CHAPTER VI

Training Practitioners and Policymakers and Educating the Community

The successful implementation of many (if not all) of the policy statements in this report depends on criminal justice staff who understand mental illness and the mental health system. Similarly, failure by mental health professionals to learn how the criminal justice system works in their jurisdiction will undermine any efforts to build partnerships between the criminal justice and mental health communities. While training is not a panacea—and even with the best education and guidance, criminal justice or mental health personnel may not always know what the best course of action is—it can significantly improve services to people with mental illness, their families, and the community and reduce the stigma associated with mental illness. For these reasons, training (and cross-system training) must be a part of any comprehensive effort to improve the response to people with mental illness who come into contact with the criminal justice system.

In addition, because the involvement of individuals with mental illness in the criminal justice system is a problem that concerns the community and requires solutions at the local level, it is incumbent upon criminal justice and mental health stakeholders to educate the community about the issue.

Every organization, at a minimum, should expect the following of any of their employees who come into contact with a person with mental illness:

- minimize the risk of injury or harm to the responder, the community, and the person with mental illness;
- respect the individual and the rights of that person;
- be conscientious of responses most likely to aggravate or improve the condition of the person;
- understand that a person with mental illness is no more likely to be violent than a person without mental illness (except in cases where a mental illness is accompanied by a co-occurring disorder); and

- know, at least generally, the mental health resources that are available to them.

Familiarizing practitioners with the above issues, while a huge accomplishment in and of itself, is usually not sufficient to ensure the successful implementation of a program that targets people with mental illness. Whereas every good training program ensures that all staff have a basic familiarity with mental illness, agencies differ considerably in their efforts to provide staff with the additional expertise needed to implement many of the policy statements included in this report. Indeed, many of the policy statements in this report contemplate extensive training that goes far beyond the fundamentals described above. For example, a defense attorney needs specific skills to represent effectively a client who has a severe mental illness and who is offered an opportunity to participate in community-based supervision in lieu of incarceration.

In some jurisdictions, policymakers insist that all personnel have some elements of a sophisticated understanding of mental illness and appropriate responses. In other agencies, officials identify only a special cadre of staff to receive highly specialized training. In smaller jurisdictions, including most of those in rural areas, the size of the police agency and jail and court staff is so small that it is more likely that training and experience will be gained in less structured or specialized formats. The policy statements in this section of the report recognize that approaches to ensuring that staff have a sufficient set of skills, background, and general degree of competence must vary accordingly.

At the same time, the recommendations for implementation of the policy statements vary according to the criminal justice audience (i.e., law enforcement, courts, and corrections). For example, sworn staff in large police departments or state prison systems typically are required to participate in extensive annual in-service training programs. On the other hand, training for judges, prosecutors, or defense attorneys is less routine; there are fewer opportunities available to incorporate mental health issues into existing training programs.

That said, there remain several common elements of an initiative to improve practitioners' skills in responding to people with mental illness. The policy statements are organized according to these elements:

- Training goals and objectives
- Training curriculum
- Trainers
- Evaluation of training

One theme that is apparent in nearly every training initiative that addresses mental health issues as they relate to the criminal justice system is the need for practitioners to be educated about the missions, procedures, and policies of the systems with which they collaborate. The mental health treatment system and the various parts of the criminal justice system have different—sometimes even contradictory—goals and methods. For example, treatment providers and parole officers may view very differently a consumer's incomplete adherence to a treatment plan, such as missing counseling sessions. Whereas many treatment providers view such setbacks as part of the recovery process, a parole officer may view a temporary lapse in treatment as grounds for violation and reincarceration. Cross-training efforts, in which members of different criminal justice and mental health agencies educate one another about the basic premises and objectives of their various systems, is crucial to helping bridge these gaps that may stifle successful collaboration.

When designing and implementing training, agencies should be cognizant of local, state, and federal standards. A curriculum that has been successful in one state may not be effective in another due to different laws, standards, and requirements. In Oklahoma, for example, police academy training is state-run and individual agencies do not have control over the training mandated for new recruits. Additionally, commitment laws may vary drastically from one state to another. In Florida, under the Baker Act, only certain facilities are designated for people with mental illness whom officers believe are a danger to themselves or to others.[1]

Recognizing the value of training while acknowledging the expense of providing this service, this section of the report suggests in numerous places how jurisdictions can minimize the expense of training by tapping existing resources in the community or government. Stakeholders should also recognize the value of informal training, often known as experience exchange. For example, a ride-along program that exposes mental health service providers to the daily experiences of a police officer is not costly, except in terms of staff time, but is instrumental to improving collaboration and trust across systems. The same is true for training programs that allow criminal justice personnel to visit mental health crisis centers or community mental health facilities.

Paying for Training

Training, in and of itself, can be an expensive undertaking. Many agencies or departments already have extensive training programs in place. Expanding training topics to include mental health issues (or to improve the thoroughness with which mental health issues are addressed) increases further the time staff are not at their posts or in court. This, in turn, can increase an organization's overtime costs or relief factor. There are other expenses beyond the staff costs: trainers, training facilities, and written materials, to name a few. Despite these costs, many city, county, or state agencies simply cannot afford to refrain further from training their staff on these issues. Effective training can have a dramatic impact on the number of injuries, and deaths, that staff untrained to respond to a person with mental illness sustain. Such incidents generate high costs—both directly (overtime, compensatory time, lawsuits) and indirectly (community trust). Nowhere in the country have such impacts of training been touted as impressively as in Memphis, Tennessee where the police department's pioneering work training officers to serve on crisis intervention teams reduced dramatically staff injuries and use of lethal force incidents.[2]

1. The Florida Mental Health Act, a comprehensive revision of the state's mental health commitment laws, is widely referred to as the Baker Act, in honor of the bill's sponsor, State Representative Maxine Baker. The Baker Act was passed in 1971 and has been amended several times since. In 1996 the act underwent a major reform, which included increased protections for individuals in the commitment system, strengthened consent and guardianship

Although the discussion in this section of training curricula for various criminal justice and mental health constituencies recommends numerous topics that should be included in effective training, it is by no means an exhaustive description. It is important for every community to evaluate its own needs and resources when determining what information should be included to improve the response to people with mental illness who come into contact with the criminal justice system.

"Money for training should be on top of the priority list. Without training, we cannot implement the recommendations in this report."

SENATOR LINDA BERGLIN
Chair, Health, Human, Services & Corrections Budget Committee, MN

Source: Interview, 11 January, 2002, Washington, DC.

provisions, and provided for significant record keeping regarding commitment proceedings. Annual reports regarding the implementation of the 1996 reforms are available at: *www.fmhi.usf.edu/institute/pubs/pdf/abstracts/bakeract.html*.

2. Randolph Dupont, "How the Crisis Intervention Team Model Enhances Policing and Community Mental Health," *Community Mental Health Report*, November/December 2001.

27 Determining Training Goals and Objectives

POLICY STATEMENT #27

Determine training goals and objectives and tap expertise in both the criminal justice and mental health systems to inform these decisions.

The goals, development, and administration of a training program will vary considerably depending upon the audience. Across the criminal justice and mental health systems there are numerous discrete training audiences—police officers, corrections officers, prosecutors, community members, mental health practitioners, and many more. Even within the distinct parts of the criminal justice system, such as the court, training audiences, and thus goals, will differ; training programs for public defenders, prosecutors, and judges will all be unique.

Training is such a cornerstone for most criminal justice organizations that these agencies typically have an individual—or sometimes an entire division—responsible for administering the training programs within the agency. Although these officials will play a key role in implementing the recommendations described below, it is important that they tap the expertise of mental health experts to develop training curricula that deals with mental illness. Similarly, officials responsible for training mental health practitioners will need to reach out to criminal justice professionals when preparing training materials regarding the operation of the criminal justice system and the delivery of services to people who have been involved with the criminal justice system.

RECOMMENDATIONS FOR IMPLEMENTATION

a Identify the training audience.

Criminal justice practitioners have often observed that a generic training program intended for anyone working in the criminal justice system is of little value. For example, when a generic training program discusses people with mental illness in the community, correctional officers are likely to view the material as largely irrelevant.

Various authorities could prompt a training initiative by singling out a particular segment of personnel in the criminal justice or mental health systems who should develop an improved understanding of issues concerning mental health and the criminal justice system. For example, the chief executive of a department or agency may decide that his or her entire department, or a particular subset of the organization, needs training. A corrections commissioner may choose to require certain staff, such as those responsible for intake mental

health screening, to receive more intensive and specialized mental health training, in addition to the pre-service and in-service training provided to all uniformed staff. In other cases, an internal curriculum development committee may arrive independently at that same decision. In still other jurisdictions, a cross-system coalition, task force, or some other body that reflects a partnership among various stakeholders in the criminal justice and mental health systems may determine that a particular constituency needs training.

Small, rural communities, which often do not have the resources to develop and implement training initiatives for one constituency within the criminal justice system, should consider coordinating with neighboring jurisdictions. For example, it may be only be feasible to train probation officers in a small rural county if probation officials in neighboring communities agree to include their staff among the trainees and supply resources to make the training possible.

