Perceptions of Mental Health First Aid Training Deputies Received in a Jail Setting

by

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Abstract

Inmates with mental illness and addiction issues pose challenges to those in the field of corrections. They have the highest suicide rates while detained and present corrections staff with difficult situations not to mention their high rates of recidivism. This thesis used a retrospective study design where previously gathered anonymous questionnaire data was tapped concerning the effectiveness of Mental Health First Aid (MHFA) training. The sample is comprised of 105 jail staff from a Northeast Ohio jail who underwent MHFA training and completed its corresponding surveys. Results indicate that a vast majority of the jail staff find the training to be beneficial and are highly likely to apply its tenets both in their employment and everyday life. Moreover, female jail staff and those jail staff who support a loved one with a mental illness or addiction are shown to be more inclined to apply the information they received in the MHFA training than male jail staff or those jail staff who are not caregivers of those with a mental illness or addiction. Future work should follow-up on those jail staff who undergo MHFA training in order to document implementation effectiveness of its principles as well as to prepare for subsequent related training in issues related to managing inmates with mental illness and addiction.

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Chapter I

Introduction

Our nation's jails are the largest mental health institutions in America. In fact, the National Alliance on Mental Illness (NAMI, 2018) estimates that two million people with mental illness are booked into jails each year and that approximately 15% of men and 30% of women booked into jails have a serious mental health condition. This began in the 1960's and 70's with deinstitutionalization (St. John, 2016). The thought process behind deinstitutionalization is that it is inhumane to keep people with a mental illness locked up in hospitals and that they would be better served in community based treatment programs. Although the concept is well intended, "this policy lacked an important ingredient - knowledge about how programs and services could evolve and be funded in order to meet and keep up with the need" (St. John, 2016, para. 3). The burden of our now deinstitutionalized mentally ill patients has become the responsibility of America's correctional system.

Definitions

Consequently, our jails are required to house, and care for, mentally ill inmates. Deputies, with very little mental health background, are expected to handle these particular inmates. Peace Academies in Ohio have 77 hours of its curriculum dedicated to human relations, with 20 of those in crisis intervention (Villone, E. personal communication, September 4, 2018).

We must first understand what a mental illness is before we can fully

appreciate why we need to be concerned about the state and safety of our jails, for those that are housed and employed there. Mental illness, as defined by Merriam-Webster.com (2018) is:

> any of a broad range of medical conditions (such as major depression, schizophrenia, obsessive compulsive disorder, or panic disorder) that are marked primarily by sufficient disorganization of personality, mind, or emotions to impair normal psychological functioning and cause marked distress or disability and that are typically associated with a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions, or daily functioning.

A substance use disorder is defined as "a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems," by the Diagnostic and Statistical annual of Mental Disorders (DSM-V, 2013), the taxonomic and diagnostic tool published by the American Psychiatric Association (p. 483). Intensifying the problem today is that many inmates with mental health disorders also have a co-occurring substance use disorder (St. John, 2016). This is commonly referred to as comorbidity. Many inmates are found to have multiple diagnoses, therefore exacerbating the problems that arise in jail settings, and the stigma attached to the inmates who are suffering.

Rationale for topic selection

There are at least three reasons why this thesis topic is important and worthy of study. First, it is vital that deputies are aware of the stigma attached to mental illness

because "*America's Largest Mental Hospital is a Jail*" (Ford, 2016). In fact, according to Mayse (2016), Dr. Deborah Coleman, Department of Corrections Director of Mental Health, says that the national statistics show that there are a higher percentage of mentally ill in county jails than in prisons. A significant reason for this is recidivism, or more specifically, reoffending. Mentally ill persons are more likely to be arrested and convicted, and move through the revolving door between incarceration and the community than any other group of individuals (Aufderheide, 2014). Secondly, studies have shown that approximately half of all inmate suicides are completed by the mentally ill (St. John, 2016). Learning signs and symptoms of a mentally ill inmate who may be in distress is beneficial for deputies regarding suicide prevention. Lastly, providing trainings, such as Mental Health First Aid (MHFA), is crucial so that deputies have more understanding of mental illness and are able to reach out to a mentally ill inmate, and be aware of their own feelings when it comes to their own mental health.

Mental Health First Aid (MHFA) training is defined as:

> Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis (About, 2018, para. 1).

MHFA "was created in 2001 by Betty Kitchener, a nurse specializing in health education, and Anthony Jorm, a mental health literacy profession. Kitchener and Jorm

run Mental Health First Aid Australia, a national non-profit health promotion charity focused on training and research" (About, 2018, para 4). Requirements to become a MHFA instructor are that an individual must attend a week long training where the entire program is taught over two days, then each section of the training is broken down and further explained over two days, and on the last day every participant teaches a portion of the program to his/her fellow classmates in order to earn certification to become an instructor.

There are different categories of MHFA, such as adult, youth, and public safety versions of the training depending on the needs of the audience. MHFA is taught to all types of groups, but it is geared towards those individuals who may encounter a mentally ill person. The class is intended for the front line people, or those who are in the position of being faced with a situation involving a mentally ill person. Most of the people who attend class do so for their respective employees, but the participants find that much of the information provided during the training can be useful in their personal lives as well. For the purposes of this thesis, the focus is the public safety version of the training, which gears the classroom instruction towards law enforcement, namely the deputies that work in the jail. Each training consists of deputies that work in a Northeast Ohio jail, and the demographics include different races, genders, and ages. Over a four month period in 2018, the MHFA class is offered repeatedly with approximately 10-20 deputies per class, and at least one supervisor, in each of the seven trainings. The final headcount of all deputies who took the training is 104, and one nurse. An email with the lieutenant in the aforementioned jail says that all employees, whether in the jail or patrolling the streets,

are referred to as deputies (Hood, J. personal communication, August 29, 2018). This thesis will focus solely on deputies that work in the jail.

MHFA is an extremely important tool that deputies should have in order to provide a safe working environment for mentally ill inmates, and themselves, and to learn how to properly handle situations that can arise due to the nature of the job. Ford (2015) states that officers cannot be guards anymore and that they now have to be doctors, nurses, and social workers. Hoffman (2017) sums this up perfectly by saying "First responders are devoted to helping and providing support to the public. We must create a space for them to feel just as comfortable helping themselves. Through training in Mental Health First Aid, we can learn to recognize and use appropriate language responding to challenges first responders may be facing" (para. 5).

