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Addressing Rural Mental Health Crises: An Alternative to Police

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ADDRESSING MENTAL HEALTH CRISES: AN ALTERNATIVE TO POLICE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Faith Weatheral-Block

May 2024

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ABSTRACT

There has been an increase in contacts between law enforcement and people with mental illness since the start of deinstitutionalization in the 1960s. When law enforcement officers respond to crisis calls without the proper training, the likelihood of that interaction ending fatally is far greater. The purpose of this study is to determine mental health professionals' readiness to serve as an alternative to law enforcement in addressing mental health crises in rural areas. Using the nonprobability sampling methods of convenience and snowball, this exploratory qualitative study involved semi-structured interviews with 10 adult mental health professionals from various backgrounds in a rural county in California (N = 10). The interview data were analyzed through thematic analysis procedures. Findings reveal the following four themes: (1) mental health professionals support collaboration with law enforcement in responding to mental health crises; (2) despite supporting collaboration with law enforcement, mental health professionals see challenges associated with this partnership; (3) responding to mental health crises without law enforcement is recommended /advisable under certain conditions; and (4) there are benefits associated with responding to mental health crises without law enforcement. Implications of these findings for social work research and practice are provided.

Keywords: mental health professionals, law enforcement, interagency collaboration, rural areas, qualitative methodology, thematic analysis, social work

TABLE OF CONTENTS

ABSTRACT.....	iii
CHAPTER ONE: PROBLEM FORMULATION	1
Introduction.....	1
Causes And Consequences.....	1
Interventions	3
Rationale, Purpose and Significance.....	6
Summary	8
CHAPTER TWO: LITERATURE REVIEW	10
Introduction.....	10
Relevant Studies.....	10
Theoretical Orientation	13
Gaps in the Literature.....	15
Summary	17
CHAPTER THREE: METHODS.....	18
Introduction.....	18
Research Design.....	18
Sampling and Sample	19
Data Collection Instrument and Procedures	19
Protection of Human Subjects	20
Data Analysis	20
Summary	22
CHAPTER FOUR: RESULTS	24
Frequency Distributions.....	24

Results.....	25
Theme 1: Importance of collaboration with law enforcement.....	25
Theme 2: Challenges of collaboration with law enforcement.	26
Theme 3: Response without law enforcement.....	27
Theme 4: Benefits of responding without law enforcement.....	29
CHAPTER FIVE DISCUSSION.....	30
Implications of the Findings	30
Implications of the Findings for Theory	30
Implications of the Findings for Research	32
Implications of the Findings for Social Work Practice	33
Limitations of the Findings.....	36
Directions for Future Research	36
Conclusion	38
APPENDIX A: INTERVIEW QUESTIONS.....	39
APPENDIX B: INFORMED CONSENT	42
REFERENCES	45

List of Tables

Table 1: Demographic Characteristics.....	21
Table 2: Study Major Themes.....	22

CHAPTER ONE

PROBLEM FORMULATION

Introduction

At least once in their lifetime, more than 50% of Americans will be diagnosed with a mental illness, and approximately 1 in 25 Americans have been living with a mental illness such as schizophrenia, bipolar disorder, or major depression for an extended amount of time (Centers for Disease Control and Prevention [CDC], 2021). Mental illness has also been found to impact children, with 1 in 5 children having been documented as living with a mental illness currently or at some point during their lives (Centers for Disease Control and Prevention [CDC], 2021). These statistics do not currently include those with a dual diagnosis of a mental illness and substance abuse, developmental delay, or another unnamed condition.

People with mental illness are at greater risk for involvement with and harm from police. A review of studies conducted in 2016 found that six to ten percent of all contacts with police were those dealing with the impacts of severe mental health issues (Livingston, 2016). The risk of individuals with mental illness being killed or injured is 16 times greater than for other civilians being contacted by law enforcement (Teplin, 2000). On the state and county level, there has been a search for an alternative to using the criminal justice system. One option has been using mental health workers to respond to crises when possible.

Causes And Consequences

Federal cuts to mental health funding and a lack of training for police on responding to mental health crises have led to increased involvement of mentally ill people with the police. Since the 1960s, when deinstitutionalization began due to federal cuts in mental health funding, as well as the change in laws that give those dealing with mental health issues the right to live in a community without psychiatric treatment, there has been an increase in law enforcement contact with, as well as incarceration of, people with mental illness (Teplin, 2000).

While the right to live free is warranted, there is a generally noted intolerance and stigma associated with the mentally ill behaviors in communities. As a result, there is an increase in calls to law enforcement for acts that might be described as a nuisance, such as an individual responding to auditory or visual hallucinations and internal stimuli by yelling or throwing things- actions that otherwise might not be viewed as criminal (Teplin, 2000). When officers respond to crisis calls without the proper training, the likelihood of that interaction ending fatally are far greater.

There has been an escalated discussion on how police are trained to deal with contacts with a mentally ill individual and how untrained officers lead to an increase in incarceration, death, and other serious injuries, both for officers and those contacted. In the report *Overlooked in the Undercounted*, Fuller et al. (2015) noted that the risk of being critically injured during a law enforcement contact is 16 times greater for someone with an untreated mental illness than other civilians. The prevalent belief for the higher arrest rate, police contact, and fatal interactions is that officers cannot differentiate between substance use and

mental illness because there is a lack of training provided to officers that are often the de facto responders to a mental health crisis.