Training criminal justice or mental health personnel alone is not sufficient to implement many of the recommendations in this report. Indeed, prospective training audiences should be expanded to include nontraditional audiences; educating consumers, their families, victim advocates, public policymakers, and even the public at large, is essential. For example, family members and friends of people with mental illness should be educated about the type and amount of information they should convey to dispatchers when making a call for police service and how to encourage a loved one who is incarcerated to seek treatment. Victim advocates need to be in a position to explain simply but thoughtfully to crime victims the conditions of release imposed on a probationer or parolee with mental illness.

b Develop a training committee or task force to focus on the issue of people who have mental illness and are involved in the criminal justice system or at high risk for such involvement.

A committee or task force can broaden the knowledge base of the individuals involved in guiding training for a particular department or system. It also provides a mechanism through which criminal justice agencies and mental health practitioners, consumers, family members, and other stakeholders can collaborate to educate personnel in various departments.

The chief executive of the criminal justice agencies (e.g., police chief executive, sheriff, director of public safety, presiding judge, court administrator, jail administrator, corrections director), whose employees may be the primary target audience for the training, should oversee the formation of the task force, in consultation with the corresponding mental health authority. This level of involvement from top-ranking decision makers conveys to all subordinate staff the importance and value of the training program. It also helps to ensure that, ultimately, the person or division within an agency charged with coordinating training activities will likely be responsible for administering any training initiative that is developed by a cross-system task force.

A task force should have diverse membership that includes representatives of other criminal justice agencies, departments, state and local mental

health agencies, and mental health service providers to identify or tap resources (e.g., facilities, training materials, trainers) that might not otherwise be available to the initiative. Given the different situations faced by jurisdictions, the precise number and type of task force members will vary locally. Critical stakeholders for training development can include representatives from law enforcement, the judiciary, prosecution, defense, pretrial services, probation, mental health prosecutors, community mental health professionals, substance abuse treatment providers, family members, victim advocates, consumers (especially those who have been incarcerated), and corrections personnel.

Example: **Forensic Intervention Consortium, Albuquerque (NM)**
This interagency partnership resolves issues and barriers that people with mental illness face who become, or are at risk of becoming, involved in the criminal justice system. The consortium unites consumers, their family members, representatives of law enforcement and judicial agencies, treatment providers, advocates, and other representatives from the community. The consortium supports The Albuquerque Crisis Intervention Team (CIT), and CIT members are trained by consumers, family members and mental health professionals on de-escalation techniques, assessing consumer's history, medication information and support systems, and the use of pretrial services that are sensitive to consumer needs.

Example: **Mental Health Task Force, Fort Lauderdale (FL)**
Established in 1994, this task force brings together community leaders from the criminal justice, mental health, and law enforcement communities to tackle concerns regarding the treatment, management, and community placements of defendants with mental illness. As a result of the task force's success, a mental health court was established in Broward County, Florida, to address the needs of people with mental illness. The role of the task force was expanded in 1997 to create five subgroups (consisting of representatives from law enforcement, criminal justice, and mental health) that identify solutions to various obstacles facing people with mental illness in the criminal justice system. The subgroups' objectives are the integration of community-based mental health systems into the criminal justice system, and the appropriate diversion of consumers from arrest and incarceration.

C Determine training goals and objectives.

Before the training committee can begin developing the training curriculum and identifying trainers, members must determine what outcomes they expect from the training. For example, the goal may be to implement a particular policy statement in this report, or it may be more general, such as reducing the stigma associated with mental illness or reducing the number of police referrals to detention that could more effectively be diverted to the mental health system. Training goals should be based on improving awareness and developing particular competencies. Specific goals for different training audiences are discussed in more depth in the subsequent policy statements and recommendations. One goal that should underlie any training initiative is to help criminal justice and mental health personnel better understand the components and methodologies of the different systems. This is especially important at the outset of an effort to improve collaboration between the two systems.

d Evaluate existing training materials, identify gaps in the curricula, and tap available resources to address these gaps.

The coordinators of a training initiative should determine what training materials already exist in agency curricula to address the specified goals and objectives, where deficiencies exist, and where additional community resources can be brought to bear. Before developing training for their Crisis Intervention Teams, for example, the Montgomery County, Maryland, Police Department enlisted the help of NAMI to conduct a needs assessment. The assessment helped the department identify areas in which training was needed and community resources that could assist with that process.

Once the agency has identified the gaps in its existing training, the committee should tap all available resources for developing the material. For example, agencies should solicit training materials from other agencies or programs. Materials that are obtained from other agencies should be tailored to the unique needs of the jurisdiction. Jurisdictions should build on the successes of others and then, based on their own needs assessment, shape the training. This should all be done in partnership with relevant stakeholders.

Example: **Roanoke County (VA) Police Department**

When the Roanoke County Police Department wanted to develop a CIT program, the county sent a sergeant and a mental health practitioner to Albuquerque, New Mexico, to observe their 40-hour training class. The team left with the PowerPoint® outline and notes of the Albuquerque training. They presented these materials to the relevant stakeholders in Roanoke and adapted it to the needs of their community.

Local colleges and universities often are an excellent resource in developing training programs for criminal justice and mental health personnel. Not only do academic institutions frequently have experience with cross-training strategies, but they also help to minimize the cost of implementing the training initiative. In addition, the involvement of academic partners may prompt research projects and grant proposals, which can improve knowledge in the field and bring attention to successful training and collaborative endeavors.

Substance abuse treatment programs that work with people arrested, detained, or incarcerated are likely to have experience developing cross-trainings. Given the three-way overlap among issues of criminal justice, mental health, and substance abuse, involving these programs is likely to greatly enrich the training. Community mental health centers and other local partners, such as board members of local advocacy groups like NAMI and mental health associations, also may be able to donate space for training, training materials, and staff time.

Example: **Seminole County (FL) Sheriff's Department**

When it became unfeasible for the Seminole County Sheriff's Department to hold their own 40-hour training course, deputies were sent to the Florida Regional Community Policing Institute to participate in their training on responding to people with mental illness.

28 Training for Law Enforcement Personnel

POLICY STATEMENT # 28

Establish new skills, recruit, in-service, and advanced skills training requirements for law enforcement personnel about responding to individuals with mental illness, and develop curricula accordingly.

Training for law enforcement personnel is classified according to the period when training is received and the depth of the training provided. This report uses the following terms to describe these different levels of training:

- **New skills (basic) training.** This training is often instituted at the outset of a new departmental initiative to ensure that all personnel have a basic level of knowledge concerning mental illness. It is typically provided when personnel have not received any of the training listed below or if a department-wide refresher is warranted.
- **Recruit (pre-service/academy) training.** Training required by police and sheriffs' departments for new recruits at the academy. Recruit training includes curricula on criminal law, defensive tactics, conflict management/crisis intervention training, and many other topics. Content and length of training offered varies in each jurisdiction depending on state and local guidelines.
- **In-service training.** Annual training required by most jurisdictions of all officers. Training topics can include orientation to the agency's role, purpose, goals, policies, and procedures; working conditions and regulations and firearms qualifications; any new department policies or procedures; and relevant legal updates. In-service requirements differ in every state and requirements can change annually depending on state and/or local guidelines.
- **Advanced skills (specialized) training.** Training provided, often to a select group of staff, to prepare them to take part in a special departmental initiative. In the case of mental illness, advanced training is generally offered to officers who will participate on Crisis Intervention Teams (CITs) or other specialized units responding to calls involving mental illness.

The following chart describes suggested training topics and suggested hours for different levels of law enforcement training:[3]

3. Many training topics in this chart are relevant for various levels of training. Accordingly, the depth in which these topics are covered will depend on the time and purpose of the training. For example, a topic may be covered briefly in new-skills training and covered in more depth during in-service refresher courses. It should be remembered that training curricula for law enforcement personnel should be tailored to be consonant with state and local mandates.