Recidivism

Throughout the MHFA training, many of the deputies express their frustration that a significant number of mentally ill inmates return to the jail over and over again. The Treatment Advocacy Center (2018) states that "Criminalizing mental illness worsens the health of hundreds of thousands of people and complicates their recovery by creating additional barriers to housing and employment. It burdens law enforcement and correctional systems. In the process, it costs taxpayers countless dollars. Nobody benefits, everybody pays" (para. 6). Giliberti (2015) states that the cost of housing a person with mental illness is three times the cost of housing a person without one.

Recidivism increases costs for many jails because they are continuing to house the same inmates repeatedly. One such newspaper article states "County jails on average

spend two to three times more money in taxpayer dollars on adults with mental illnesses than on the regular inmate population. As county government budgets tighten, that strain hits correctional facilities particularly hard" (*Vindicator Editorial*, 2018, para 7). The Mahoning County Sheriff is quoted in the same article as saying "Truth be told, the downtown jail is more likely the largest mental-health treatment center in the county because about one-third of its inmate population - or 200 of about 600 prisoners - require medications for psychiatric conditions" (*Vindicator Editorial*, 2018, para. 4). This is troublesome financially for all county jails because in the 1976 Supreme Court ruling of *Estelle v. Gamble*, "prisons are constitutionally required to provide adequate medical care to inmates in their custody. As a result, prisoners are the only group of Americans with a constitutional right to health care" (Ford, 2015, para. 21). The actual money amount of housing inmates in the Northeast Ohio jail is not discussed during the training, however, many of the deputies share their annoyance that many inmates return to jail for what they call their three hots and a cot. This further exacerbates the stigma surrounding mental illness and the bias that many deputies feel towards mentally ill inmates.

Deaths of Inmates

However costly it may be to jail a mentally ill person, the inmate is often the one who suffers the most. Former Ohio Supreme Court Justice Evelyn Lundberg Stratton says that when people who are mentally ill get in jail they get worse, and multiple sheriffs say that mentally ill inmates take 90 percent of their jail resources (Reitzel, 2017). This concerns the deputies in the MHFA class, because as previously mentioned, they voice irritation as they encounter the same inmates over and over. One such incident of an

inmate who was a revolving door of incarceration was Lori Carroll, who died in the Muscogee County Jail in Georgia: "In Lori Carroll's final hours, as her psychotic behavior spiraled out of control, no one at the Muscogee County Jail helped relieve her suffering" (Schrade, et.al., 2018, para. 1). Carroll had a history of mental illness and had been in and out of jail multiple times. Although Carroll had been placed on suicide watch, she died from a serious head injury, broken ribs, and a collapsed lung (Schrade, et al., 2018).

Many of the deputies, during the MHFA training, vocalize that it gets frustrating engaging mentally ill inmates and that information on how to assist them is hugely beneficial. This sentiment is felt across all parts of Ohio, as well as the nation. Sheriff Drew Alexander of Summit County in Ohio "put his foot down this week: He announced a new policy, under which violent, mentally ill arrestees must be treated at a hospital or mental health clinic before being referred to the county jail" (Gavett, 2012, para. 1). However, Sheriff Alexander is not the only one reviewing the issues of housing mentally ill inmates. A report out of Los Angeles says that deputies do sometimes use force against mentally ill inmates (Gavett, 2012). However:

> Peter Eliasberg, legal director of the ACLU of Southern California, says that the real problem is a lack of training when it comes to using force. 'You have to be on guard that some of them behave differently and they often do things that if they didn't have mental illness, it would be a real true sign of aggression,' he said. 'But if you're sensitive that this is an inmate with mental illness, you

> realize it's not a deliberate attempt to incite' (Gavett, 2012, para. 10).

For a majority of the deputies in the training they know that mentally ill inmates are not attempting to cause problems in the jail, but that the inmate's illness keeps them from being able to appropriately handle their surroundings.

So, what happens to a mentally ill inmate that is unable to adapt to the jail setting? Unfortunately, many inmates end up in segregation as a way to either protect themselves or those around them. However, this is not always the best solution for an inmate who may suffer from a mental illness:

> Being in segregation or solitary confinement can be particularly problematic for people with mental illness. 'The mentally ill in isolation (usually) simply fall apart. They have no support; they have no sensory stimulus; their hallucinations get worse. And you can just watch them fall apart,' Fred Cohen, a prison mental health consultant, told us for *The New Asylums.* 'They're being punished for their illness' (Gavett, 2012, para.13).

A few of the deputies have been at work when a mentally ill inmate has completed suicide. Suicide prevention is the primary reason the MHFA class is being taught in the jail, for their necessary required trainings, however, as this thesis will discuss, suicide prevention is just one of many facets that MHFA training provides.

Trainings

Trainings, including MHFA, are vital in providing deputies the necessary tools when dealing with mentally ill inmates. In an article written in the *California Report* it states that new deputies are required to complete a weeklong training in crisis intervention and that all staff are required to take a two-day course on how to de-escalate a conflict with mentally ill inmates (*Jail Deputies Sentenced*, 2018). This is required because of the beating death of a mentally ill inmate in a Santa Clara, California, jail in 2015.

California is not the only state to have seen use of force on mentally ill inmates turn deadly. In 2017 in Akron, Ohio, a mentally ill inmate, Anthony Jones, died while being housed in the Summit County Jail. An article in the *Akron Beacon Journal* about inmate Anthony Jones states, "Jones was a diagnosed schizophrenic whose behavior had changed during the three weeks he spent in jail before an altercation that preceded his death. Five of those days, Jones was in 'the hole,' solitary confinement often used to punish inmates who misbehave" (Garrett, 2018b, para. 3-4). However, Jones is not the first mentally ill inmate to die in the jail after a confrontation with deputies: "In August 2006, Mark D. McCullaugh Jr. died after a violent struggle with sheriff's deputies trying to subdue him. McCullaugh had a history of mental illness. The medical examiner puts the cause of death as asphyxiation from blunt force blows and various forms of restraints, including pepper spray and shots from a stun gun" (Garrett, 2018a, para. 16).