Untreated, mental illness can worsen, and an individual can leave incarceration sicker than when they entered, resulting in higher recidivism rates (Teplin, 2000). With the reduction in outpatient and inpatient funding, the criminal justice system has become the default method of dealing with these issues (Teplin, 2000). In addition, criminalizing mental illness and housing those that deal with these issues instead of treating the problem cost federal institutions in 2018 \$37,449 a year for an adult and \$214,620 a year for a juvenile (Venable, 2021). Psychiatric facilities and community hospitals have a far lower cost than incarceration - both financially and on the welfare of the individuals.

The majority of the conversation surrounding policing the mentally ill revolves around policing in urban areas, with rural agencies and areas going overlooked in this public conversation. Lack of funding, lack of resources, and large geographic areas often result in rural communities having a more challenging time than urban areas in meeting the needs of their mentally ill population and the training needs of first responders (Lockwood, 2021).

Interventions

Over the years, numerous programs have been created to handle crisis calls to assist the mentally ill. Senate Bill No. 82 was enacted in 2013 in California to provide eligible counties with the funding to provide crisis intervention, stabilization, and mobile crisis support teams. These teams have the task of working with law enforcement to provide targeted case management and

referrals to those having a crisis and recurrent contact with law enforcement (California State Legislature, 2013).

SB 82 assists with fostering a relationship between the Sheriff's office, Police Department, and Highway Patrol in this area (California State Legislature, 2013). This enabled law enforcement agencies to contact the mobile crisis unit when contact was made with someone who appeared to be dealing with a mental health issue and connect them with supportive programs in the community, case management, and therapy (California State Legislature, 2013). Based on funding allotments, the geographic size of the county, and staff availability, services through this grant were offered in different formats.

In Australia, The Northern Police and Clinician Emergency Response Team (NPACER) is a collaborative initiative involving law enforcement officers and mental health clinicians working together to respond to mental health crises in Northern regions (Mckenna et al., 2015). This specialized team is trained to de-escalate crises, assess individuals' mental health needs, and connect them with appropriate services and support (Mckenna et al., 2015). NPACER aims to provide a more compassionate and effective response to mental health emergencies, reducing reliance on law enforcement intervention and promoting better outcomes for individuals in crisis (Mckenna et al., 2015).

Crisis Intervention Teams (CIT) are specialized units within law enforcement agencies that are trained to respond to crisis situations involving individuals with mental illness (Skubby et al., 2013). In urban areas, CIT programs typically involve collaboration between law enforcement, mental health

professionals, and community stakeholders to provide a coordinated and compassionate response to mental health crises (Skubby et al., 2013). CIT officers undergo extensive training in de-escalation techniques, crisis intervention strategies, and mental health awareness, enabling them to effectively interact with individuals experiencing a mental health crisis (Skubby et al., 2013). CIT programs aim to divert individuals away from the criminal justice system and toward appropriate mental health services, reducing the likelihood of arrest or incarceration and promoting better outcomes for individuals with mental illness (Skubby et al., 2013). Currently this program model has yet to be implemented in rural areas.

Another important program is the Family Urgent Response System or FURS. This program is created to assist youth who have previously or are currently involved in the child welfare system. This program is a "coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level, in-home, in-person mobile response during situations of instability, to preserve the relationship of the caregiver and the child or youth" (California Department of Social Services, 2022, para 2). This program provides 24/7 in-home crisis stabilization services in the form of a trauma informed alternative for families that would typically contact law enforcement. On-going support services are offered after the initial contact, linking the family and child with appropriate mental health

referrals in their communities (California Department of Social Services, 2022, para 3). In Tuolumne County, this program is comprised of two-person teams, with a Behavioral Health worker or clinician available every night and a rotating schedule for Probation and employees of the Department of Social Services. This collaboration in Tuolumne County provides families an alternative to having law enforcement involved in an official capacity, with a more significant outcome of keeping families intact through a mental health crisis.

Rationale, Purpose and Significance

Despite the interventions described above, the strained relationship between law enforcement and people with mental health persists. It can be argued that that police contact with people who experience mental illness is not in the best interest of communities. An expansion of collaboration between law enforcement and mental health professionals is a step in the right direction. Limiting contacts between officers and mental health clients, except when necessary, is a goal society should embrace. This study focused on understanding the support and resources needed for a mental health worker to successfully serve as an alternative to police in a mental health crisis. This study raised the following questions:

1. What are the perceptions of mental health professionals about themselves serving as an alternative to police in responding to mental health crises in rural areas?
2. What do mental health professionals need to effectively serve as an alternative to police in responding to mental health crisis in rural areas?

This study have implications for social work practice and research. This study can contribute to social work practice on both the micro and macro levels. When looking at the potential for micro-level contributions, this study offers the possibility of new insight into how to effectively offer intervention to those amid a crisis and prevent future crisis contacts by ensuring a direct connection to follow-up services. A dedicated crisis response team would help differentiate from the stigma associated with law enforcement responding to crisis calls. This study will also increase awareness of what resources a mental health professional working in a rural community needs to be an effective alternative to police when responding to a mental health crisis.

On the macro level, this study can reduce the number of incarcerations and the long-term effects that people experiencing mental health crises face upon becoming involved with the criminal justice system. This reduction in incarcerations can further lead to policy changes recognizing mental health issues as just that and not a criminal offense. These outcomes could lower the burden on overcrowded prison systems, increasing favorable outcomes for the economy at the institutional level. This study also has the potential to impact future grant writing for rural mental health agencies and the potential budget increase for more mobile mental health professionals that would be available to respond to mental health calls instead of police.