Training Topics for Law Enforcement Personnel*

	New Skills 2 hours	Recruit 8-15 hours	In-service 20 hours	Advanced 40 hours
A. UNDERSTANDING MENTAL ILLNESS				
1. Who and where are people with mental illness	X	X		X
2. Differences between mental illness and developmental disabilities		X		X
3. Differences between mental illness and neurological disorders (epilepsy, Alzheimer's disease, Tourette's syndrome, and autism)			X	X
4. What is mental illness? Specific mental illnesses		X		X
5. Common medications and side effects	X	X		X
6. Co-occurring disorders	X	X	X	X
7. Attitudes about mental illness (misconceptions, discrimination, and stigma)	X	X	X	X
8. Cultural and gender differences			X	X
B. STATUTORY INFLUENCES ON POLICE RESPONSES				
1. Federal laws				
a. Rehabilitation Act of 1973		X	X	X
b. Americans with Disabilities Act (ADA) (1990)	X	X	X	X
c. Civil Rights Act (1983)	X	X	X	X
2. State and local statutes				
Review of specific state statutes and local ordinances	X	X	X	X
Civil liability of police officers		X	X	X
3. Confidentiality issues				
Confidentiality of medical information	X	X		X
Police report writing		X		X
Limits of information sharing	X			X
C. POLICE RESPONSE TO CALLS FOR SERVICE				
1. On-scene assessment				
a. Recognizing characteristics of impairments and crisis behavior		X	X	X
Signs and symptoms of mental illness—verbal and behavioral cues	X	X	X	X
Medical or situational causes of crisis behavior		X	X	X
b. Crisis intervention				
De-escalation techniques/communication skills	X	X	X	X
Suicide prevention and other high-risk situations	X	X	X	X
Victim/witness assistance	X	X	X	X
2. Response Options				
a. Noncustodial police options				
Counseling, release and referral		X	X	X
Voluntary emergency evaluation and noncustodial transport		X	X	X
b. Partnerships with mental health resources				
Working with community-based resources	X	X	X	X
Local hospital-based psychiatric and substance abuse services		X		X
NAMI and other advocacy organizations	X	X		X
Mobile Crisis Teams and community-based services and supports	X	X	X	X
3. Booking				
a. Custodial police options				
Arresting and interviewing suspect with mental illness		X		X
Involuntary emergency evaluation and custodial transport		X	X	X
Involuntary commitment orders and civil criteria	X	X	X	X
b. Police lockup				
Suicide screening	X	X	X	X
Medications management				X
4. Follow-up				X

*Many of the same topics are suggested for each training type. There will be differences, however, in the detail provided. For example, in the basic training, participants would be given only an overview of the topic, while the in-service or advanced training would be more in depth.

RECOMMENDATIONS FOR IMPLEMENTATION

a Provide at least two hours of new skills training regarding mental health issues to all law enforcement personnel who come into contact with people with mental illness.

In every jurisdiction, a lead training official or a training development committee is likely to identify law enforcement personnel who interact regularly with people with mental illness but have received little or no meaningful training on this subject. These staff, who have already met their recruit training requirements but are not prepared to take refresher courses during in-service training sessions, need new skills training.[4] Recipients of this training should include call takers and dispatchers, front desk personnel, new hires, and patrol officers, as well as some detectives, drug-enforcement officers or others. Depending on the size and needs of a particular jurisdiction, it may be necessary to train additional personnel not covered in these categories, such as communications officers, or other civilian personnel.

New skills training should occur at the outset of any new departmental initiative regarding mental illness. The first goal of this training is to teach department personnel and affiliated staff to recognize signs of mental illness so they can respond accordingly. The purpose of this training is not to enable these line staff to be diagnosticians; rather, officers and staff should emerge from this training capable of identifying observable behaviors that might point to the existence of mental illness. Furthermore, officers should be encouraged to consider how a potential mental illness may have contributed to an incident.

The second goal of this training is to teach officers and staff to stabilize and de-escalate the situation, while conveying an attitude of respect for people with mental illness and their families. They must understand relevant statutes and how to respond to not escalate the problem while a response is developed. By helping personnel to understand how they may inadvertently use language or take actions that stigmatize mental illness, trainers can also teach police personnel to change actions that may previously have been viewed as disrespectful. To this end, the direct involvement of consumers and family members in this new skills training will help to emphasize destigmatization as a training goal as well as the partnership between mental health personnel, advocates, and law enforcement personnel. The importance of partnerships can develop from the start of an officer's career. (See Policy Statement 33: Identifying Trainers, for more on incorporating consumers and family members into training initiatives.)

"I want the first person who touches me to be educated."

JACKI MCKINNEY
National People of Colour Consumer/ Survivor Network

Source: Panel discussion, meeting regarding mental health court grant program, March 18, 2002, Chicago, IL

4. It may be appropriate to provide new skills refresher training even for staff that has received in-service training about mental illness.

Third, this orientation to mental health issues for personnel should teach them the importance of getting the right assistance and referrals for those with mental illness and victims of crime. Understanding local resources, their criteria for gaining access, and other sources of assistance will be of tremendous benefit to personnel.

b Incorporate at least eight (and as many as fifteen) hours of training in general mental health issues into existing recruit (academy-level) training programs for law enforcement staff.

Recruit training refers to the fundamentals taught to each new law enforcement officer ("recruits"). Regardless of educational level attained, all new recruits are required to train in the academy before beginning service at a law enforcement agency. (The duration of academy training for lateral transfers will vary by state.) Academy-level training should incorporate at least eight hours (and as many as fifteen) of training on general mental health issues. These may be integrated into existing training modules. State mandates for training and existing curricula differ across jurisdictions. Agencies will need to tailor training models to their unique needs and requirements. [5] (See chart for suggested training topics.)

Given the complex nature of many situations encountered by law enforcement officers, recruit training should touch on signs and symptoms of mental illness, dual diagnosis of mental illness and drug/alcohol abuse, and related issues. Again, although recruits cannot and should not be trained as diagnosticians, they must be trained to respond to a range of aberrant behavior, regardless of whether it can be attributed to mental illness, a medical disorder such as epilepsy, drug abuse, or a combination of these factors. (See Policy Statement 4: On-Scene Response, for a more thorough discussion of people with co-occurring disorders, especially as they relate to law enforcement; also Policy Statement 37: Co-occurring Disorders.)

After finishing academy training, recruits (now considered "new hires") are assigned to work with more senior Field Training Officers (FTOs) before beginning independent duty. Like all new employees, new officers are extremely impressionable. FTOs are responsible for introducing the new officers to agency culture and priorities. Additionally, the FTO may contribute to the new officer's patterns of behavior. For these reasons, it is important that among the issues FTOs review, they understand the recruit mental health training to be able to reinforce topics covered at the academy.

To complement pre-service training for recruits, law enforcement agencies should make an effort to acquaint new hires with community members who

5. Agencies have different minimum educational requirements for new recruits ranging from a high school diploma, to an associates degree to a bachelors degree. As a result, when developing training for new recruits, educational requirements must be taken into consideration. If one agency requires a four-year degree, and another requires very little formal education, the kind/level of training may be influenced.

have mental illness and family members of people with mental illness. Familiarity with consumers is of particular importance, as many new officers may have had little to no contact with this population. Officers should be encouraged to visit consumer clubhouses and peer support projects, offer to sit on ACT program boards of directors, speak at local mental health group meetings, and participate (when invited) in social events where consumers are regularly present. Interactions with people who have mental illness who are not in crisis can put a "human face" on mental illness that will challenge myths or misconceptions officers may have.

Example: Long Beach (CA) Police Department
The Long Beach Police Department requires that all new recruits attend "Field Contacts with People with Mental Illness." Through this course, recruits are introduced to consumers both in the classroom and in mental health facilities.

Example: Montgomery County (MD) Police Department
The Montgomery County Police Department holds part of its training in the physical space of a public mental health facility to familiarize officers with people with mental illnesses.

Through such training exercises, officers see that people with mental illness do not always exhibit signs of their condition. The officers also come to understand the effects of unintentionally stigmatizing people with mental illness, and the impact that an inappropriate response in a situation involving mental illness can have on a person, a family member, the victim, or the community.

c Provide to patrol officers at least twenty hours, over a three-year cycle, of in-service training about mental illness that includes in-depth reviews of topics covered generally in recruit training and on additional topics.

As discussed at the outset of this policy statement, in-service training refers to periodic courses provided to all officers at some interval (e.g., annually, biannually) to expand on previous training or as a refresher. Though some of these topics may be addressed in new skills or recruit training, in-service training is an important opportunity to reinforce the department's sensitivity to people with mental illness and to update staff about changes to the department's response protocols. At least twenty hours of in-service training should be provided over a three-year cycle. In some cases, it may be inappropriate to wait until such training sessions; in such an event, the updates can be provided during informational roll calls, integrated into related modules such as those on use of force, cultural diversity, or special populations. Stand-alone modules are preferable, but recognizing the many mandate training topics, an integrated

model that uses some stand-alone modules may be necessary. Issues such as the difference between mental illness and disorders such as epilepsy or autism, cultural and gender differences among individuals with mental illness, and medication issues may all be suitable topics for in-service training (see chart for more suggested topics).

> Example: **Seattle (WA) Police Department**
> The Seattle Police Department requires all officers to attend a mandatory eight-hour block of instruction to develop an adequate competency level when encountering citizens with mental illnesses.

Trainers should consider including nontraditional exercises such as having police officers attempt tasks associated with daily living while being exposed to "voices." Training should also include opportunities to meet with consumers and their families in the field, at clubhouses, shelters, soup kitchens, and NAMI support parties and meetings, just as is recommended for recruits. In addition, training should provide the chance for law enforcement officers to visit crisis centers and mental health facilities in order to gain resource awareness. Officers should be given ample opportunity to practice de-escalation techniques, such as talking to the person with mental illness and waiting out a violent episode, as well as to run through diversion protocols that rely on contacting community-based mental health services and supports. (See Policy Statement 3: On-Scene Assessment, for more on de-escalation techniques.) Role-playing exercises are one way to help officers model these behaviors prior to using them in the field. As a caution, the training facilitator should carefully monitor role-playing exercises. When left unchecked, officers can disengage and not fully participate in role-play exercises or, at the other extreme, participants can be become overinvolved to the detriment of the class and ultimately to the detriment of people with mental illness.

