

## ABSTRACT

Title of Thesis:

THE RELATIONSHIP BETWEEN PUBLIC SAFETY POLICY COMPONENTS IN A MENTAL HEALTH CRISIS AND STUDENTS' LIKELIHOOD TO SEEK HELP

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Currently, college students experience rates of mental health symptomology at nearly twice the rate of the general population, yet research shows they are not engaging in mental health crisis support within higher institutions (Gallagher 2014; Schriver 2021; Son et al. 2020). Individuals who experience symptoms of mental illness are more likely to experience negative interactions with law enforcement (Jones and Thomas 2019; Saleh et al. 2018; Schulenburg 2016; Watson and Angell 2013). These experiences could lead to negative perceptions of police fairness, which can affect willingness to call police and satisfaction with public safety response to mental health crises (Watson and Angell 2013). Crisis response policies such as CIT and co-response could buffer negative experiences with police, yet there is a gap in research examining how these changes in policies on a university campus affect student-related outcomes (Blais and Brisebois 2021; Lamanna et al. 2018; Watson and Fulambarker 2012). The purpose of this research is to examine the relationship between mental health crisis response policy components,

perceptions of police, and students' likelihood to seek help in a mental health crisis. A survey was conducted of students at the University of Maryland to gather their perceptions on various components of a mental health crisis response and how it may impact their willingness to seek help. The research found that students on average reported higher ratings of willingness to seek help when the crisis response consisted of a lack of restraints and a mental health professional responding in tandem with law enforcement. Furthermore, it found that police fairness was positively related to the likelihood to seek help within various components of police response types. This research has implications for future changes in how crisis response policies could implement components that increase student engagement in support of themselves or their peers in crisis.

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by

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## Chapter 1: Introduction

Around 22.8 percent of adults in the United States experienced mental illness in 2021. In the general population, individuals who show signs of mental illness face unfair and disproportionately negative interactions with police (Lamanna et al. 2018; Lanionu and Goff 2021; Schulenburg 2016; Watson & Angell, 2013). Furthermore, within this population, perceived fairness is important in interactions between police, crisis response systems, and the individuals who experience mental health crises who engage with the response (Lamanna et al. 2018; Watson & Angell, 2013). A mental health crisis can consist of suicidal ideation, active psychosis, extreme panic, and generally high levels of distress that an individual cannot reduce (Roennfeldt et al., 2021). A large portion of this population is vulnerable to unfair treatment by the police (Rossler and Terrill 2017). This is important given that perceptions of police fairness are more impactful than the outcomes of legal system interaction. Procedural Justice Theory developed by Tyler (2005) states that fairness of police procedures towards individuals experiencing a mental health crisis has a larger influence than the outcomes of the response.

There has been a recent movement to integrate mental health professionals into mental health crisis responses through the utilization of a co-response model. A co-response model integrates police and mental health professionals into public safety response for mental health crises within communities (Puntis et al. 2018). This has been utilized to decrease the disproportionality of negative responses to individuals experiencing symptoms of mental health crisis response in general, urban communities (Balfour et al. 2022; Blais and Brisebois 2021; Lamanna et al. 2018). Crisis Intervention Training (CIT) and co-response programs have both found favorable improvements in perceived procedural fairness for individuals experiencing mental health crises (Morabito & Savage, 2021; Watson & Angell, 2007).

For university student populations, students who perceive their university police and policing procedures as fair are more likely to cooperate and reach out to emergency services for negative or distressing events (Aiello and Lawton 2018; Gau 2011; Johnson 2017). The prevalence of mental illness is more concentrated within the college aged population. Lipson and colleagues (2022) found that sixty percent of college students satisfied the criteria for one or more mental illnesses. Despite having over double the proportional experience of mental illness as general United States adult population, there is a lack of research surrounding police interactions with students experiencing symptoms of mental illness.

As many college campuses move to shift their public safety response to mental health crises from sole police response to the utilization of a co-response consisting of a mental health professional and police officer, there continues to be a lack of research evaluating the effectiveness of various mental health safety policies on college and university campuses. In addition to a lack of research on college campus mental health response, there is little research examining the components or reasoning behind why college students do not engage with mental health or emergency services before suicide.