The above mentioned article references two deputies who talk about some of the incidents in the jail setting. Summit County Sheriff's Captain Shane Barker, who is

white, and retired deputy Bethanne Scruggs, who is black, state that about 65 percent of inmates are black, yet only 25 percent of staff are black (Garrett, 2018a). This statement, made at the Summit County Jail Operation Advisory Commission, discusses issues raised by the death of Anthony Jones. The focus of the advisory commission was to examine how mentally ill inmates are housed and treated and how deputies are trained (Garrett, 2018a). Deputy Scruggs stated "Training is always good…But all of this starts with the human aspect of treating people the way you want to be treated" (Garrett, 2018a para. 24). Many of the minority deputies in the MHFA training share the same sentiment as deputy Scruggs and minority deputies, particularly gender and race, are shown to have better perceptions and less bias when it comes to mentally ill inmates.

Summary

In a *New York Times* article the author quotes Alejandro Fernandez, a Los Angeles corrections officer, as saying "We, as deputies, we know how to arrest people. We know how to put people in jail. We don't know how to take care of people with mental illness" (Dolnick, 2018, para. 4). It is believed that with MHFA training, those deputies who receive classroom instruction in regards to mental illness can increase their empathy for these inmates; reach out to an inmate who may need assistance; be the voice in reducing stigma for those that are suffering; and gain valuable tools on how to recognize signs and symptoms of a mentally ill inmate who may be in distress. MHFA training may be instrumental in this process. Without proper training, the cost of the revolving door of mentally ill inmates may persist, suffering of mentally ill inmates at the hands of deputies

may continue and suicide may occur more often with mentally ill inmates than those without mental illness.

Indeed, validated by Alisa Roth's book *Insane* she states "...thousands of desperately sick people receiving minimal treatment for their mental health problems, being cared for by people with little training for that aspect of the job, and all this at a great expense - simply because they have been charged with a crime" (2018, p. 58). This thesis will present research that mentally ill inmates have a higher recidivism rate, and complete suicide more often than other inmates. It will also present studies on trainings as crucial for those who work in a custodial setting, such as a prison. This retrospective study tests to see if minority deputies, particularly female, young and old, and those with personal experience of mental illness, have more positive perceptions of the MHFA training, and whether jail staff find the MHFA training to be an important asset.

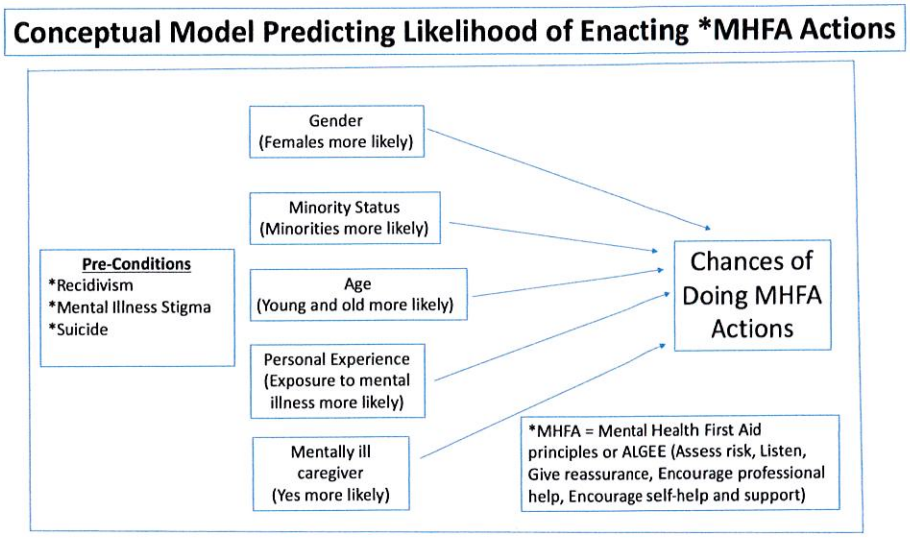
Chapter II

Literature Review

This chapter includes a summary of studies related to the aim of this thesis—to address MHFA training of jail staff. It begins with three major issues framing the context of MHFA training: recidivism or the revolving door among mentally ill inmates, high suicide rates among mentally ill inmates, and mental illness stigma. It then provides an overview of studies on how training effectiveness may be related to certain demographics of criminal justice professionals. Overall, the conceptual model of this thesis (see Figure 1) summarizes the ideas that are brought forth and built upon this review of the prior work as well as personal experience in the criminal justice field by this author. In short, the conceptual model proposes that jail staff who are minorities, female, young, old, and have lived or have personal experience with mental illness are more apt to apply the MHFA training.

Figure 1

Conceptual Model of the Thesis



Recidivism or the Revolving Door Effect

When discussing mentally ill inmates, "A third of the jails described the recidivism rate for these inmates as higher or much higher than that of the general population" (AbuDagga, Wolfe, Carome, Phatdouang, & Torrey, 2016, p. ii). Throughout the MHFA training, the deputies discuss the issue of dealing with the same mentally ill inmates over and over again, sometimes referred to as the revolving door effect. According to Walsh and Holt (1999), people with psychiatric disabilities seem to be more at risk for arrest and re-arrest than others. Many deputies share the frustration they feel when having to deal with inmates that are clearly mentally ill and that they believe the jail is not the appropriate place for them, nor is it their job to treat them. One study shows that "many of these individuals are at risk for recurrence of their symptoms after their release and, therefore, are at higher risk for recidivism" (Lord, Bjerregarrd, Blevins & Whisman, 2011, p. 390). In another study, this one by Klein (2018), he states that jail staff call the revolving door of mentally ill inmates "frequent fliers" (p. 9). Klein (2018) says that the administrators of the jails state that oftentimes the mentally ill are put there because they have nowhere else to go to receive the proper treatment, and many relapse, therefore being rearrested. This revolving door of inmates increases costs for counties dealing with the constant housing of the mentally ill, and increases frustrations the deputies feel towards mentally ill inmates. Thus, in turn, what happens is that criminal offenders become a highly stigmatized group (Moore, Stuewig & Tangney, 2016). This annoyance the deputies feel may lead to a lack of empathy towards mentally ill inmates and an increase in deputies being numb to the situation.

Suicide and Mental Illness Stigma

This perception of numbness that deputies sometimes feel can be a coping strategy in an oftentimes difficult situation, particularly when a mentally ill inmate completes suicide. This is because "Suicide is a leading cause of death in jails across the United States, with well over 400 inmates taking their lives each year" (Hayes, 1999, p. 260). A study in Georgia states:

> One in six deaths attributable to something other than natural causes involved inmates who exhibited signs of mental illness. The deaths were often preventable. Jail staff routinely didn't recognize threats and warning signs until it was too late, ignored or expressed indifference to an inmate's crisis or failed to keep troubled inmates under close observation (Schrade, Peebles & Georgia News Lab Staff, 2018, para. 6).