> Example: **Montgomery County (MD) Police Department**
> The Montgomery County Police Department employs an exercise in which officers are required to wear headphones that blare loud music and voices, conveying disconnected thinking. Officers are asked to go about their routine tasks while wearing the headphones. The purpose of the activity is to simulate some of the challenges that people with mental illness face.[6]

For larger jurisdictions, more sophisticated training technologies may be available, including computer-simulated shoot/don't shoot scenarios or other media requiring officers to make split-second decisions involving people with mental illness. In these situations, what the officer chooses to do determines what he or she sees next. These methods enhance critical-incident decision making skills and promote compliance with use of force protocols.

6. See *www.power2u.org* (the National Empowerment Center) for more on the cassette tape series "Hearing Distressing Voices," which employs this training technique.

This technology could be used in this context so officers can see the results of their decisions in a training environment. Videotapes are useful for refresher courses or roll-call training, as they usually succeed in getting people talking. They can augment discussions and stimulate debate, but they are not the sole response to training needs.

d Prepare select law enforcement staff to serve on a special team by providing them with advanced skills training on the fullest range of mental health topics every three years.

Advanced training courses should typically be at least 40 hours and should be geared toward officers who will serve on special teams that focus on calls involving people with mental illness. (See chart for topics.)

Consumers and their families, advocates, and mental health care providers should be included extensively in specialized training. Additionally, as specialized training entails more time than in-service training, information provided to the officers should be more in-depth. The Memphis Police Department, Albuquerque Police Department, Montgomery County Police Department, Roanoke Police Department, Pinellas County Sheriff's Office, and Athens-Clarke County Police Department are among those law enforcement agencies that have developed a 40-hour advanced training course.

Ideally, class size for advanced training classes should be kept manageable to ensure a facilitator-to-student ratio that allows for total participation. Some agencies may decide that only a special team of officers will receive this training course, while other departments will mandate the advanced training for all officers. The audience does not affect the information that should be included in an advanced training. Field Training Officers and others engaged in training or supervising patrol officers and dispatchers should be required to attend the advanced training.

Advanced skills trainings should include all of the techniques referred to previously, including extended visits to local mental health facilities to learn about treatments offered and opportunities for computer simulations. As an additional consideration, an emphasis may be placed on less-than-lethal (LTL) alternatives and on education to destigmatize mental illness and lessen fear should be provided to enhance shoot/don't shoot decisions.

e Train communications personnel (call takers and dispatchers) that work with law enforcement on how to deal with calls that may involve mental illness.

Communications personnel who work with law enforcement agencies play an important role in an agency's response to people with mental illness. Training communications personnel is not possible for every law enforcement agency, especially where 911 services are under the jurisdiction of the county or larger municipality. When it is possible, however, law enforcement agencies should involve call takers and dispatchers in training to enhance law enforcement service to people with mental illness.

Training communications personnel is imperative because the nature of their actions will frame how much information callers provide to them and how callers perceive the agencies' sensitivity. These personnel also shape the responding officer's state of mind upon arriving at the scene by emphasizing information that can increase or decrease officer fear or other preconceptions. The questions call takers ask and the information relayed by dispatchers ensure that responders have access to all possible information so that they are aware of disposition options. The responding officer can direct citizens to proper services, treat them effectively and with dignity, and de-escalate situations.

Example: **Houston (TX) Police Department**

The Houston Police Department credits the training of dispatch and communications staff as a key to their success in working with people with mental illness. Personnel were trained to ask necessary questions in a timely and appropriate manner. The goal of this training is to ensure that responding officers are provided with as much information as possible

29 Training for Court Personnel

POLICY STATEMENT #29

Provide adequate training for court officials (including prosecutors and defense attorneys) about appropriate responses to criminal defendants who have a mental illness.

Successful implementation of the policy statements described in Chapter 3: Pretrial Issues, Adjudication, and Sentencing depends in part upon prosecutors, defense attorneys, and judges who are familiar with mental illness, the mental health system, and the type of information they need to make informed decisions on behalf of their clients, on behalf of the state, or in the interests of justice. Educational opportunities regarding mental health and the law have traditionally tended to focus on case law addressing scenarios, such as the not-guilty-by-reason-of-insanity plea or other issues regarding competency. As a result, new attorneys only rarely are well familiar with mental health and the law. Of those attorneys who have established an understanding of the issue through law school, few have any practical preparation to defend or prosecute—or assist the court with—a typical criminal case involving a person with mental illness. The result is that most criminal lawyers learn about how best to proceed with a case that involves a person with a mental illness through discussions with colleagues and case-by-case research—essentially on-the-job training. While in many instances this can be adequate for preparing the lawyer to handle an individual case, consistent with practices in his or her jurisdiction, the lawyer may be woefully unaware of current findings concerning issues unique to processing such cases. Given this situation, the recommendations under this policy statement review a variety of ways for court-related officials to develop knowledge and skills that would improve their response to people with mental illness who are involved in the court system.

Training for court personnel should include the following topics:

- signs and symptoms of mental illness
- stigma associated with mental illness
- prevalence of substance abuse among individuals with mental illness and the effects of substance abuse on mental illness
- gender and cultural differences among people with mental illness and the potential impact on criminal case processing
- the mental health system and available community resources
- privacy rights and regulations relevant to mental illness

a Incorporate into continuing judicial education programs classes about mental illness and the participation of mental health professionals in the criminal process.[7]

Judges who are able to recognize the symptoms of mental illness and understand the treatments and services available in the mental health system will be better equipped to deal with defendants with mental illness. It is important that support for such judicial education come from the jurisdiction's highest appellate tribunal or its judicial supervisory authority with responsibility for continuing judicial education. Judges should also be aware of the prevalence and interaction of co-occurring substance abuse and mental health disorders. This can be accomplished through direct training for judicial officers, or by identifying court liaisons available to court officers when individuals with mental illness are before the court.

"We have basically made mental illness a crime in this country. And it's imperative that we educate judges about this issue [of incarcerating people with mental illness]. It has a huge impact on the court system. I don't think most judges appreciate or understand that."

HON. STEVEN LEIFMAN
Associate Administrative Judge, Miami-Dade County Court, Criminal Division, FL

Source: *Psychiatric News* May 3, 2002 Volume 37 Number 9, p. 8. 2002 American Psychiatric Association p. 8

Example: **Course on Co-Occurring Disorders, The National Judicial College**
The National Judicial College has a course that helps judges become better informed about co-occurring substance abuse and mental health disorders. The course is intended to help judges recognize the signs of a substance abuse or mental health disorder, select the appropriate judicial strategies for the treatment and monitoring of such individuals, and design a plan for the implementation of systems or ideas to address co-occurring disorders in their own jurisdiction.

Example: **Mental Health Liaison, Texas Judicial System**
The state of Texas has created a mental health liaison to provide technical assistance to judges and attorneys in the pretrial and presentence phases. The state is also developing a bench manual for judges, which provides guidelines on sentencing and alternatives. A separate section of this manual will deal specifically with persons with mental illness.

b Provide training for defense attorneys and prosecutors regarding defendants with mental illness.

It is crucial for defense attorneys and prosecutors to develop a basic understanding of mental illness and the mental health system. Training topics can include information about the major mental illnesses, the high potential for recovery with proper diagnoses and treatment, and the prevalence and effects of substance abuse among individuals with mental illness (especially those involved in the criminal justice system).[8] In addition, prosecutors and defense

7. ABA, Criminal Justice Mental Health Standards, Standard 7-1.3.

8. Angela D. Vickers, "Saving Lives: Creating Partnerships with your Legal Communities," presentation atNational Mental Health Association Conference, 2001.

attorneys should be trained to understand how mental illness can be a contributing factor to criminal behavior.

Some courts (such as Washington State's King County Mental Health Court) that focus exclusively on cases involving mental illness have used the expertise of mental health partners to help defense attorneys and prosecutors develop this awareness. Mental health service providers can offer brief in-service training sessions about different diagnoses, medications, service needs, and the components and contours of the mental health system. These sessions also can provide an excellent opportunity for court personnel to educate personnel from the mental health system on the functions, concerns, and procedures of the courts. Successful collaboration depends on criminal justice and mental health partners who understand each other's missions and methodologies.

Prosecutors who are interested in pursuing alternatives to incarceration for defendants with mental illness should have a comprehensive understanding of the mental health treatment opportunities in their community. Again, this goal can best be pursued through collaborative cross-training with local mental health providers. The goal here is not just to develop awareness for prosecutors but to help representatives of both systems understand the needs and concerns of their counterparts.