In the meantime, with limited funding and staff, rural counties often must rely on programs and grants such as Senate Bill No. 82 and the Family Urgent Response System. The outcomes of these programs have not yet been

thoroughly evaluated. However, on the local level, these programs have shown promise in diverting mental health crisis calls from police and utilizing mental health professionals collaborating with other agencies. To expand the use of programs such as these in rural areas, the resources available to the mental health professional responding to the crisis need to be addressed.

Summary

The reduction in federal funding for mental health services coupled with a lack of police training in responding to mental health crises has led to a surge in law enforcement interactions with individuals experiencing mental illness since the 1960s. This trend has resulted in increased incarceration rates and fatalities during police encounters, exacerbated by societal stigma and intolerance towards mental health issues. While the right to live freely in communities is crucial, the criminal justice system often becomes the default method of addressing mental health crises due to insufficient resources and training for first responders. Interventions such as Crisis Intervention Teams (CIT), collaborative initiatives like the Northern Police and Clinician Emergency Response Team (NPACER), and programs like the Family Urgent Response System (FURS) aim to provide more compassionate and effective responses to mental health emergencies, diverting individuals away from incarceration and towards appropriate support services. However, rural communities often face greater challenges in meeting the needs of their mentally ill population and providing

adequate training for first responders, highlighting the need for broader implementation of these intervention programs.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will review relevant studies related to interactions between mental health professionals and law enforcement, and mental health professional's views of responding as an alternative to law enforcement. In addition, this chapter will review theories relevant to this topic and examine gaps in current literature.

Relevant Studies

The interaction between law enforcement and mental health services in responding to crisis incidents has garnered increasing attention in recent years, which has resulted in increased research. Rhodes et al. (2024) conducted a study that delves into the readiness of social workers employed within law enforcement agencies. Through qualitative analysis, the study examines the extent to which social workers feel equipped for their roles, ability to overcome challenges, and strategies during interactions with law enforcement contexts. This research sheds light on the intersection of social work and law enforcement, providing valuable insights into the effectiveness and preparedness of social workers.

Rohrer (2021) explored interaction between law enforcement and individuals with mental illness, through examining current literature on the topic. This research contributes to the ongoing discourse on improving law

enforcement practices regarding mental illness, aiming to enhance safety and outcomes for both officers and individuals with mental health challenges (Rohrer, 2021). Findings indicate that increased collaboration is beneficial moving forward with developing crisis response programs.

Munetz and Bonfine (2022) provide a compelling argument for the inclusion of psychiatrists in leadership roles within Crisis Intervention Team (CIT) programs. Through a thoughtful examination of the interdisciplinary nature of CIT programs and the unique expertise that psychiatrists bring to the table, the authors advocate for collaborative leadership structures that prioritize mental health expertise. Findings indicate that this collaboration will be helpful moving forward.

The doctoral dissertation "Collaborative Efforts between Law Enforcement and Mental Health Professionals when Responding to Mental Health Crises" by Juarez (2020) delves into the collaborative strategies employed between law enforcement and mental health professionals in addressing mental health crises. Utilizing qualitative analysis Juarez (2020) provides insights into best practices for interagency collaboration, the role of communication and coordination, and the impact on outcomes for individuals in crisis. Focusing on multidisciplinary practices, findings indicate that increased training and collaboration will improve outcomes.

Deane et al. (1999) provides a comprehensive examination of police interactions with individuals affected by mental illness, focusing on the communication skills required for effective interventions. Through a review of

relevant literature and qualitative research, the authors highlight the challenges faced by law enforcement officers in managing mental health crises and propose strategies to bridge the gap between communication skills and clinical practice. The implications for practice include the development of specialized training programs for police officers, collaboration between law enforcement and mental health professionals, and the implementation of crisis intervention teams. By enhancing officers' communication skills and integrating clinical approaches into police practice, the study found that law enforcement agencies can improve outcomes for individuals with mental illness and minimize the risk of escalation during crisis situations.

Campbell et al. (2017) explores the importance of strengthening community partnerships to complement mental health training initiatives for law enforcement officers. Through a comprehensive analysis of current literature, utilized California as a case example, the authors discuss the role of community-based organizations, mental health professionals, and other stakeholders in supporting law enforcement efforts to address mental health issues effectively (Campbell et al., 2017). Findings indicate that collaboration between community-based organizations, mental health professionals and other stakeholders as imperative to improving outcomes.

Weaver et al. (2013) examines the importance of collaboration between law enforcement and mental health services in responding to crisis incidents involving veterans. Through qualitative research the author's explore strategies to improve coordination and communication between two sectors, ultimately

enhancing the quality of care and support provided to veterans in crisis. By promoting collaboration and integration between law enforcement and mental health professionals, the article highlights the potential to enhance outcomes for veterans in crisis and ensure the comprehensive support needed is received. Findings indicate that increased communication including meetings will be beneficial in providing comprehensive support.

Theoretical Orientation

To understand the problem focus, conflict theory and systems theory were used. Conflict theory is one of the main paradigms utilized in social work (Beresford, 2000; Fogler, 2009; Olson, 2007; Slavin, 1969). Sociologists Karl Marx & Friedrich Engels (1848, 2019) introduced the theory in the middle of the nineteenth century in their book entitled *The Communist Manifesto*. This theory looks at structural inequality, competition between social groups, and how those in the higher social class benefit from social control (Marx & Engels; Simon, 2016). This theory is based on the idea that those in power are responsible for distributing power and resources and dictating inequalities that work in their favor (Marx & Engels; Simon, 2016).