This thesis aims to address that gap by researching the influence of the dynamic components of a campus mental health emergency response and perceptions of police on their comfort level to reach out to mental health or emergency services if involved in a hypothetical mental health crisis. This research examines the perspectives held by university students on public safety response policy components and the impacts of perceived procedural justice on their willingness to seek emergency support for the suicidality of themselves or their friends at the University of Maryland (UMD). Although this current research focuses on the University of Maryland student population, it hopes to similarly reflect the dynamics between mental health

crisis policies, perspectives on policing, and students' willingness to seek help in a mental health crisis across other United States public institutions for higher learning.

## Chapter 2: Literature Review

### PERSONS WITH MENTAL HEALTH SYMPTOMATOLOGY AND LAW ENFORCEMENT

Interactions with police and law enforcement can act as the gateway to mental health treatment for individuals experiencing mental health symptomatology (Kane, Evans, and Shokraneh 2018; Livingston 2016; Watson & Angell 2013). Often it is the role of the police to respond to mental health crises in varying capacities (Marcus and Stergiopoulos 2022). As many police officers can hold negative preconceived notions about individuals with mental illness, this can lead to negative encounters with police (Watson and Angell 2013). Furthermore, individuals with mental illness are likely to experience increased use of force by police (Rossler and Terrill 2017). These negative interactions between individuals experiencing symptoms of a mental health crisis and law enforcement can discourage future help seeking for mental health crises (de Tribolet-Hardy et al., 2015).

#### *Reported Experiences with Police Mental Health Response*

One out of every ten individuals diagnosed with a mental illness connects to further mental health treatment through their interactions with police (Livingston, 2016). This could largely occur as police are the first responders in the majority of calls for individuals in crisis, they have a large amount of control over what happens to those individuals such as if or how they transport the individual to emergency medical or mental health treatment. Koziarski and colleagues' (2022) research found that around ten percent of all police calls involve mental health related situations. This shows that police often interact with individuals experiencing mental health crises despite the risk of their interactions. Calls to law enforcement can often be mislabeled through the dispatch process, leading to improper or ill-prepared responses by police (Livingston 2016; Mitchell, Wire, and Balog 2022).

Police actions during mental health crisis interactions and the perceptions formed from such actions affect cooperation from the individual within a mental health crisis and their willingness to reach out again (Jones and Thomas 2019; Watson and Angell, 2013). Research conducted by Watson and Angell (2013) found that if community members feel they are recipients of police officers acting from mental health stigma, then they are less likely to cooperate with the police. A concern of many of the individuals is that they felt coerced through the interaction, and did not feel like they had control of the situation (Livingston et al. 2014; Sugiura et al. 2020). Many individuals with mental illnesses who have interacted with police hold negative views due to previous interactions between themselves and police or their loved ones and police (Jones and Thomas 2019; Livingston et al. 2014; Watson et al. 2008). It is possible that these general population responses to personal experiences interacting with police during a mental health crisis experienced by themselves or loved ones could reflect similar trends within a university student population. Students' prior experience with police and police fairness about a response to a mental health crisis could affect their willingness to engage in that same process to seek help during future mental health crises.

Many individuals experiencing signs of mental illness felt that their interactions with the police were criminalized due to the use of handcuffs during transport procedures (Krameddine and Silverstone 2016; Lamanna et al. 2018). Increased escalation of force through restraints, forced transportation, and possibly arrest by police leads to more negative perceptions of interactions with police (Watson et al. 2008). The research stated characteristics of the response by police such as the utilization of restraints and marked police vehicles made them feel like they did something wrong (Lamanna et al. 2018). These individuals feared how they were being perceived by their neighbors who witnessed them getting escorted out of their house in handcuffs

during their mental health crisis (Lamanna et al. 2018). This research reflects similar opinions by college students at the University of Maryland who have experienced a mental health crisis response that includes the use of handcuffs combined with police transport during a mental health crisis response (Roberts and Hunt 2020). Students who have experienced this response echo previous research findings by Lamanna and colleagues (2018) and Watson and colleagues (2008), in that they reported feeling publicly embarrassed by the procedure and demanded reform to mental health response on campus (Roberts and Hunt 2020).