The primary goal of defense attorneys—protecting the best interests of their clients—similarly requires that counsel should have a base of knowledge about mental illness as well as an up-to-date understanding of the types of mental health services available in the community, their individual requirements, and their experience working in the justice system. It may be especially helpful to have consumers and family members participate in these trainings to help assist defense attorneys in understanding the concerns of defendants who have mental illness.[9] Defense attorneys who will be specializing in cases involving defendants with mental illness, such as commitment hearings, should receive more in-depth training.

Example: **Mental Health Litigation Unit, Massachusetts Committee for Public Counsel Services**

The Mental Health Litigation Unit (MHLU) of the Massachusetts Committee for Public Counsel Services provides training for defense attorneys who represent individuals with mental illness in civil and criminal cases. The MHLU offers a mandatory two-part training program for attorneys in Massachusetts who wish to accept assignments in mental health proceedings (e.g., civil commitment cases, involuntary treatment cases). The first part of the training offers a comprehensive two-day review of mental health law and procedural rules applicable in mental health proceedings, with an emphasis on litigation technique and strategy. The day-long second part of the training also provides an overview of the diagnoses and treatment of mental illness, emphasizing the issues typically raised in mental health proceedings (e.g., the predic-

9. Derek Denckla and Greg Berman, *Rethinking the Revolving Door: A Look at Mental Illness in the Courts,* Center for Court Innovation, 2001. Available at *www.courtinnovation.org/pdf/mental_health.pdf*. Interviews with defendants with mental illness in this "think piece" demonstrate the distance between the client's and defense attorney's understanding of the client's best interests. In these interviews, some defendants suggested

tion of dangerousness, medication). The MHLU also offers training on mental health issues to public defenders and private attorneys who will be appointed in criminal proceedings.

C Train pretrial services and probation personnel to recognize symptoms of mental illness and to respond appropriately.

There are two critical points in the criminal justice process where decisions as to an arrestee's interests are at stake: at the initial appearance before a judicial officer when the decision as to release or detention is made, and at sentencing, when the judicial officer decides for those convicted of a crime whether the offender should be incarcerated or supervised in the community for his conviction. In both instances the judicial officer has available a neutral agency, whose role is to provide the decision maker with all information about the individual that is relevant to the decision. For the pretrial release decision the agency—pretrial services—identifies and provides all information that might be indicative of the arrestee's likelihood to return to court as required and remain arrest free pending disposition. For the sentencing decision, the assisting agency—probation—looks more broadly at the issues of rehabilitation, punishment, deterrence, and other legitimate concerns. In both instances it is critical that the officers be sensitive to the possibility that the arrestee suffers from mental illness. It is not suggested that either agency attempt to become mental health diagnosticians; rather, both should be adequately trained to be able to refer (or recommend that a judge refer) people who may suffer from mental illness to trained mental health clinicians for a complete mental health assessment. Furthermore, both agencies should be trained on confidentiality issues—the importance of obtaining consent for the release of mental health information, when and to whom information can be released, and the principle of conveying the least information necessary.

Example: **Handbook and Training for Working with Mentally Disordered Defendants, Federal Judicial Center**

The Federal Judicial Center, the research and education agency of the federal judicial system, has developed a handbook and training program for federal probation and pretrial service officers regarding working with individuals with mental illness. The handbook and training program cover a variety of issues, including basic information about different mental disorders and treatments; a discussion of how to identify the potential that an individual may have a mental health disorder or co-occurring substance abuse disorders; and supervision issues that may arise for individuals with a mental illness, such as issues of treatment, safety, and the potential for suicide.

Hiring Staff with Mental Health Expertise

Since developing initiatives that address the issue of clients with mental illness, a number of court officials have hired staff with a background in mental health. These individuals may serve in pretrial positions, as probation officers, or as boundary spanners between the courts and mental health systems. Similarly, prosecutors and public defenders have enhanced their offices' capacity to work on cases involving mental illness by hiring social workers or other professionals with some expertise in mental health. While such staff may require training regarding court-related processes, their familiarity with clients with mental illness and the mental health system can make them a valuable asset to many court-based programs. For example, pretrial service programs in Bernalillo County, New Mexico, and Hamilton County, Ohio, employ staff with a mental health background, as does the King County, Washington, Mental Health Court.

that defense attorneys who better understood mental illness would try to help their clients obtain treatment as opposed to encouraging a guilty plea—the avenue to minimizing the client's short term involvement with the criminal justice system.

Example: Pretrial Services Training, Hamilton County (OH)

The Hamilton County Pretrial Services Program offers training for staff on a variety of issues surrounding clients with mental illness. Staff members receive basic training on the variety of mental illness diagnoses, medications, symptoms, and co-occurring disorders. In addition, pretrial staff members receive training on interview techniques, referral procedures, and confidentiality regulations. The program provides both in-service trainings and outside training opportunities offered through a combination of in-house staff, independent contractors and workshops, and county-offered classes.

d Offer advanced courses on mental health law and participation by mental health professionals in the criminal process for students who desire to concentrate on criminal law practice. [10]

The American Bar Association (ABA) recommends that education about mental illness be incorporated into law school curricula. There are a variety of legal education topics relevant to mental illness that are appropriate for law school classes, including mental health law, disability law, confidentiality rights, civil commitment proceedings, treatment rights, competency proceedings, among many others. Some of these topics are already covered widely in law school courses around the country. Some law schools, such as Virginia, Arizona, Nebraska, and Villanova have taken a focused look at mental health and legal issues.

Example: University of Virginia Institute of Law, Psychiatry, and Public Policy

The Institute of Law, Psychiatry, and Public Policy is an interdisciplinary program in mental health law, forensic psychiatry, and forensic psychology. The institute offers academic offerings on a wide array of topics in mental health law, including ethical issues in mental health services, the interaction between psychological science and law, civil commitment proceedings, and many others. The institute also provides training for medical students on relevant criminal justice issues.

e Develop and conduct programs for which continuing legal education (CLE) credit can be provided that offer advanced instruction on mental health law and participation by mental health professionals in the criminal process.[11]

Continuing legal education provides an opportunity for attorneys to improve their knowledge and skills regarding mental health issues. The American Bar Association standards suggest that "bar associations, law schools, and other organizations having responsibility for providing continuing legal educa-

10. ABA, *Criminal Justice Mental Health Standards*, Standard 7-1.3.

11. Ibid.

tion" incorporate programs about mental health law and participation by mental health professionals in the criminal process into their curricula. Furthermore, the ABA recommends that prosecutors, public defenders, and other attorneys who specialize in criminal law should participate in these programs. Continuing legal education for defense attorneys and prosecutors can include basic information about mental illness (e.g., diagnoses, symptoms, treatment) as well as more specific material concerning mental health in the courts, such as different dispositional options, appropriate charging, and proper information sharing procedures.

To encourage the development of and participation in programs concerning mental illness and the courts, some state bar associations have made education about mental illness part of the CLE requirements. This designation can help raise awareness about the importance of this type of education, but requires the development of curricula and educational opportunities to ensure that lawyers have the opportunity to become educated about this important issue. Any organization providing or coordinating training programs concerning mental health and legal issues should make sure to obtain CLE certification, or credit toward professional certification, from the appropriate agency within the jurisdiction. This will provide added incentive for lawyers and other court personnel to take advantage of these training opportunities.

Example: **Continuing Legal Education Requirements, Florida Bar**
In February 2001, the Florida Supreme Court unanimously approved an amendment to the Continuing Legal Education (CLE) Requirements of the Florida Bar to include education on mental illness among the mandatory categories of continuing legal education. Florida Bar members are required to undergo 30 hours of CLE every three years, five hours of which must be in one of four mandatory categories (professionalism, ethics, substance abuse, and, now, mental illness).

30 Training for Corrections Personnel

POLICY STATEMENT # 30

Train corrections staff to recognize symptoms of mental illness and to respond appropriately to people with mental illness.

As is the case with law enforcement executives, corrections administrators place a premium on trained staff. In addition, like those in policing organizations, training efforts in corrections agencies typically fall into one of four categories: new skills (basic), pre-service (academy), in-service, and advanced. (See Policy Statement 28: Training for Law Enforcement Personnel, for brief definitions of the different levels of training.) At the county level, however—especially in small jurisdictions—correctional staff may receive minimal pre-service training, and the level of in-service training varies widely across different jurisdictions.

RECOMMENDATIONS FOR IMPLEMENTATION

a Provide basic training regarding mental health issues to all corrections staff who come into contact with detainees or inmates with mental illness.

There are some staff in some prisons or jails who, despite being in regular contact with inmates with mental illness, have received little or no meaningful training regarding mental health issues. These personnel may be uniformed security staff who received academy training but are not prepared for in-service refresher training on mental illness. This audience may also be program staff, such as case managers, teachers, or vocational counselors, who did not attend an academy and may have received minimal pre-service training. Whatever their background, any corrections personnel who have regular interaction with inmates with mental illness should receive basic training on how to better serve those inmates.