Law enforcement and the judicial system are government institutions commonly used by those in power to assert control and ensure inequality between the classes. The difference between law enforcement and those in the mental health field is that mental health professionals work to advocate on behalf of those that are unseen and unheard, to address systematic inequalities.

Members of law enforcement are entrusted with representing and protecting communities, yet joining the force with biases and stereotypes against those who are marginalized by society. Negative stereotypes can arise over time due to competition on a social structural and economic level and these stereotypes increase when competition for resources sets social groups against one another (Smith & Alpert, 2007).

Conflict Theory is helpful in this study and understanding the problem focus because it highlights how oppression can impact human behavior. When looking at crises, individuals may be better served by seeking a mental health professional's assistance and community resources instead of police that might only be interested in maintaining the status quo. A shift in crisis response can serve to change from escalating conflict to community-oriented solutions.

Meanwhile, Systems Theory, in the context of mental health crises, provides a valuable framework for understanding the interconnectedness of various factors contributing to crisis situations and the potential issues surrounding law enforcement response. Rural communities are complex systems comprising diverse stakeholders, including individuals in crisis, mental health professionals, law enforcement agencies, community organizations, and local government entities. Systems Theory emphasizes the dynamic interactions and feedback loops within these systems, highlighting the interdependence of different components and the impact of systemic factors on crisis outcomes (Von Bertalanffy, 1968).

In rural areas, where mental health resources may be limited and access to services is often constrained, systemic issues such as geographic isolation, socioeconomic disparities, and stigma surrounding mental illness can exacerbate mental health crises. Systems Theory underscores the importance of considering these systemic factors when examining the challenges associated with law enforcement response to rural mental health crises. For example, limited access to mental health services may result in law enforcement officers being called upon to respond to crises despite lacking the necessary training and expertise in mental health crisis intervention. This can lead to suboptimal outcomes, including escalation of conflicts, increased risk of harm to individuals in crisis, and challenges in accessing appropriate mental health care.

Moreover, Systems Theory highlights the need for collaboration and coordination among various stakeholders in rural communities to effectively address mental health crises. When law enforcement agencies operate in isolation from other service providers, such as mental health professionals and community organizations, systemic barriers to crisis intervention may persist. For instance, lack of communication and information sharing between law enforcement and mental health agencies can hinder timely access to appropriate resources and support for individuals in crisis. Furthermore, Systems Theory emphasizes the importance of establishing integrated, collaborative approaches to crisis response that leverage the strengths of diverse stakeholders and promote holistic, person-centered care.

Gaps in the Literature

The existing literature is limited in two significant ways. First, there is a lack of focus on rural areas, where resources and access to mental health services are often limited. Second, most studies fail to address the specific needs of mental health workers to effectively handle crises without relying on law enforcement intervention, which is a crucial aspect of developing comprehensive crisis response strategies. This proposed research aims to bridge these gaps in the literature by advancing understanding of effective strategies for collaboration between law enforcement and mental health professionals in rural California.

Summary

Utilizing law enforcement to respond to mental health crises can have long-term effects on those contacted, especially when those dealing with a mental health issue are criminalized (Teplin, 2000). This chapter explored existing studies that examine the collaboration between law enforcement and mental health services in responding to crisis incidents, drawing on Conflict Theory and Systems Theory to provide a comprehensive analysis. Gaps in current literature were identified as lack of evaluation of long-term outcomes, the role of cultural competence is not examined, specific needs of mental health professionals were not discussed, and literature did not touch on the adaptability of these programs for rural areas. Addressing these gaps could advance our understanding of effective strategies for collaboration between law enforcement and mental health professionals, leading to more tailored and impactful interventions.

CHAPTER THREE

METHODS

Introduction

Chapter three describes the methodology utilized in this study. This chapter begins with an overview of research design. The second section focuses on the strategy for sampling used. The third discusses data collection and instrument procedures. The fourth sections discusses protection of human subjects, with the final section reviewing the data analysis process.

and the approach used for data analysis. The termination and follow-up section describes the process of communicating findings to participants, with a summary concluding this chapter.

Research Design

This study is exploratory in nature by being one of the few that investigate law-enforcement-mental health collaboration in rural areas in terms responding to crisis contacts. Therefore, this study is consistent with the qualitative research paradigm where a deeper understanding of people's experiences are emphasized (Christenson & Gutierrez, 2016; Padgett, 2009; Strijker et al., 2020; Wisdom et al., 2012). The qualitative design allowed the researcher to explore how participants' training contributes to their work experience of placing involuntary holds or de-escalating a crisis and safety planning with the client's family. Researcher was also able to use this design to explore participants' sentiment for the law-enforcement-mental health collaboration.

Sampling and Sample

The nonprobability sampling method of convenience was used for this research. According to Parker et al. (2019), sampling momentum can develop from researchers using their social networks with an increase in participants. Using this method provided the researcher with the opportunity to survey and understand the experiences of those mental health professionals delivering crisis services in rural areas.

The researcher targeted mental health professionals working for an undisclosed rural California county's behavioral health department. The sample was limited to participants who were 18 or older and those who were part of the department's crisis intervention team at the time of the interview. All participants have experience conducting assessments or handling a mental health crisis intervention in a rural community. 10 mental health professionals participated in this study (N =10).

Data Collection Instrument and Procedures

With the collaboration of the researcher supervisor, the researcher developed an interview guide that contains both demographic and interview questions. The demographic questions pertain to race, gender, age, education level, and experience. The interview questions ask for participants' perceptions and experiences regarding collaboration between law enforcement and mental

health professionals in responding to mental health crises (please refer to Appendix A for more information about the interview questions). The collection of the data was made through semi-structured interviews with each participant.

