Gender: Male Female  
Age: 18-24, 25-31, 32-38, 39-45, 46+  
Ethnicity: Caucasian, Hispanic, African American, Asian, Pacific Islander, Other  
Education Level: High School Diploma, Associate’s Degree, Bachelor’s Degree, Master’s Degree, Doctorate  

Circle a branch that you belong to: LASD, CHP  
Years on the Department: 1-4, 5-9, 10-14, 15-19, 20+  

1. During the academy, how many mental health trainings were included?  

0 1 2 3 4 5 6 7 8 9 10+  
Least Most  
Training Training  

2. After a year of completing the academy and the probation period, how many mental health trainings were offered to you?  

0 1 2 3 4 5 6 7 8 9 10+  
Least Most  
Trainings Offered Trainings Offered  

3. How many encounters/interactions have you had with the mentally ill population?  

0 1 2 3 4 5 6 7 8 9 10+
4. How comfortable do you feel when using the training that you received on mental health?

<table>
<thead>
<tr>
<th>Least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10+</th>
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<tr>
<td>Most</td>
<td></td>
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</table>

5. Do you feel comfortable enough to handle a mental health crisis if there is not another officer on site at that moment?

<table>
<thead>
<tr>
<th>Least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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6. Are you able to distinguish from a suspect that has mental illness to someone that is using drugs?

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<thead>
<tr>
<th>Least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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7. Would you be interested in receiving more support from your department in mental health?

<table>
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<th>Least</th>
<th>0</th>
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<th>2</th>
<th>3</th>
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8. How will you improve your knowledge on the mentally ill population?
9. Can you list at least three mental health agencies in your community?

1. _________________________

2. _________________________

3. _________________________

10. If you could improve mental health trainings for officers, what would it be?

   (Examples: Make trainings more fun, interactive, role play, etc.)

Thank you for your time in completing this survey.