In another study by Hayes (1997), it states that many sheriffs offer quotes to newspapers following an inmate's suicide and that the sheriffs say that if an inmate wants to kill himself/herself, there is not much anyone can do about it. The primary reason for the MHFA training is to educate deputies about suicide prevention, but in the process, much of the discussion revolves around the stigma attached to mentally ill inmates. In one study it says "people in correctional facilities are labeled as 'criminals' and those in psychiatric hospitals as 'crazy' and they have been viewed as less valuable members of the society" (Pompili, et al., 2009, p. 1155). It is these types of stigma words that are discussed throughout the MHFA class. The deputies learn about key words they should

be listening for when talking with a mentally ill inmate, because a portion of the classroom work involves improving listening skills. According to Daniel (2009), one such doctor, while working with a mentally ill inmate, "described his patient as feeling 'hopeless, helpless and worthless'" (p. 24). These words are described as "less" words and classroom discussion is that these are red flag words, or warning signs, for deputies to listen for regarding an inmate who may be in distress. Segregation for mentally ill inmates is oftentimes not the most suitable plan of action when a mentally ill inmate may be in distress because:

> In determining the most appropriate housing location for a suicidal inmate, correctional officials (with concurrence from medical and/or mental health staff) often tend physically to isolate and sometimes restrain the individual. These responses may be more convenient for staff, but they are detrimental to the inmate because isolation escalates an inmate's sense of alienation and further removes the individual from proper staff supervision (Hayes, 1999, pp. 262-263).

Substance abuse disorders, in conjunction with a mental illness diagnosis, can further exacerbate the issue of suicide. For example, in two studies, the discussion of suicide during alcohol or drug withdrawal is covered. Paris (2008) states "Concomitant alcohol or drug withdrawal greatly increases suicide risk" (p. 220). Therefore, "Inadequately treated acute alcohol or drug withdrawal is at best inhumane and at worst life threatening" (Fiscella, Pless, Meldrum & Fiscella, 2004, p. 134). Discussion of substance use disorders, along with other mental illnesses, and the risk of suicide are

talked about during the MHFA class and deputies are taught how to assess if they believe an inmate is suicidal. In a study by Serres (2016) it reports, "Since 2000, there have been more than 50 suicides and 770 suicide attempts in Minnesota jails-some preventable" (para. 9). Klein (2018) states "… a lack of training, a lack of services, and a lack of funding, has led to high rates of suicide in rural jails" (p. 9). Again, MHFA training can be highly beneficial for deputies in a jail so that they can assess if a mentally ill inmate is suicidal. Among other items, deputies receive education on warning signs, how to talk to a suicidal inmate, and risk factors of suicide during the training.

MHFA Training Need and Demographics

In an article written by Lavalley (2017) it describes the Porter County Jail staff being trained in MHFA and says that the training is a much needed tool for handling people with mental illness. In a study by Stohr, Self and Lovrich (1992) it says that in addition to numerous other facts, lack of access to training was one of the main causes for turnover in a jail setting. In one study by Cook and Lane (2014) they "found gender to be significantly correlated with interest in the human service aspect of the job" (p. 739). Additionally, they "found that women were more supportive than men of the rehabilitative goal of corrections" (Cook & Lane, 2014, pp. 739-740). Concerning deputies and race, a study by Farkas (1999) "observed more favorable attitudes toward inmates and support for rehabilitation on the part of African American officers as compared to Caucasians" (p. 497).

Lack of Prior Literature on MHFA training and Jail Staff

While conducting research about the perceptions deputies in a jail setting have regarding the MHFA training, this author was unable to find any studies about MHFA and deputies who work in a jail. A study regarding the usefulness of MHFA was completed in Australia by Morrissey, Moss, Alexi & Ball (2017) and shows that MHFA significantly improves knowledge regarding mental illness, and in turn, can increase understanding and support for those that are suffering (para. 2). One study, a master of social work clinical research paper, about perceptions of mental health training, conducted by Petracek (2012), a student at St. Catherine University, talks about correctional officers who are trained in Critical Incident Team (CIT) training, as opposed to MHFA training. Petracek states:

> CIT training has shown to be effective in working with inmates with mental illnesses. By further implementing CIT, it is hopeful officers will increase their positive perceptions of inmates with mental illnesses, and officers will be supplied with mental health knowledge and skills to verbal de-escalate situations, which ultimately increases their safety and the safety of inmates (p. 59).

There is a significant difference in the two trainings, as CIT training is conducted over 40 hours and covers considerably more information regarding mental illness than the standard eight hour MHFA class.

The author did find information on the MHFA website, however, the article involves correctional officers working in a prison, which houses inmates for longer

periods of time than a jail. Lieutenant Meyer (2018) writes about his experience with MHFA training while working in a prison in Muncy, Pennsylvania. He states that MHFA has changed the way prisons in Pennsylvania respond to mentally ill inmates and that the training aides in assisting each other with the stress of being a correctional officer. Meyer (2018) says "I wish that every corrections officer could receive Mental Health First Aid training. I believe that our corrections system would be better because of it - the inmates would benefit, the officers would benefit and ultimately the communities would benefit" (para. 8). This reiterates a portion of the MHFA training regarding self care. Persons in law enforcement, to include corrections, experience high levels of stress due to the nature of the job, and MHFA training addresses these issues with the deputies. One such study shows that because of work stress and burnout it impairs deputies skills in recognizing suicide risk among mentally ill inmates (Pompili, et al., 2009).

Perhaps a reason no research about MHFA trainings received by deputies in a jail setting is found, and why some deputies lack the ability to reach out to a mentally ill inmate can be explained through a study by Cook & Lane (2014) stating:

> Because inmate stays at jails are typically shorter than prison stays, officers may feel more able or compelled to keep social distance from inmates. Similarly, because jails are less likely than prisons to have treatment and education programs, officers employed in jails may be less familiar with the rehabilitative component of correctional systems and more comfortable with its custody objectives (p. 751).