Protection of Human Subjects

The researcher applied for and received permission to conduct this study from the Institutional Review Board at California State University San Bernardino (IRB-FY2023-241). All participants signed an informed consent before being interviewed (please refer to Appendix B). Participants also provided consent to be audio-recorded. All interviews were conducted face-to-face. Hence, the researcher took proper precaution to protect the health of the participants by observing social distancing protocols as recommended by the Centers for Disease Control and Prevention. The researcher did not collect personal identifiable information from the participants. The recorded interviews and transcripts have been transferred to a password-protected computer accessible only to the researcher. Findings of this study will be published in aggregate to prevent the public from discovering the source of the information. All data files will be deleted three years after the completion of the study.

Data Analysis

The researcher transcribed the recorded interviews by hand before analyzing them through thematic analysis procedures. Thematic analysis offers a structured approach for analyzing qualitative interview data, facilitating the identification of patterns, themes, and insights (Labra et al., 2019). The process of thematic analysis entails six phases that overlap and interact: familiarization

with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and reporting results (Labra et al., 2019).

In Step One, researchers immerse themselves in the transcripts to gain a comprehensive understanding of the content. Through multiple readings, initial impressions are noted, and relevant segments of the data are systematically coded (Labra et al., 2019). Step Two involves the identification and labeling of segments of the data that are pertinent to the research question. These codes can range from descriptive to interpretive, capturing both surface-level content and deeper meanings (Labra et al., 2019). Step Three searches for themes and related codes which are grouped together to form preliminary themes, highlighting patterns and commonalities across the data. This stage is iterative, with codes and themes constantly refined and revised based on ongoing analysis (Labra et al., 2019). Once generated, initial themes are reviewed and refined to ensure accurate representation of the data, which is Step Four (Labra et al., 2019). Following with Step Five, themes are defined and named in a clear and concise manner, encapsulating the essence of the data. Step Six involves writing up the analysis, where themes are elaborated upon and supported with relevant quotations and examples from the data. This narrative provides a comprehensive interpretation of the data, discussing the significance of each theme in relation to the research question and broader theoretical or practical implications (Labra et al., 2019).

Throughout the thematic analysis process, researchers maintain reflexivity by critically reflecting on their own assumptions, biases, and interpretations,

ensuring the integrity and rigor of the analysis (Labra et al., 2019). Thematic analysis thus offers a systematic and flexible approach for uncovering meaningful insights within qualitative interview data (Labra et al., 2019).

Summary

Through a qualitative design, the researcher delved into the experiences of mental health professionals involved in crisis services, exploring their training, work experiences, and sentiments towards collaboration with law enforcement. Utilizing a nonprobability sampling method of convenience facilitated the recruitment of participants from a rural California county's behavioral health department, providing firsthand accounts of crisis intervention in rural communities. The data collection instrument, comprising demographic and interview questions, enabled the researcher to gather rich, nuanced data through semi-structured interviews with each participant. Rigorous ethical considerations, including obtaining informed consent and protecting participant confidentiality, were observed throughout the study. Thematic analysis procedures were employed to analyze the interview data, allowing for the identification of patterns, themes, and insights relevant to law enforcement-mental health collaboration in rural crisis response.

CHAPTER FOUR

RESULTS

Frequency Distributions

Table 1 presents the demographic of study participants. Table 1 provides demographic characteristics of the study participants, with a total sample size of 10 individuals (N =10). In terms of race, the majority of participants identified as White/Caucasian (80%), while 10% identified as Black and another 10% as Hispanic. Regarding gender, 70% of participants identified as female, while 30% identified as male. No participants identified as non-binary. From an education perspective, more than half of the participants (60%) had a master's degree, 30% completed some college or had no college education, and 10% held a bachelor's degree. Finally,vis-à-vis age, half of the participants were between the ages of 35 and 49, while the other half were 50 years old or older.

Table 1

*Demographic Characteristics of the
Study Participants (N = 10)*

Variables	N	%
Race		
White/Caucasian	8	80
Black	1	10
Hispanic	1	10
Gender		
Male	3	30
Female	7	70
Education		
Bachelors	1	10
Masters	6	60
None/Some College	3	30
Age		

35-49	5	50
50 and Over	5	50

Results

Table 2 reports four themes that rose from the data: importance of collaboration with law enforcement, challenges of collaboration with law enforcement, response without law enforcement, and benefits of responding without law enforcement. Each of these themes is described below.

Table 2

Study Major Themes

Themes	Description
Theme 1: Importance of collaboration with law enforcement	Mental health professionals support collaboration with law enforcement in responding to mental health crises
Theme 2: Challenges of collaboration with law enforcement	Despite supporting collaboration with law enforcement, mental health professionals see challenges associated with this partnership
Theme 3: Response without law enforcement	Responding to mental health crises without law enforcement is recommended /advisable under certain conditions
Theme 4: Benefits of responding without Law Enforcement	There are benefits associated with responding to mental health crises without law enforcement

Theme 1: Importance of collaboration with law enforcement

Mental health professionals support collaboration with law enforcement in responding to mental health crises. Mental health crises can sometimes involve situations where individuals pose a risk to themselves or others. Law enforcement officers are trained to handle such situations and ensure the safety of everyone involved. In addition, Law enforcement officers have legal authority to physically intervene in situations where there is a risk of harm or danger. This authority can be crucial in situations where individuals may be resistant to receiving help or where there are concerns about public and personal safety. Most respondents expressed safety concerns as their primary reason for wanting a collaborative joint response. Below are how respondents expressed this sentiment:

With law enforcement, the scene is secured prior to our arrival. Often, law enforcement will contact the crisis when unsure if the client meets the 5150 criteria. At times, law enforcement has stated, "They don't meet our criteria, but maybe they will meet yours. (Participant #9)

Crisis workers going into the field without law enforcement, especially in rural areas, are at risk of being seriously harmed. (Participant #4)

Theme 2: Challenges of collaboration with law enforcement.