#### *Vulnerability of Individuals with Mental Health Symptoms for Negative Police Interactions*

Persons who experience mental illness are more vulnerable to negative interactions with police (Rossler and Terrill 2017). Stigma held by police can make the treatment of mentally ill individuals worse. Officers were more likely to react negatively to a call concerning mental health when they viewed individuals with mental illnesses in an unfavorable light and described them as being irritable, moody, or attention-seeking (Schulenburg 2016). Many law enforcement officers view individuals with mental illness through a negative perspective, labeling them as violent or unpredictable (Watson and Angell 2013). Schulenburg's (2016) research further shows if an officer knows that an individual is mentally ill, they are more likely to initialize steps towards containment of the individual. Furthermore, in his research conducted within the policing decision-making towards individuals who demonstrate signs of a mental illness, the odds of citations or arrests are increased (Schulenburg 2016). This research looked at the nature of police interactions with citizens without the presence of a mental health professional and saw that police often flagged behaviors or characteristics within an episode involving a mental illness as uncooperative and unfavorable, and thus were more likely to want to forcibly remove them from the area.

Individuals experiencing a mental health crisis are disproportionately more likely to be subject to aggressive law enforcement tactics. Research on police use of force and mental illness conducted by Rossler and Terrill (2017) showed that individuals who demonstrate symptoms of a mental illness are more likely to be victims of increased use of force conducted by law enforcement in comparison to those without signs of mental illness. Research by Lanionu and Goff (2021) on the use of force with individuals who show signs of a serious mental illness shows that not only do police show an increased use of force against these individuals, but individuals who show signs of a mental illness are also more likely to experience an injury resulting from an interaction with the police. In summary, research on police use of force and mental illness showed that individuals who demonstrate symptoms of a mental illness are more likely to be victims of increased use of fatal and non-fatal force conducted by law enforcement in comparison to those without signs of mental illness (de Tribolet-Hardy et al., 2015; Lanionu and Goff 2021; Rossler and Terrill 2017; Saleh et al. 2018). The increased potential for negative lived experiences could decrease their willingness to seek out life-saving assistance from emergency services during a mental health crisis.

#### THEORETICAL BACKGROUND: PROCEDURAL JUSTICE THEORY

Procedural Justice, according to theory, encompasses the perceived fairness in processes and decision making of law enforcement personnel and other legal professionals within the criminal justice system (Lind and Tyler 1988; Thibaut and Walker 1975). This fairness is demonstrated through respect and the ability to be given fair treatment given the incident at hand. Tyler further delineates procedural justice, emphasizing the importance of individuals' perceptions of legitimacy in police actions and the impact of it on cooperation with police. Perceived police fairness is a crucial aspect of procedural justice, and affects collaboration with

individuals in mental health crises (Jones and Thomas 2019; Watson et al. 2008). Research by Watson and Angell (2013) expands on this to focus on the impact of perceived fairness in interactions between individuals with mental illness and police. Ultimately, individuals' perceptions of fairness and procedural justice can impact their willingness to engage with law enforcement and seek emergency services during a mental health crisis.

### *Procedural Justice*

As cited in work by Vidmar (1990), procedural justice according to Thibaut and Walker (1975) refers to fairness within the means and process of the overall decision-making by various stakeholders (e.g., attorneys, judges, police) within the criminal justice system. Lind and Tyler (1988), who cited the work of Thibaut and Walker (1975) in their coverage of early research in procedural justice, explained that procedural justice can gather people's favor for the criminal justice stakeholder or system that is seen as procedurally just, as they individuals who interacted with the stakeholder or system felt respected and allowed a respectable say within the process of their interaction. Thibaut and Walker (1975) further demonstrate that the perceived fairness of law enforcement's decision influences the viewpoint of the individual subjected to the system more than a potentially poor outcome for the individual from the decision. Harkin (2015) then delineates procedural justice within the interaction process between individuals and the criminal justice system as including expressed consent, justifiability of power, and legality of action.

Furthermore, Tyler (2005) describes procedural justice as consisting of both individuals' perceptions of legitimacy towards the actions of police officers within their interactions and the effect of the legal system on the cooperation of individuals. He further explains that the situation/environment of the interaction and the morals of both the receiving individuals and criminal justice stakeholders impact the individual who is interacting with the criminal justice



system's likelihood to cooperate and view the encounter in a positive light. Furthermore, procedural justice can be different per individual as it reflects the individuals' perceptions of rule legitimacy and the legal process by which they are undergoing their level of interaction within the criminal justice system. The equitability of the procedures affects an individual's compliance with said procedures and law enforcement more than the negative outcome of the procedure or law enforcement interaction (Tyler 2005).