Additional research about MHFA training is found, but this particular case study, found on the MHFA website, involves police officers in the Charlotte-Mecklenburg Police Department (CMPD). It states "Almost all CMPD officers have taken Mental Health First Aid training, which is now offered to every incoming officer during their time at the police academy" (Mark, 2018, para. 5). MHFA training is a valuable program for all those who work on the front line regardless of which part of law enforcement, or other occupation, they may be employed.

Summary

The above information provides the reader with studies regarding mentally ill inmates and the revolving door effect, suicide, and the need for trainings. However, the available research is geared towards correctional officers and CIT training; or correctional officers and police officers and MHFA training and is not aimed at deputies in a jail setting receiving MHFA training. Therefore, this retrospective study is intended to provide some research on the perceptions deputies in a jail setting have for the MHFA training.

Chapter III

Methodology

In order to address the two main research questions that this thesis poses, existing questionnaire data were analyzed. These research questions include: are deputies likely to enact MHFA training recommendations?; how does minority status, age, and personal experience with mental illness impact the likelihood of enacting MHFA training recommendations? This chapter describes the design, sample, instrument, variables, analytic plan, and hypothesis of this thesis relative to answering these research questions.

Design

The design used for the data collection for this thesis is a retrospective study using content analysis of questionnaire data gathered on MHFA training. The self-administered written questionnaires were completed at the end of the MHFA training. The questionnaire was created by MHFA and is used in conjunction with the training. The instructor of this MHFA training is the author of this thesis and is certified by MHFA to teach the class. The questionnaires were anonymous and turned in before the deputies received their certificate of completion.

Sample

The sample used in this thesis was comprised of 104 deputies and one nurse in a Northeast Ohio jail. Staff at this facility took part in seven MHFA training classes held over a four month period in 2018. Each class typically ran for eight hours and consisted of instruction, group work, and a test that each deputy was required to pass to be certified as a mental health first aider. All respondents were required to take the MHFA training.

The deputies did not sign up voluntarily for the training. They were "voluntold" meaning that their supervisors made them take the course though they could not be formally sanctioned for not participating. The particular MHFA training classes began with a story of a correctional officer killed in a Pennsylvania prison by an inmate who was upset that the officer made him take down a towel he had hanging from his bunk (Scolforo, 2018). This story was shared with the deputies because they are "voluntold" to be in the MHFA training, and none of them actually agreed without informal coercion to take the class. It was a way to catch the respondents' attention early in order to show the importance of being able to recognize signs that an inmate may be in distress, not only for the inmate, but for the safety of the deputies. This is important because deputies, as well as other facets of law enforcement, are in high stress occupations and need to be aware of their own needs, and look for signs of distress for themselves and for their co-workers.

Instrument

The instrument used includes a number of items though the specific questions for this thesis are specified in Appendix A. For the purposes of this thesis, respondents were to address solely how likely they were to enact the principles included in MHFA and how certain factors influence the likelihood that they will enact MHFA tenets. Overall, the respondents took about 10-15 minutes to complete the questionnaire. The responses to these questions are based off the Likert scale: 1=Strongly Disagree 2=Disagree 3=Uncertain 4=Agree 5=Strongly Agree. The nine questions are based off of a five-step

action plan referred to as ALGEE specified below geared to supporting someone developing signs and symptoms of a mental illness:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies (Swarbrick & Brown, 2013, p. 13).

At the end of each of the eight hour MHFA trainings, the deputies were required to fill out the anonymous questionnaire about how they feel the training better equipped them to appropriately utilize the action plan. The questionnaire also asks the deputies their gender, race, age, and if they identify as a person with lived experience, or someone who supports a family member with mental illness (see Appendix A).

Dependent Variables

The dependent variable in this thesis is made up of nine questions asking the deputies that as a result of the MHFA training, how they feel in terms of their likelihood that they can follow the action plan (see Appendix A). Because the respondents answered these items similarly, the nine questions were treated as a single outcome measure with an overall arithmetic average value.

Independent Variables

There are five independent variables in this thesis: 1) the respondents' gender, 2) race, 3) age, 4) identifying as a person in long-term recovery, and 5) supporting a family

member with a mental illness (see Appendix A). All five were put into variables with only two categories. Below is a description of these categories.

Coding Scheme for the Independent Variables

The anonymous questionnaires collected at the end of each class were put onto a spreadsheet based on the nine questions and the five demographics. An arithmetic average was found for each of the nine questions based off of the Likert scale. The coding for each variable created the following five dichotomous items: 1=women and 0=men for gender; race, 1=minorities (Blacks, Hispanics and other) and 0=non-minorities for race; 1=younger (18-24 years old)/older (45-60 years old) and 0=other (25-44 years old) for age; 1= yes and 0=no for identification as respondent in recovery; and 1=yes and 0= no for respondent supports a mentally ill family member.

Analytic Plan

The statistical analysis of this thesis includes two steps. In the first step, summary descriptive statistics (counts, percentages, means, medians, ranges and standard deviations) are used to provide a profile of the sample used. In the second step, two-sample hypothesis testing (t-test) is used to test the hypotheses that are mentioned below. Given the relatively small sample size, the cutoff for significance (i.e. alpha value) is $p<.10$. The t-test function in Google Sheets is used to determine statistical significance.

Hypotheses

The five hypotheses of this thesis are described next. First, women are more apt to apply the MHFA action plan than males. As mentioned in the literature review, in the

study by Cook and Lane (2014), it found women to be more rehabilitative towards inmates than men (pp. 739-740). Second, minorities, Black, Hispanic and other races, are also more likely to apply the action plan than Caucasians. This is supported in the study by Farkas (1999) who observed more supportive attitudes toward inmates on the part of Black officers as compared to Caucasian officers (p. 497). Third, those who fall in the category of the very young (18-24 years) and older (45-60 years) are inclined to apply the ALGEE action plan more so than 25-44 year olds. Fourth, those who identify with lived experience or as a person in recovery are more likely to apply the action plan than those who do not. Lastly, those who support a mentally ill family member are inclined to enact the MHFA action plan and use it in their employment more than those who do not support a family member who suffers from mental illness.

Summary

The above mentioned methods were used to collect and analyze the data regarding the five hypotheses mentioned that involve the perceptions deputies have toward the MHFA training and its ALGEE action plan. The following chapter will present the results relative to these five hypotheses.