Despite supporting collaboration with law enforcement, mental health professionals see challenges associated with this partnership. Individuals experiencing mental health crises may be hesitant to engage with law enforcement due to fear of stigma, discrimination, or past negative experiences.

While some law enforcement agencies have crisis intervention teams (CIT) or officers trained in mental health crisis response, many officers in rural areas may not have sufficient training or expertise in recognizing and de-escalating mental health crises. This can lead to misunderstandings, misinterpretations, or inappropriate responses to individuals in crisis. In addition, when working with Law Enforcement, there is a risk that an individual in crisis might be detained for a criminal matter instead of receiving mental health treatment even if placed on a 5150 hold. Below is how participants expressed challenges of collaboration with law enforcement:

I have had them refuse to come out and write a 5150 in response to a crisis call. We had to walk away because the person had the potential for violence, and we didn't think we would be able to get him in the car without needing that law enforcement presence. it was very sad, because law enforcement had to come out the next day and the situation had escalated so badly that there was potential that the individual was going to need to be tasered and put in a wrap. (Participant #1)

We had placed somebody on a hold. They were already on the 5150 hold. We contacted law enforcement for transportation to the hospital, and once they arrived, it was revealed this person had a warrant out for their arrest and was taken in. (Participant #8)

Theme 3: Response without law enforcement.

Responding to mental health crises without law enforcement is recommended /advisable under certain conditions, while in others it can be difficult. Mental health workers, especially from smaller rural agencies may not always have the same level of field training as law enforcement officers in managing crisis situations, including de-escalation techniques, conflict resolution, and self-defense. Without adequate training and experience in handling potentially volatile situations, mental health workers may face greater difficulty in effectively managing crises without law enforcement support. Mental health workers may face legal and liability concerns when intervening in crisis situations without the presence of law enforcement. In some cases, there may be legal implications associated with restraining or transporting individuals against their will, especially if the individual perceives their rights as being violated. Rural mental health workers may lack access to necessary resources and support systems when responding to crises independently. This could include access to backup personnel, communication devices, and coordination with other emergency services. Law enforcement agencies often have established protocols and resources for responding to crises, which mental health workers may not have readily available. About responding without law enforcement, participants stated:

I think that the approach is a good strategy, but I think that we should be more equipped. Maybe by that I mean equipped with accurate information needed to provide the interventions that those people may need. The idea is to you know, kind of substitute law enforcement with mental health

professionals. For psychiatric emergencies, I think that's a pretty good approach overall. (Participant #8)

More trainings are needed, both in handling the mentally ill and in self-defense, able to use law enforcement tactics as needed, more experience in the field, and a closer relationship with other agencies so we can all work together to help those in need. I also do not feel as if we have the support of the administration, county government, or those that are enforcing these new ideas. (Participant #10)

Theme 4: Benefits of responding without law enforcement.

There are benefits associated with responding to mental health crises without law enforcement. Responding to mental health crises without law enforcement is recommended /advisable under certain conditions. Involving law enforcement in mental health crises can sometimes escalate the situation due to the presence of uniforms, weapons, or authoritative demeanor. This can trigger fear or anxiety in individuals experiencing the crisis, leading to unintended consequences. Mental health professionals are trained to approach situations with sensitivity and understanding of trauma. These professionals can provide support and assistance in a non-threatening manner, focusing on de-escalation and ensuring the safety and well-being of the individual in crisis. Involving law enforcement in mental health crises can sometimes result in the criminalization of individuals who are experiencing mental health issues. By diverting these cases to mental health professionals, there is a greater chance of addressing

underlying issues and preventing unnecessary legal entanglements. Participants expressed:

There's already a lot of stigma as far as our clients with police, with good reason. People which have kind of been in the system or have had a lot of interactions with law enforcement sometimes those aren't always really pleasant. You're looked at as a criminal or less than. And you know, you may just always have been mentally ill. So again, you know, the benefit is that you would probably be more likely to get an actual positive response. You know, letting them know that it is that person's choice to step out and do it, receive help versus it's something that they're being made to do.

(Participant #6)

CHAPTER FIVE

DISCUSSION

Implications of the Findings

Implications of the Findings for Theory

Collaboration with law enforcement, as highlighted in the first theme, is consistent with the tenets of Systems Theory. Firstly, Systems Theory underscores the interconnectedness of various components within a system (Von Bertalanffy, 1968). In the realm of mental health crisis response, cooperation between mental health professionals and law enforcement acknowledges the interdependence of different agencies and stakeholders involved in addressing complex social issues. By working together, these entities acknowledge their

interconnected roles and responsibilities in promoting public safety and well-being.

Moreover, Systems Theory emphasizes the presence of feedback loops within systems, where actions lead to consequences that, in turn, influence future behavior (Von Bertalanffy, 1968). Collaboration with law enforcement creates feedback loops through the exchange of information, resources, and expertise between mental health professionals and law enforcement agencies. Effective collaboration may result in improved communication, coordinated interventions, and better access to support services, positively impacting individuals in crisis and contributing to overall system improvement.