Basic training for corrections personnel should be geared toward the following goals:

- improve staff's ability to identify inmates with possible mental health issues;
- enable staff to understand when to refer an inmate for a mental health screening and/or assessment;
- teach staff to recognize symptoms of an adverse reaction to psychotropic medication;
- provide basic information on issues related to co-occurring substance abuse and mental illness;
- reduce stigmatization of inmates with mental illness by sensitizing corrections staff to the unique needs of these individuals;
- assist correctional staff in recognizing cultural factors that may influence their awareness of signs and symptoms of mental illness; and
- improve the ability of corrections officers to communicate facility procedures/rules to inmates with mental illness.

Many states have established policies that require basic mental health services training.

Example: **Virginia Department of Corrections**
The Virginia DOC has established a comprehensive training program to train both institutional (security and nonsecurity) staff and clinical staff. The Department has engaged a full-time mental health training coordinator who is stationed at the DOC's Academy for Staff Development.

Training of correctional mental health staff should include experiential, in-service activities in addition to didactic, classroom instruction. For example, the Oregon Department of Corrections trains mental health staff on the housing units directly alongside the correctional officers. In developing training programs regarding mental illness for corrections staff it can be especially helpful to collaborate with personnel from state mental health agencies, community-based mental health providers, or other professionals with mental health expertise.

Example: **Training Video, New York State Department of Corrections, New York State Office of Mental Health**
In New York State, the commissioner of the Department of Corrections reached out to the commissioner of the Office of Mental Health to request collaboration and expert assistance in producing a training video on managing inmates with mental illness. The video is designed for use in the corrections pre-service training academy as well as for in-service training purposes for those already through the academy.

Educating Inmates About Mental Illness

Some jurisdictions, such as the New York City Department of Corrections, provide training regarding mental health issues for inmates, too. Although this training is somewhat controversial, its goals are laudable. Inmates who receive a basic orientation to mental health issues and the issues involved in responding to the needs of offenders with mental illness can provide assistance to staff in observing or identifying other inmates in need of mental health services—often before staff become aware of the needs of those inmates.

b Incorporate competency-based training in mental health issues in existing academy (pre-service) training programs and in-service programs for corrections staff.

Training academies and pre-service training programs offer an opportunity to begin sensitizing corrections staff to issues regarding mental illness. This training should focus on the development of competencies. Though a number of hours may be designated for academy training on mental health issues, it is critical that the measure of training success be improvements in the trainees' knowledge and abilities. Suggested topics for academy training include the following:

Basic issues concerning mental illness

- signs and symptoms of mental illness
- attitudes about mental illness (e.g., stigma)
- understanding and assessing mental illnesses
- the relationship between violence and mental illness
- dual diagnoses: substance abuse and mental illness
- developmental disorders
- homelessness and mental illnesses

Management of inmates with mental illness

- de-escalation techniques
- officer safety
- calming approach methods
- interviewing techniques
- medications: noncompliance; side effects
- internal services and referral procedures
- suicide prevention

Administrative issues

- civil rights, including privacy rights
- confidentiality
- victims with mental illness
- available community resources
- cultural diversity/gender difference
- consumer and family perspectives

Example: **Pre-service and In-service training, Connecticut Department of Corrections**

The Connecticut Department of Corrections (DOC) offers pre-service and in-service training to corrections officers on how to work with inmates with special needs,

including those with mental illness. This training addresses a number of issues, including legal requirements regarding confidentiality, symptoms of different mental illnesses, collaboration with correctional mental health staff, and suicide prevention, among other topics. Correctional mental health staff, who are employed by Correctional Managed Health Care, receive training facilitated by both psychiatric professionals and corrections officers.

Example: **Correction Officer Training, New York State Department of Corrections**

The New York State Department of Corrections (DOCS) Training Academy has teamed with the Capital District Psychiatric Center (CDPC) Mental Health Players to develop an enhanced pre-service training curriculum concerning mental health issues. The full-day training emphasizes hands-on experience in dealing with inmates with mental illness. The morning session provides background information on types of mental health issues encountered most often in correctional facilities, including suicide prevention. The afternoon module is unique in that volunteers from the CDPC Mental Health Players role play inmates experiencing mental health problems, providing correction officer candidates a chance to practice communication skills in a "real-world" setting. Feedback from training academy staff and candidates has been overwhelmingly positive.

c Provide advanced training to corrections staff assigned to work specifically with inmates with mental illness.

Corrections staff who are assigned to work specifically on units with inmates at high risk of mental illness (e.g., special housing units, administrative segregation) and/or already diagnosed with mental illness (e.g., psychiatric intensive care units) should receive intensive training in mental health issues and management of inmates with mental illness. In Florida, state law requires that corrections officers employed by a mental health treatment facility receive specialized training beyond that required for basic certification. It is important to tap the expertise of professional mental health crisis workers when offering specialized training, especially in dealing with de-escalation techniques, restraints, and lethal force.

d Provide parole board members with training in order to inform them about issues regarding the release of people with mental illness from prison.

Parole board members come from a variety of backgrounds and areas of expertise. Some may have experience that helps them understand people with mental illness, but most do not. The stigma of mental illness, especially the common association between mental illness and violence, may cause parole board members to be wary of offering parole to offenders with mental illness (see

Policy Statement 20: Release Decision). Training can enhance parole board members' understanding of the complex issues presented by this offender group, and enable them to make informed decisions regarding parole candidates.

Example: **New Board Member Training, National Parole Board, Canada**
The National Parole Board in Canada offers extensive training about mental illness to new board members. Of the 15 days of total training required of new board members, two of the days are devoted to mental health issues. The board relies on two general reference documents—the *Diagnostic Manual for Mental Disorder*s and the *Historical, Clinical and Risk Guide for Violent Offenders with Mental Illness*—and one internal risk-assessment manual, which has a chapter on mental illness. The parole board is also developing an even more in-depth guide for board members on dealing with offenders with mental illness.

Training curricula should be developed and, depending on the jurisdiction, tailored for individuals appointed to serve as parole board members, both for new appointees as well as on an annual or ongoing basis. Parole board members should have a fundamental understanding about the nature and types of mental illness and how mental illness is diagnosed and treated. They should also be provided with training about the risks and needs associated with mental illness and the types of treatment, resources, and support services that can mitigate that risk.

There is also opportunity in this context to provide cross-training, which would include training for mental health personnel about a jurisdiction's criminal justice system as well as its public safety issues, needs, and processes. In many jurisdictions, these two systems, while having a significant shared population, have operated substantially apart from each other. Only in recent years have these barriers begun to break down. Cross-training is one opportunity to develop shared understanding about the potentially competing criminal justice and treatment needs of the offender who has a mental illness.

Example: **Cross Training, Massachusetts Parole Board, Massachusetts Department of Mental Health**
In 1998, the Massachusetts Department of Mental Health (DMH), The Massachusetts Parole Board, and the Department of Corrections developed a broad agreement to strengthen the delivery of mental health services to individuals with mental illness incarcerated in state correctional institutions or eligible for parole. Cross-training between the DMH and the parole board provided background on new policies and procedures developed as part of the agreement and helped staff from the different agencies better understand the roles of their colleagues. Regional groups engaged in roundtable discussions to develop specific goals and strategies for realizing the objective of improved service to inmates with mental illness. DMH staff has also offered training to senior parole officers in support of the collaborative agreement.

e Provide training for parole officers to improve their ability to supervise parolees with mental illness.

Parole officers have a varying degree of exposure to people with mental illness. Parole officers with typical caseloads will undoubtedly encounter some clients with mental illness. These parole officers need basic training on how to best serve these clients. This training should cover topics similar to those dealt with in the basic training offered to corrections personnel discussed above. In addition, parole officers need training on the availability of community mental health resources, intervention services, alternatives to revocation, sensitivity to victims, and updates on the changes in mental health treatment law. Parole officers should be able to recognize when a person with mental illness is decompensating and when a person with mental illness is not complying with conditions of release because of an inability to obtain access to effective treatment.

It is especially important to reconcile the different missions of community corrections agencies and mental health service providers. Most mental health and substance abuse treatment providers view relapse and setbacks in treatment as part of the recovery process. Parole requires offenders to follow certain release conditions or risk violation and reincarceration. These two outlooks can conflict when mental health (or substance abuse) treatment is part of a parolee's release conditions. Cross-training between parole officers and mental health providers, consumers, and family members can be effective in synthesizing the goals of parole and mental health treatment.

Some parole officers have caseloads dedicated to parolees with mental illness. Because the primary focus of these parole officers is to supervise parolees with mental illness, it is appropriate to provide more in-depth training on mental health issues. Parolees who work with a dedicated mental health caseload will likely be collaborating frequently with mental health service providers. It is crucial that these providers work together to understand each other's roles in supporting an offender's reintegration into the community.

31 Training for Mental Health Professionals

POLICY STATEMENT # 31

Develop training programs for mental health professionals who work with the criminal justice system.

Just as staff in the criminal justice system recognize the need to learn new skills that will allow them to provide appropriate care for people with mental illness with whom they have contact, those who work in the mental health field must develop awareness of the special needs of people with mental illness who have been arrested and/or incarcerated. If they are to help people with mental illness who have criminal histories to live in the community at large, mental health staff must understand the implications of those histories as well as the imprint arrest and incarceration may leave on a person. They also must understand the criminal justice system itself so that they can interact productively with their counterparts in that system.