Chapter IV

Results

This chapter begins with a presentation of a profile of the sample used to test the five hypotheses specified in the prior chapter. It then shows the findings relative to each of these hypotheses. Among other things, the next chapter will provide interpretation of these findings.

Table 1 gives the reader an overview of who the respondents are to the questionnaire given regarding the MHFA training they underwent. In doing so, Table 1 presents the items that serve as the basis of the hypotheses for this thesis. There were 105 jail staff who completed the survey. The demographic items were on the last section of the self-administered written questionnaire and roughly 20% of the sample skipped those items. Among those who completed the demographics section, one in five were female. Furthermore, nearly two of ten (18%) of the jail staff identified themselves as either Black, Hispanic, or of some other race. In terms of age, more than one third (37%) of the jail staff were either young (18-24 years old) or older (45-60 years old). In terms of personal experience with mental illness, about one in five (27%) of the jail staff reported as identifying as a person with lived experience of a mental illness or as a person in long-term recovery. Lastly, one in four (25%) of the jail staff report supporting a family member with mental illness or addiction.

Table 1.

Profile of Northeast Ohio Jail Staff Who Responded to the MHFA Training Survey, N=105 (the number in parentheses are for those who responded to the particular item)

Demographic	Number	Percentage
Gender (n=85):		
1 (female)	17	20%
0 (male)	68	80%
Race (n=79):		
1 (minorities)	14	18%
0 (non-minorities)	65	82%
Age (n=84):		
1 (18-24/45-60)	31	37%
0 (25-44)	53	63%
Identify (n=72):		
1 (lived experience)	15	21%
0 (no lived experience)	57	79%
Support (n=72):		
1 (support mental health family)	18	25%
0 (no support mental health family)	54	75%

Table 2.

Practical Application of the MHFA action plan (ALGEE)

Questions	Number	*Mean	Standard Deviation
Recognize signs	105	4.6	0.5
Reach out	105	4.5	0.6
Ask about suicide	105	4.6	0.6
Actively listen	105	4.6	0.6
Offer "first aid" information	105	4.6	0.6
Assist with professional help	105	4.6	0.6
Assist with community help	105	4.6	0.6
Be aware of own feelings	105	4.6	0.6
Recognize stigma	105	4.6	0.6

*Arithmetic averages are based on the Likert scale of 1-5: 1=Strongly Disagree 2=Disagree 3=Uncertain 4=Agree 5=Strongly Agree

Overall, the results in Table 2 show that the respondents answered very similarly in that they felt that as a result of the training that they were highly likely to apply the ALGEE action plan taught during the MHFA training. The lowest item was the question

about reaching out to someone who may be dealing with a mental health problem, substance use challenge or crisis, but again its mean, 4.5, was just below 4.6 for all the other eight items. The standard deviation values show tremendous similarity in how the sample responded to each of the nine items. The smallest variation was for the items about recognizing the signs that someone may be dealing with a mental health problem, substance use challenge or crisis. In other words, the sample was most alike in their thinking about that item.

Table 3 provides all of the results regarding the five hypotheses. Again, because of the small sample size of less than 100, an alpha value of $p < .10$ was used to determine statistical significance with respect to the independent two-sample t-test calculations. Two of the five hypotheses were supported whereas three failed to receive statistical support. Each hypotheses is presented on the next page.

Table 3.

Independent t-test Results Regarding the Five Hypotheses (Means for MHFA inaction)

Demographic	Mean	Standard Deviation	p-value
Gender:			
1 (female)	4.8	0.4	<.01
0 (male)	4.6	0.6	
Race:			
1 (minorities)	4.7	0.5	.17
0 (non-minorities)	4.6	0.6	
Age:			
1 (18-24/45-60)	4.7	0.5	.45
0 (25-44)	4.6	0.6	
Identify:			
1 (lived experience)	4.6	0.6	.59
0 (no lived experience)	4.6	0.6	
Support			
1 (support family)	4.7	0.5	.06
0 (no support family)	4.6	0.6	

Regarding the first hypothesis, as anticipated female jail staff responded that they are more likely to enact the MHFA training principles than the male jail staff (4.8 vs 4.6). With respect to hypothesis two, although the mean for MHFA training inaction was higher for minority jail staff, the corresponding p-value was above the threshold of .10 therefore the difference with non-minority jail staff was not statistically significant. The third and fourth hypotheses were similar to the second hypothesis in that there were no

statistically significant differences in the expected direction. Specifically, young and older jail staff were as likely to say that they would enact the tenets of the MHFA training as middle-aged jail staff. Additionally, those jail staff who have personal lived experience with mental illness or addiction were no different than those who did not have personal lived experience with mental illness or addiction in terms of their likelihood of putting the MHA training ideas into practice The fifth hypothesis that posed that those jail staff who support family members with mental illness would be more likely to say that they would adhere to the MHFA training than those who do not support family members with mental illness was supported.

Summary

Overall, the results show only partial statistically significant support (two out of the five) for the five hypotheses tested. In the next chapter, the limitations and recommendations of this thesis are presented as well as greater insight on interpreting these results.

Chapter V

Conclusion

This chapter will summarize the major findings of this retrospective study of the perceptions deputies in a jail setting have towards the MHFA training. It will show limitations of the study, and how, if this research were to be done again, some of the things that could have been approached differently. It will make recommendations for future research and finally, highlight why this thesis is beneficial.

Findings

The vast majority of the respondents in the Northeast Ohio jail were found to fall in between agree and strongly agree in that they are more confident that they will apply the MHFA action plan as a result of the training. The only slight discrepancy was found with the question regarding reaching out to someone who may be dealing with a mental health, or substance use, crisis. This could relate back to the stigma surrounding mental illness and the challenges of assisting the same mentally ill inmates over and over again due to high rates of recidivism of the mentally ill.

The data showed that the hypotheses that all minority deputies in each of the five demographics would be more apt to apply the MHFA action plan was not supported. While I supposed there to be differences in all five of the demographics, there was only a statistical disparity found with gender and those who support a family member with a mental illness (see Table 3). The issue regarding gender can be related back to the previously mentioned study by Cook and Lane (2014) which found gender to be more correlated with interests in the human service features of the job. The female deputies in

the training were more engaged in discussion and group work. The female deputies asked more questions during the MHFA class, and stayed after class to have more detailed discussions regarding the MHFA ALGEE action plan. So the fact that they are found to be more apt to apply the action plan is not astounding. Concerning those who support a loved one with mental illness, no research was found to support the statistical disparity.