Meanwhile, Theme 2, which acknowledges the challenges associated with collaboration despite the expressed support from mental health professionals, can be viewed through the lens of Conflict Theory. This perspective emphasizes power dynamics, structural inequalities, and ideological conflicts between different groups in society (Marx & Engels; Simon, 2016). The acknowledgment of challenges suggests underlying power struggles and disparities in resources, authority, and decision-making between mental health professionals and law enforcement. Structural inequalities within the mental health and criminal justice systems exacerbate conflicts and barriers to collaboration, particularly for marginalized communities. Additionally, ideological differences in priorities and approaches to crisis intervention may lead to tensions and misunderstandings. Addressing these underlying sources of conflict is crucial for promoting more equitable collaboration and addressing the challenges associated with

collaboration between mental health professionals and law enforcement effectively.

Implications of the Findings for Research

Theme 1, emphasizing the importance of collaboration with law enforcement, aligns with findings from qualitative studies that examined crisis intervention programs in rural communities. For instance, Skubby et al.'s (2013) study explored the potential implementation of crisis intervention team (CIT) programs in rural areas and found that despite challenges identified by law enforcement and mental health workers, collaboration led to benefits such as improved communication, increased training, and enhanced expectations, ultimately improving outcomes for individuals in crisis. Similarly, Mckenna et al.'s (2015) study highlighted the effectiveness of collaboration between police and mental health clinicians in responding to mental health crises, emphasizing the importance of training for law enforcement and the positive impact of collaborative approaches on crisis outcomes.

However, a distinction arises with Theme 3 and Theme 4 in the present research. These themes promote responding to crises without law enforcement involvement. In other words, Themes 3 and 4 diverge from previous studies, particularly the work of Skubby et al. (2013) and Mckenna et al. (2015). As mentioned above, these authors emphasized the importance of collaboration between law enforcement and mental health professionals. Therefore, these themes underscore the unique contribution of the current research in exploring alternative response models and their potential advantages for crisis intervention.

That is, this study extends the literature on law enforcement-mental health collaboration.

Implications of the Findings for Social Work Practice

The study underscores crucial implications for micro practice i by stressing the necessity of ensuring that law enforcement officers receive proper training to effectively handle situations involving individuals experiencing mental health crises. This highlights the potential role for mental health professionals in collaborating with law enforcement agencies to provide such training.

Moreover, the study suggests that mental health professionals could serve as an alternative to law enforcement in specific crisis situations, particularly in rural areas where specialized services may be limited. Micro practitioners must be prepared to take on this role and may require additional training or resources to respond effectively. Additionally, the study identifies challenges associated with collaboration between mental health professionals and law enforcement, including differences in training and communication barriers, which practitioners must navigate to ensure effective collaboration and service provision.

Furthermore, the study indicates that responding to mental health crises without law enforcement may be advisable under certain conditions, emphasizing the importance of practitioners being knowledgeable about these conditions and advocating for appropriate response models based on individual needs and circumstances. Finally, the study highlights the benefits associated with alternative response models, emphasizing the importance of promoting such models to prioritize the well-being and safety of individuals experiencing mental

health crises. In conclusion, mental health practitioners must be aware of these findings and implications to inform their practice and advocacy efforts effectively.

The implications of the study extend to mezzo practice, particularly in terms of community-based mental health services and collaboration between organizations and agencies. In fact, the findings emphasize the importance of establishing partnerships and collaboration between mental health professionals and law enforcement agencies at a broader community level. Mezzo practitioners, such as program managers or community organizers, should work towards facilitating these collaborations through joint training initiatives, information sharing, and coordinated response protocols.

Additionally, the study suggests the need for developing alternative response models to mental health crises within the community context. Mezzo practitioners can play a key role in advocating for and implementing these models, which may involve establishing crisis intervention teams comprised of mental health professionals, social workers, and other relevant stakeholders. Furthermore, the study highlights the significance of addressing organizational challenges and barriers to collaboration, such as resource constraints and jurisdictional issues. Mezzo practitioners should engage in advocacy efforts aimed at addressing these organizational issues and promoting policies and funding mechanisms that support effective collaboration and alternative response strategies. Overall, mezzo practitioners in the field of mental health services must recognize the implications of the study for community-level practice and take proactive steps to foster collaboration, develop alternative response models, and

address systemic challenges to improve outcomes for individuals experiencing mental health crises within their communities.

At the macro level, the findings of this study have significant implications for policy development, resource allocation, and systemic change in the field of mental health services. Firstly, policymakers must prioritize investments in mental health training programs for law enforcement officers to ensure they are equipped to handle crisis situations involving individuals with mental illness. Additionally, policymakers should consider allocating resources to support the expansion of community-based mental health services, particularly in rural areas where access to specialized care may be limited. Moreover, the study underscores the importance of developing policies and protocols that support collaboration between mental health professionals, law enforcement agencies, and other community stakeholders. This may involve establishing standardized procedures for joint responses to mental health crises and implementing multidisciplinary crisis intervention teams.

Therefore, policymakers should consider initiatives aimed at reducing reliance on law enforcement as the primary responders to mental health crises, such as investing in mobile crisis teams staffed by mental health professionals. Macro-level practitioners and policymakers must recognize the implications of the study for system-wide change and take proactive steps to improve outcomes for individuals experiencing mental health crises through policy development, resource allocation, and systemic reform.