Criminal justice agencies and community mental health programs have different traditions, missions, and often even different values. Their staff have typically been trained very differently. One way of looking at these differences is to think of them as different cultures. In order to achieve successful collaboration and integration of resources, staff from both arenas will need to understand their cultural differences as well as appreciate their overlapping missions.

An analogous situation arose when substance abuse treatment began to increase in jails and prisons. What was discovered at that time was that cross-training was necessary for solid collaboration and integration of services. Cross-training here simply means that each staff train the other, so that criminal justice personnel learn more about mental health and mental health staff learn more about criminal justice in a combined learning environment.

Training topics for mental health providers and administrators include the following:

Training about law enforcement

- the public safety responsibilities of law enforcement officers
- police protocols for the use of force
- responsibilities of first and backup responders
- officers' expectations of community providers
- familiarity with law enforcement officers and officials
- the booking process

Training about the court

- general court procedures
- information sharing in the court setting

- responsibilities of prosecutors, court administrators, defense attorneys, and judges
- conditional release programs and their administration in the jurisdiction

Training about corrections agencies

- jail classification procedures
- jail personnel and the jail environment
- correctional procedures, including intake and classification
- scope of behavioral health services available in prison
- correctional medical staff and facilities
- corrections release planning staff and procedures
- community corrections (e.g. probation, parole) procedures and protocols
- familiarity with the rules of Medicaid, SSI, SSDI, TANF, and other benefit programs for those who are incarcerated in jail or prison

Training about working with consumers who have been involved with, or are at risk of being involved with, the criminal justice system

- advance directives
- the effects of correctional incarceration on mental illness
- obstacles faced by individuals who have been incarcerated
- ensuring the safety of the provider and consumer
- cultural competency
- housing options in the community for people with mental illness

RECOMMENDATIONS FOR IMPLEMENTATION

a Work with university and other mental health professional training programs to enhance their curricula on the criminal justice system.

Training programs for mental health professionals around the country are slowly changing their curricula to address working with a criminal justice system population. Training in this area has several purposes. By enabling mental health staff to use and understand terminology common in the criminal justice system, the training would allow them to work more effectively with staff in that system. Training also could have a more clinical orientation, helping mental health staff to better understand the complex needs of people with mental illness who are in contact with the criminal justice system. Depending on the approach of the program, topics to be addressed might include everything from the basics of criminal law and the criminal justice system to applying relapse prevention techniques to criminal thinking.

With law schools and criminology programs adding courses on mental illness, mental health practitioners may also wish to enroll in them for the purpose of better understanding the criminal justice system's orientation. This would be especially true in areas or settings where criminal justice issues have not yet penetrated professional mental health training programs. (See Policy Statement 29: Training for Court Personnel, for more on law school and continuing legal education classes regarding mental illness.)

b Develop in-service curricula for mental health staff that address obstacles to working with criminal justice clients.

In-service training is likely to be of more use to mental health staff already working in the field. In many mental health agencies, training in a number of clinical and nonclinical areas is already frequently scheduled. Adding training in criminal justice issues will generally not pose great logistical difficulty.

This in-service training would have several purposes. It would provide current information to mental health staff about provisions in the criminal justice system for treatment of people with mental illness. It would allow mental health and criminal justice personnel to build and enhance relationships. And it would provide a forum for problem areas to be identified, potentially leading to plans for subsequent training.

In-service training also could provide opportunities for mental health staff to learn from clients themselves and their families about the challenges they face when reentering the community after time in jail or prison—or even after an arrest with no time having been served. People with mental illness who have criminal justice histories often find they face an additional stigma. Training that involves mental health staff and clients with histories of criminal justice involvement can provide opportunities to address this stigma and the discrimination faced by many such clients.

Example: **Transitions Training, New York State Office of Mental Health**
The New York State Office of Mental Health has developed a training program for mental health agency administrators and supervisors to help them better serve individuals with mental illness who have been incarcerated in state prison. The training program addresses coordination with parole staff as well as the stigma attached to involvement in the criminal justice system. The training is delivered by mental health consumers who have experienced the struggles of incarceration in state prison and release back into the community. A mental health advocacy group provides consumer-trainers with support.

Example: **Connecticut Jail Diversion Project**
Mental health clinicians in Connecticut's Jail Diversion Project receive periodic in-service training about the missions and procedures of the different criminal justice agencies with which they collaborate. Representatives from the Department of Corrections, the State's Attorney's office and the Public Defender's office (among others) participate in the training and discuss case scenarios with the clinicians. The clinicians learn how to maintain the integrity of their role as treatment professionals while operating in the criminal justice system.

32 Educating the Community and Building Community Awareness

POLICY STATEMENT # 32:

Educate the community about mental illness, the value of mental health services, and appropriate responses when people with mental illness who come into contact with the criminal justice system.

RECOMMENDATIONS FOR IMPLEMENTATION

a Educate community members about mental illness to help combat stigma and improve the community's understanding of mental health as a community issue.

Despite the prevalence of mental illness and the cost to taxpayers of inadequate mental health treatment, communities have not made access to effective mental health service a priority. Furthermore, when a person with mental illness is involved with the criminal justice system, the public typically assumes, incorrectly, that the person is inherently violent and cannot function in the community.

Indeed, the Surgeon General's recent report on mental health argues that the stigma around mental illness is one of the most significant challenges to the development of effective mental health policy.[12] This stigma has intensified over recent decades, despite the advancement of scientific knowledge about the causes of mental illness and the effectiveness of certain treatments; studies show that a greater portion of people associated mental illness with violence in the 1990s than the general public did in the 1950s.[13]

Combating the stigma surrounding mental illness and enlisting broad-based support for improvements to mental health policy requires education. Until the general public comes to understand mental illness as a disease similar to physical illnesses, public support for improved mental health services is un-

"Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders...It deters the public from seeking, and wanting to pay for, care. In its more overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society."

Source: *Mental Health: A Report of the Surgeon General*, p.6

12. U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999, p. 6.

13. Little Hoover Commission, *Being There: Making a Commitment to Mental Health*, Sacramento, CA, November 2000, p. 31.

likely to increase. To this end, California's Little Hoover Commission's report *Being There* suggests the formation of a statewide commission on mental health advocacy to build public support for adequate mental health services. Changing public opinion about mental illness is a difficult task, but one for which the criminal justice system can be an extremely effective partner. Criminal justice personnel are charged with ensuring public safety. They have, therefore, a singular credibility advocating for improved community-based mental health services and dispelling notions that people with mental illness in the community compromise public safety. Criminal justice officials, who deal with the influx of individuals with mental illness into their system on a daily basis, can help the public and policymakers become aware of the need to improve community-based mental health services.

Example: **Commission on the Status of Mental Health of Iowa's Corrections Population**

The Community Corrections Improvement Association, the private foundation arm of the Iowa Sixth Judicial District Department of Correctional Services, formed the Commission on the Status of Mental Health of Iowa's Corrections Population to provide a forum for public discussion about issues at the intersection of mental health and criminal justice. During November 2001, the commission held a series of eight public hearings, supported by a panel of experts, across the state of Iowa to consider the issues from a local level. The commission also administered a survey to assess public attitudes and knowledge, developed a video and media relations campaign, and planned a conference to raise awareness about mental health and criminal justice issues.

b Educate consumers, family members, friends, and advocates for people with mental illness about the processes and procedures of the criminal justice system.

Consumers and their loved ones often want to cooperate with the criminal justice system—or seek the assistance of officials in the criminal justice system—but lack the knowledge to successfully interact with representatives of the various criminal justice agencies. Criminal justice agencies can improve consumer awareness and initiate positive relationships through community outreach programs. Such programs can be important preventative tools, which improve the safety of both criminal justice personnel and consumers during future interactions.[14] Similarly, consumers and families who know whom to call and what to ask for are much more likely to have their needs met at the outset, which will make these interactions less frustrating for both parties.

14. Police departments have done similar community outreach to improve their service to individuals with hearing impairments. See Christine Stolba and Marci Sliman, Policing the Deaf and Hard of Hearing Populations, Cultural Diversity and the Police. Available at: *www.policylab.org/deaf.pdf.*

Example: Chapel Hill (NC) Police Department

The Chapel Hill Police Department conducts community trainings in conjunction with NAMI and the local clubhouse (an organization that provides support services through a self-help community-based center) to educate family members as to their rights and responsibilities when in contact with the police department. These interactions have also helped increase the level of trust between the community and the police department.

When a person with mental illness becomes involved in the criminal justice system, his or her family, friends, mental health service providers, and other advocates may want to help in a variety of ways. Family members may want to inform the defense attorney about the defendant's mental health history, to advocate for the defendant's placement in a particular treatment program, or generally to help their loved one navigate the criminal justice system. Advocates in some communities have developed resources for such situations.