Limitations and Recommendations

There are at least five limitations with this thesis. The first one was that the respondents were "voluntold" to take the training. This perpetuates a lack of interest in the training because the respondents were not there of their own volition. In addition, the class was taught on the deputies' day off, so that caused some of them to disengage in the class. If this training were to be taught again, not having the respondents "voluntold" to attend would be a factor that could be implemented. Being "voluntold" could be a possibility in why the nine dependent variables, or ALGEE action plan questions, were answered so similarly. If the respondents were just answering the questions to be done with the class, this could be an explanation of those results.

Secondly, although the makeup of the class is comprised of who is employed in the jail, the trainings were not diverse in regard to the number of minorities. Having each class be more diverse in the number of minority and non-minority respondents would change the dynamics of the class. This could have resulted in better conversations during the class, because the minority deputies were more engaged. Unfortunately, the class

makeup was comprised of who signed up for that particular class which is outside the ability of the instructor to control.

However, the third limitation of content is that the MHFA class could have been better geared towards what the respondents are really wanting to learn if each class had respondents that were more engaged. The basis of this content analysis of the questionnaire is limiting. It only asks the respondents if they feel more confident that they will be apt to applying the action plan from the MHFA training and does not ask how they plan to relate it to their work. A more in depth questionnaire could be helpful in understanding if the training is being appreciated and how the respondents plan to use it in their respective employment.

Fourth, a small percentage of the respondents did not complete the demographic section of the questionnaire, and therefore, this did not give a complete analysis of the data. Because the questionnaire is anonymous, unfortunately, there is little that can be done to remedy this downfall except give better instructions guiding the respondents to complete it.

Lastly, a pre-test given prior to the training would have allowed a better understanding of the perceptions about mental illness the respondents had beforehand. Although the instructor is required to follow the layout of the training, this could have allowed her to discuss with the class some of their concerns when working with mentally ill inmates. A post-test given after a few months would be beneficial to see if the respondents are still familiar with the ALGEE action plan and if they found the training to be worthwhile and useful in their duties at the jail. This could assist the instructor in

understanding what aspects of the training are being recognized by the respondents, and what needs to be clarified in future trainings. Additionally, doing research after the fact could provide information if potential suicides have been diverted, or safety in the jail regarding mentally ill inmates and staff has improved.

Benefits

There was prior research found about deputies and CIT, and correctional/police officers and MHFA, but no prior research was found concerning perceptions deputies who work in a jail have towards MHFA and its ALGEE action plan. Therefore, more research needs to be conducted of deputies in jails across the country to see if the MHFA training is helpful. As mentioned earlier, with respect to a post-test, it may be useful to ascertain whether or not the respondents are actually applying the action plan in their everyday job. Observing the respondents while at work, or interviewing mentally ill inmates, could be beneficial to discern if the MHFA ALGEE action plan is being utilized, as well as, if it is creating a better work environment.

Summary

MHFA training for staff in the Northeast Ohio jail has been found to be overwhelmingly positive. As a result of the training, the respondents more than agree that they feel confident they will apply the action plan. Reducing the stigma attached to mental illness, recognizing signs and symptoms of a possibly suicidal inmate, reaching out to an inmate who may be in distress and being aware of one's own feelings about mental illness are tremendously beneficial. Deinstitutionalization that has created a mass influx of mentally ill people into our criminal justice system only supports the further

need for trainings in any type of criminal justice position, particularly corrections. MHFA has demonstrated that it is a valuable tool in the process of destigmatizing mental illness, assisting those who are suffering with mental illness, providing a more empathetic approach to mentally ill inmates and being aware of one's own views about mental illness. This, in turn, creates a higher standard and a safer working atmosphere. As a result, MHFA training is something that jail facilities should deeply consider.

Appendix A

Adult Mental Health First Aid Participant Evaluation

ADULT MENTAL HEALTH FIRST AID PARTICIPANT EVALUATION

MENTAL HEALTH FIRST AID® USA

Location of the course: _____ Dates of the course: _____

Instructor(s): _____

I. Overall Course Evaluation

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1.	Course goals were clearly communicated.	1	2	3	4	5
2.	Course goals and objectives were achieved.	1	2	3	4	5
3.	Course content was practical and easy to understand.	1	2	3	4	5
4.	There was adequate opportunity to practice the skills learned.	1	2	3	4	5

I received an official, soft cover-bound Mental Health First Aid USA manual to take home with me. Yes ___ No ___

If No, please explain (i.e. "I received a paper copy of the manual," "I returned my manual to my instructor after class," etc.):

II. A. Presenter Evaluation: Instructor #1 Name: _____

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5.	The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6.	The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7.	The instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8.	Feedback for this instructor.					

III. B. Presenter Evaluation: Instructor #2 Name: _____

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9.	The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10.	The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11.	The instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12.	Feedback for this instructor.					

IV. Practical Application

	As a result of this training, I feel more confident that I can...	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that someone may be dealing with a mental health problem, substance use challenge or crisis.	1	2	3	4	5
14.	Reach out to someone who may be dealing with a mental health problem, substance use challenge or crisis.	1	2	3	4	5
15.	Ask a person whether they're considering killing themselves.	1	2	3	4	5
16.	Actively and compassionately listen to someone in distress.	1	2	3	4	5
17.	Offer a distressed person basic "first aid" level information and reassurance about mental health and substance use challenges.	1	2	3	4	5
18.	Assist a person who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.	1	2	3	4	5
19.	Assist a person who may be dealing with a mental health problem, substance use challenge or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems, substance use challenges and disorders.	1	2	3	4	5
21.	Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.	1	2	3	4	5

What is your overall response to this course? (Please check all that apply)

- ☐ This course was helpful and informative
- ☐ This course has better prepared me for the work that I do professionally
- ☐ This course did not have a sufficient amount of activities and information to prepare me to be a first aider
- ☐ I did not feel that I benefited from this course
- ☐ Other
- ☐ I choose not to respond

What do you consider to be the strengths of the course? (Please check all that apply)

- ☐ ALGEE and the hands-on practice in class
- ☐ The instructor's presentation style and engagement
- ☐ The length of the course
- ☐ Other
- ☐ I choose not to respond

What do you consider to be the weaknesses of the course? (Please check all that apply)

- ☐ The course was too short and I need more time to practice what I learned
- ☐ The course was too long
- ☐ There were not enough hands-on exercises
- ☐ Other
- ☐ I choose not to respond

Was there any issue or topic you expected this course to cover that it did not address?