Limitations of the Findings

The findings of this study carry several limitations that warrant consideration. First, the relatively small sample size may constrain the generalizability of the results, despite being adequate for the size of the county. Second, focusing solely on a single rural geographic region limits the broader applicability of the findings, as rural areas can vary significantly in demographics and resources. Third, the lack of diversity within the sample, particularly in terms of gender and race/ethnicity, may introduce bias and limit the representativeness of the perspectives captured. The overrepresentation of females and Caucasians in the sample may not fully reflect the experiences and perceptions of other demographic groups, thereby diminishing the study's relevance for more diverse populations. Fourth, the qualitative nature of the study opens the possibility of bias in respondents' self-reported experiences and perceptions. These limitations underscore the need for cautious interpretation of the findings and highlight avenues for future research to address these shortcomings and enhance the robustness and validity of conclusions drawn from the study.

Directions for Future Research

Future research should address the limitations in this study. To mitigate the limitations of the relatively small sample size, future research could prioritize recruiting larger and more diverse samples. This could involve collaborating with multiple rural counties or regions to capture a broader range of perspectives and experiences. Additionally, researchers could employ strategies such as stratified

sampling to ensure adequate representation of different demographic groups within the sample. By increasing the sample size and diversity, future studies can enhance the generalizability and reliability of their findings, providing a more comprehensive understanding of the phenomenon under investigation.

In terms of the geographic region limitation, future research could adopt a multi-site approach, sampling from various rural areas with different characteristics and contexts. This would allow for the exploration of variability in experiences and challenges related to interagency collaboration across diverse rural settings. By conducting comparative analyses between different regions, researchers can identify common themes and unique factors influencing collaboration, thereby enriching the understanding of rural mental health service delivery and informing tailored interventions and policies.

Regarding the lack of diversity in the sample, future research efforts should prioritize inclusivity and representation of diverse voices. This could involve targeted recruitment strategies to reach underrepresented groups, such as minorities and individuals from different socioeconomic backgrounds. Additionally, researchers should employ culturally sensitive and inclusive approaches to data collection and analysis, ensuring that diverse perspectives are accurately captured and interpreted. By actively engaging with diverse communities and stakeholders, future studies can better reflect the complexity and diversity of experiences related to interagency collaboration in rural mental health settings.

To mitigate possible biases in qualitative responses, future research should incorporate rigorous methodological approaches to enhance the validity and trustworthiness of the findings. Triangulating qualitative data with quantitative measures to corroborate findings. Future studies can enhance the reliability and credibility of their findings, contributing to a more robust understanding of interagency collaboration in rural mental health services.

Conclusion

This qualitative research explored the perceptions of mental health professionals with regard to crisis response in collaboration with law enforcement. Findings support such collaboration only to a certain extent where there are safety issues. The implications of these findings for social work theory, research and practice were discussed in light of the importance of further exploration of collaborative models and alternative response strategies in rural mental health settings. There are major limitations associated with the findings of this study, particularly pertaining to sample size, setting, diversity, and methodology. Future research is encouraged to address them. Overall, a multidisciplinary approach involving mental health professionals, crisis intervention teams, and community resources is essential for effectively responding to mental health crises in a way that prioritizes the well-being and dignity of individuals in distress.

APPENDIX A:
INTERVIEW QUESTIONS

Interview Questions

Demographics

- Gender
- Age
- Education
- Race/Ethnicity
- What county do you work for?

Throw away questions

- How long have you worked in the mental health/crisis field?
- What other local agencies have you worked with?
- What is your job classification? What trainings/certifications/licenses are needed?

Necessary questions

- Tell me about your experience responding to crisis calls with/without the police?
- What is your opinion about the push (media, politicians) for mental health professionals to be an alternative to police regarding crisis calls?
- Could you explain your readiness to be an alternative to police in terms of responding to crisis calls?
- What do you think can help mental health professionals to become ready to serve as an alternative to police in rural areas?

- Under which circumstances, if any, do you see mental health professionals and police responding together to a crisis call?
- What do you view as the benefits of responding without/instead of police?
- What challenges, if any, have you experienced while working with the police to respond to a crisis call?
- What resources do you believe are essential for you to do your job?
- What resources or supports does your workplace currently provide that help you see yourself as an alternative to police?
- What resources or supports do you need but are not currently getting?

APPENDIX B:
INFORMED CONSENT

INFORMED CONSENT

OVERVIEW: The study in which you are asked to participate is designed to examine mental health professionals' readiness to serve as an alternative to police in addressing mental health crises in rural areas. The study is being conducted by Faith Weatherall-Block, MSW graduate students, under the supervision of Joseph Rigaud, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the research is to determine the feasibility of mental health workers serving as an alternative to police in rural areas, as well as their readiness to take on this task.

DESCRIPTION: Participants will be asked a few questions regarding their perceptions on rural mental health workers serving as an alternative to police in Crisis situations and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take about 20 to 30 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip any questions or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Joseph Rigaud, Associate Professor of Social Work, via email at Rigaud.Joseph@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2023.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

APPENDIX C:
IRB APPROVAL LETTER

IRB-FY2023-241 - Initial: IRB Admin./Exempt Review Determination Letter

do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Wed, Jun 7, 2023 at 10:14 AM

To: faith.weatheralblock2225@coyote.csusb.edu, Rigaud.Joseph@csusb.edu



June 7, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-241

Rigaud Joseph Faith Weatheral-Block
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](#)

Dear Rigaud Joseph Faith Weatheral-Block:

Your application to use human subjects, titled "Addressing Rural Mental Health Crises: An Alternative to Police" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-241 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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