Example: When a Person with Mental Illness is Arrested: How to Help, A New York City Handbook for Family, Friends, Peer Advocates, and Community Mental Health Workers

Staff at the Urban Justice Center's Mental Health Project developed a practical handbook for supporters of people with mental illness who have become involved in the criminal justice system. The handbook provides general information about the criminal justice process (arrest, arraignment, meeting with counsel), relevant statutes and advice for advocates on working with defense attorneys, as well as information specific to the New York City criminal justice system.

Example: Mental Health Services for Mentally Ill Persons in Jail – A Manual for Families and Professionals Including Jail Diversion Strategies, NAMI Wisconsin

NAMI Wisconsin, in conjunction with a variety of mental health and criminal justice professionals, developed a manual to help families and professionals better understand the issues that arise when an individual with mental illness becomes involved in the criminal justice system. This manual includes sections dedicated to the mental health system, the criminal justice system, jail diversion programs, and other relevant issues. Though originally targeted to families of consumers who are involved in the criminal justice system, the manual has proved useful to professionals throughout the mental health and criminal justice fields.

Family members and other supporters of people with mental illness should also receive information about the prerelease and discharge planning processes from corrections personnel, and receive instruction on how they can participate in helping their spouse or relative make a smooth transition from the jail/prison back to the community. It is especially important that they know what resources are at their disposal to assist them and their recently released family member when a crisis occurs.

c Educate victim advocates about mental health services and procedures for offenders with mental illness.

Victim advocates should be informed about mental health services and procedures within correctional facilities and how discharge planning occurs. They should receive orientation, education, and assurances about what services are available for offenders and what supervision the offender will undergo in addition to what protection they can expect from the criminal justice system. These matters can be included in the overall community education and training curriculum developed by criminal justice agencies.

"Like any crime victim, a person victimized by a person with mental illness immediately wants that person to be held accountable. But they also want to participate in creating a system to make sure the same thing doesn't happen to someone else."

ELLEN HALBERT
Director, Victim Witness Division, District Attorney's Office, Travis County, TX

Source: Personal correspondence

33 Identifying Trainers

POLICY STATEMENT # 33

Identify qualified professionals to conduct training.

RECOMMENDATIONS FOR IMPLEMENTATION

a Identify criminal justice professionals, mental health professionals, consumers, and other appropriate individuals to conduct staff training.

The success of a training program usually hinges on the quality and appropriateness of the trainer. Criminal justice system personnel may be skeptical of new approaches—sometimes with good reason. Training loses its effectiveness when participants detect that a facilitator is advancing a political agenda or training largely for financial profit. Accordingly, it is important to choose credible trainers who reflect the shared goals of the criminal justice agency and the mental health community and who are committed to a long-term working relationship.

Involving criminal justice system personnel in leading the education process sends a potent message to those being trained that responses are being instituted because the agency is invested in enhancing service to people with mental illness. For example, law enforcement trainers have the knowledge base and credibility to cover sections on officer safety, enforcement protocols, and other response topics that a civilian may not.

Involving the chief executive of the agency to commence the training or to provide completion certificates also conveys the message that enhancing the response to people with mental illnesses is a priority for the agency.

Example: **Sheriff and County Commissioner, Pinellas County (FL)**
In Pinellas County, the sheriff or the county commissioner has been to each of the training classes to speak about the importance of the topic and show support. This interaction has proven to be invaluable in highlighting to class participants the importance of responding appropriately to people with mental illnesses. Additionally, the County Commissioner's office presents a plaque to every officer who completes the 40-hour course.

Frontline mental health professionals who have knowledge and field experience relating to the criminal justice system should be included in training for frontline officers. Street-level crisis intervention workers, for example, are a good resource for law enforcement officers because they have relevant field experience. Mental health experts with significant criminal justice or forensic experience or community mental health crisis staff are also good choices. These experts should be coached to concentrate on the basic elements of their expertise that provide a framework for understanding the essential concepts. They should provide a model that everyone can use to detect and respond appropriately to general classes of mental illness. Detention facility inspectors and state public defenders who specialize in mental health issues may be useful trainers for addressing an audience of mental health professionals.

Most important, whoever is chosen to train personnel in the criminal justice system must be familiar with the challenges and risks that these individuals face in the field. Noncriminal justice trainers should be encouraged to participate in ride-alongs or other experience exchanges in corrections or court settings to better understand these challenges and concerns.

b Facilitate delivery of training in small or rural jurisdictions where there may be a shortage of trainers.

Smaller jurisdictions may need to consider creative resource sharing to make training more feasible. These jurisdictions may create regional training classes, where one or two staff people are sent from several different areas. These staff members would then be responsible for training others in their jurisdiction. This type of training can also help address cross-jurisdictional issues and problems and enhance coordination among neighboring agencies. Although distance-learning mechanisms such as CD-ROM or online courses may be an option for those who cannot otherwise obtain access to training, they should not be favored over in-person training sessions. While small, rural jurisdictions face limited resources, they do have access to national groups that will help to provide training resources (e.g., the National Sheriffs' Association, the National Institute of Corrections). Key to the success of training remote, rural jurisdictions is the commitment of agency managers to access the resources that are available.

Example: **Athens-Clarke County (GA) Police Department**

The Athens-Clarke County Police Department conducts mental health training in conjunction with Advantage Behavioral Healthcare, the local community mental health care provider agency. Local mental health care professionals (some in private practice) teach the Crisis Intervention Team class and each instructor donates his or her time to the department. Additionally, officers are taken to a local hospital or mental health facility to meet with staff and consumers. This has been a helpful method for personalizing the discussion about people with mental illness for officers who have had limited contact with this population.

Because criminal justice personnel are exposed to the same myths about mental illness as the public, communities must involve consumers in criminal justice system training to debunk these myths and to make personal connections with appropriate personnel. It will be critical to invite consumers who are articulate and have a range of personal experiences to share. This involvement should not be limited to a trip to an inpatient mental health facility. Instead, criminal justice personnel should meet with people with mental illness who are living independently, employed, and managing their illness. Another effective mechanism to personalize mental illness may be for agencies to identify someone within the agency who has a family member with a mental illness and is willing to share his or her experiences. Similarly, it is important for trainees to have a full understanding of the experience of the victims of crimes committed by offenders with mental illness. Including victim advocates in the design and delivery of training programs is helpful to this end.

34 Evaluating Training

POLICY STATEMENT # 34

Evaluate the quality of training content and delivery; update training topics and curricula annually to ensure they reflect both the best practices in the field as well as the salient issues identified as problematic during the past year.

(See Chapter VIII: Measuring and Evaluating Outcomes, for a more comprehensive discussion of assessing the results of policies and programs that are suggested by this report.)

RECOMMENDATIONS FOR IMPLEMENTATION

a Test whether trainees have effectively learned the material presented.

Some law enforcement, court, or corrections veterans may participate reluctantly in a training session, confident that they have "seen it before" or "done it all." Administering a pretest at the beginning of the training session can challenge such beliefs. Immediate post-testing of course content is valuable as well, in order to assess changes in attitudes and knowledge. It might be useful to conduct a third test, six months after the training, to evaluate how training played out on the street, in case adjustments need to be made. As a caution, while testing is important it can be considered counterproductive if participants think they have to memorize terminology. Tests should address information that will inform and improve responses to people with mental illness in contact with the criminal justice system.

b Ensure that current national trends and facility-specific needs guide the training agenda.

New topics and recommendations for training are being developed across the country on a continuing basis. Mental health training curricula should be updated regularly in accordance with the best practices in the field. Sources for current information can be obtained from such organizations as the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), the National GAINS Center, the American Correctional Health Services Association (ACHSA), the American Psychiatric Association (APA), and the National Commission on Correctional Health Care (NCCHC). Criminal justice training officials should use the experts within the mental health community to evaluate current training procedures.

> Example: **NAMI Evaluation of National Institute of Corrections Training Programs**
> The National Institute of Corrections worked with NAMI to evaluate National Institute of Corrections training for mental health correctional teams from 22 different jurisdictions. NAMI provided feedback to the corrections training personnel in charge of those training programs.

c Promote workshops and seminars on mental illness at conferences and professional associations.

Most members of the criminal justice system attend professional conferences and belong to professional associations. This includes law enforcement line and staff, court officials, and corrections administrators and staff.

A number of organizations exist that provide training to court officials, including the National Judicial College, National District Attorneys Association, National Legal Aid and Defenders Association, National Association of Pretrial Services Agencies, and the American Probation and Parole Association, to name just a few. Several organizations also provide training on topics for law enforcement, including the Police Executive Research Forum (PERF), the Police Foundation, the International Association of Chiefs of Police (IACP), the National Organization of Black Law Enforcement (NOBLE), the Major Cities Chiefs' Association (MCCA), and the National Sheriffs' Association (NSA). Organizations such as the Association of State Correctional Administrators (ASCA), the National Institute of Corrections (NIC), and the American Correctional Association (ACA) provide training geared to corrections administrators.

Many of these organizations have been including sessions on various aspects of working with individuals with mental illness at their regular meetings. These organizations should consider the recommendations contained in this document when planning such sessions in the future.