Would you recommend this course to others? Yes ___ No ___

If no, **why not?**

Any other comments?

26.	**Why did you attend this course?** (circle all that apply)		
a.	My employer asked / assigned me	d.	Other professional development (specify profession)
b.	Personal interest	e.	Community or volunteer interest (please specify)
c.	Other:		

27.	**How did you hear about this course?** (circle all that apply)		
a.	My employer asked / assigned me	f.	Newsletter or bulletin (Which one?)
b.	Word of mouth, not employer (Who?)	g.	Radio (Which station?)
c.	Website (Which one?)	h.	Newspaper (Which paper?)
d.	Email notice (From whom?)	i.	TV (Which station?)
e.	Flier or brochure (Obtained where?)	j.	Other:

In what role do you see your Mental Health First Aid training being of use? (Check all that apply)

- ☐ At work (please describe your work position): _____
- ☐ As a parent / guardian
- ☐ As a family member
- ☐ As a peer / friend
- ☐ As a volunteer / mentor
- ☐ Other (please describe): _____

What is your gender?

- ☐ Male
- ☐ Female
- ☐ I identify as neither male nor female.

How do you describe your race / ethnicity? (Please circle all that apply)			
a.	American Indian or Alaskan Native	e.	Native Hawaiian or other Pacific Islander
b.	Asian	f.	Caucasian / White
c.	Black or African American	g.	I choose not to respond
d.	Hispanic or Latino origin	h.	Other:

What is your age?

- ☐ 18-24 years
- ☐ 25-44 years
- ☐ 45-60 years
- ☐ 61-80 years
- ☐ 81 years or older

I identify as a person with lived experience or a person in long-term recovery.

- ☐ Yes
- ☐ No

I support a family member with serious mental illness.

- ☐ Yes
- ☐ No

Appendix B

List of Abbreviations

List of Abbreviations

ALGEE: Assess for risk of suicide or harm; Listen nonjudgementally; Give reassurance and information; Encourage appropriate professional help; Encourage self-help and other support strategies

CIT: Crisis Intervention Team

CMPD: Charlotte-Mecklenburg Police Department

DSM: Diagnostic and Statistical Annual of Mental Disorders

MHFA: Mental Health First Aid

NAMI: National Alliance on Mental Illness

Appendix C

Letter of Permission

Mahoning County
Mental Health & Recovery Board

Duane J. Piccirilli, LPCC-S
Executive Director

Duane Piccirilli, Executive Director
Mahoning County Mental Health & Recovery Board
222 W. Federal Street, Suite 201
Youngstown, Ohio 44503

To Whom It May Concern:

Please accept this letter as permission to allow Aimee Schweers to use the already completed anonymous questionnaires on impressions of Mental Health First Aid training from deputies for her thesis work at Youngstown State University. These surveys have no identifying information on them that anyone could use to trace back to the respondents.

Thank you,

Duane Piccirilli, LPCC-S

"Help for Today...Hope for the Future"
222 W. Federal St, Suite 201 • Youngstown, Ohio 44503 • 330.746.2959 • Fax 330.746.1050

Appendix D

CITI Program Certificates

CITI PROGRAM

Completion Date 06-Oct-2018
Expiration Date 05-Oct-2021
Record ID 28981796

This is to certify that:

Aimee Schweers

Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher (Curriculum Group)
Social & Behavioral Research - Basic/Refresher (Course Learner Group)
1 - Basic Course (Stage)

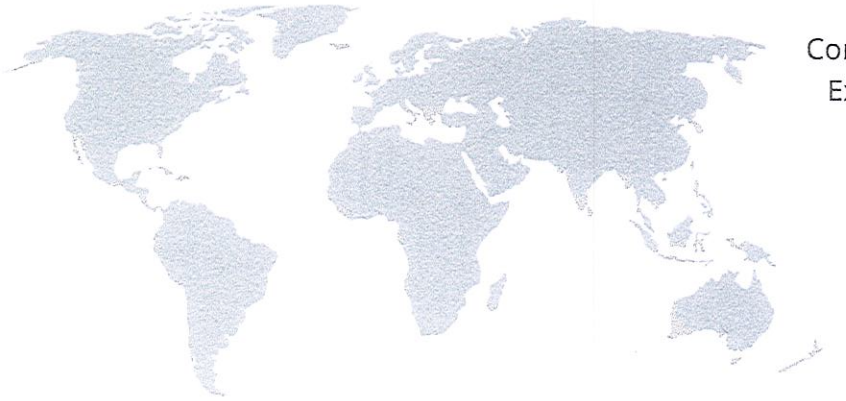
Under requirements set by:

Youngstown State University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w7b1a2d25-00e9-40a5-8cd8-0f6fe84ac4fa-28981796

CITI PROGRAM



Completion Date 06-Oct-2018
Expiration Date N/A
Record ID 28981797

This is to certify that:

Aimee Schweers

Has completed the following CITI Program course:

Social and Behavioral Responsible Conduct of Research (Curriculum Group)
Social and Behavioral Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Youngstown State University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wc388e68f-3e14-4a5f-9d5b-97631b5cd633-28981797

Appendix E

IRB letter

From: Karen H Larwin
Sent: Monday, December 3, 2018 11:34 PM
To: John M Hazy
Cc: Cheryl K Coy
Subject: 094-18(ltr)

Dear investigator.

Your protocol entitled Perceptions of Mental Health First Aid Training Deputies Received in a Jail Setting has been reviewed and it is deemed to meet the criteria of an exempt protocol, category 4. You are using data from 2008 that contains no identifying information.

The research project meets the exempt definition of 45 CFR 46.101(b)(2) and is therefore approved. You may begin the investigation immediately. Please note that it is the responsibility of the principal investigator to report immediately to the YSU IRB any deviations from the protocol and/or any adverse events that occur.
Please reference your protocol number 094-19 in all correspondence about the research associated with this protocol.

Good luck on your project.
Karen

Sent from my iPhone 6

Karen H. Larwin, Ph.D.
Associate Professor and YSU IRB Chair
Counseling, School Psychology, & Educational Leadership
Beeghly College of Education
Youngstown State University
One University Plaza
Youngstown, Ohio 44555-0001

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