### *Police Fairness*

Perceived police fairness is an integral component of procedural justice (Tyler 2005; Tyler and Huo 2002). This fairness was impacted for individuals who do engage in interactions where they do not have a say in the process or interaction outcome, by the clear communication with police and perceived fairness of the police process throughout the interaction (Thibaut and Walker 1975; Tyler 2005). As described in further detail in the subsequent section, research has shown the strong importance of perceived fairness on effectiveness and collaboration between individuals experiencing a mental health response and the responding police (Jones and Thomas 2019; Livingston et al. 2014; Watson et al. 2008). The perceived fairness in the process of police response is the primary influence on individuals' perceptions of police and police legitimacy (Tyler 2005, 2011). Due to the importance of police fairness on perceived procedural justice, police fairness was the main component of procedural justice captured by the current research in aims to reflect overall viewpoints of perceived procedural justice of police.

Watson and Angell (2013) expanded upon Tyler's (2005) Procedural Justice theory to research the impacts of perceived procedural justice within the interaction between individuals with symptoms of mental illness and police officers. Similarly, to the current research, the focus on procedural justice within this work lies within perceived police fairness (Watson and Angell,

2013). Research on perceptions of police fairness and procedural justice formed through personal experience impacts their overall views of the interaction, and the willingness of police or police adjacent resources to assist them through distressing events (Watson and Angell 2013; Xie and Baumer 2019). Furthermore, research by Watson and Angell (2013) informed the current thesis' perspective on the impact of procedural justice within potential interactions between students experiencing a mental health crisis and university policy. As research has shown, a large impact on future willingness to call the police comes from the belief that police treat people fairly and treat others fairly. If individuals view the police as lacking fairness and procedural justice, they may be less inclined to seek emergency services for their mental health crisis if they expect to be treated unfairly by law enforcement responders.

#### PUBLIC SAFETY POLICY AND MENTAL HEALTH

Efficiently addressing mental health crises within communities can be a multifaceted challenge that has been attempted to be addressed through a variety of policy implementations. Crisis Intervention Training (CIT) represents a proactive approach to equip law enforcement personnel with improved skills to navigate such situations in efforts to reduce stigma and enhance outcomes for individuals in crisis. However, it still has limitations in meeting the complex support needs of individuals and their families. In attempts to better address the support needs of individuals experiencing mental health crises, co-response models, which involve collaboration between mental health professionals and law enforcement personnel, have emerged to respond to mental health crises in the community. This can connect individuals to mental health support and lead to increased de-escalation at the individual's location.

#### *Crisis Intervention Training*

Due to the gatekeeping nature of law enforcement in mental health crisis responses, it is often up to the police to properly triage individuals experiencing a mental health crisis to the appropriate services (Kane, Evans, and Shokraneh 2018). Furthermore, Kane and colleagues (2018) then demonstrate that as the interactions between police and individuals experiencing a mental health crisis are important in the connection to the individuals in crisis obtaining help for mental health services, proper training of police officers can be integral in the improvement of perceptions and outcomes of the experience on individuals who experience mental health symptoms. A common training to decrease mental health stigma and improve officer effectiveness with individuals experiencing mental health crises is Crisis Intervention Team (CIT) training, which consists of 40 hours of training on signs of mental illness, local mental health treatment and resources, legal topics, and de-escalation techniques (Watson & Fulambarker, 2012). Watson and Fulambarker (2012) find that this training lowers the arrest rates of mentally ill individuals and increases their chances of obtaining mental and behavioral health treatment.

Although the training on responding to situations involving an individual's mental health given through CIT was deemed to be beneficial, it often is not enough to meet the mental health needs of those involved in the situation. Research on CIT-trained officers in Chicago found that the officers perceived that their response to the crisis left needs within the individual and family that they could not meet, such as a lack of connection to psychiatric care, lack of follow up on the family unit, and untreated trauma from the incident (Wood, Watson, and Barber 2021). They specifically wished for greater resources beyond hospitalization or jail to which they could refer the individuals who are showing signs of mental illness. They also believed that they could not de-escalate a situation at the same level that a mobile mental health professional through

debriefing the resposdee or offering therapeutic guidance to the individual or loved ones (Wood, Watson, and Barber 2021). Ongoing CIT policing support and mental health professional collaboration is important, as the lack of proper connection to mental health resources harms the effectiveness and threatens the existence of public safety responses to mental health crises (Griffin 2015).

### *Co-response*

The co-response model is a public safety policy that includes at least one police officer and mental health professional (e.g., counselor, social worker, or other types of trained professionals) responding to an emergency call or police encounter for a mental health crisis response in the community (Puntis et al. 2018). In this model, the team acts as a mobile unit within a policing jurisdiction to respond to mental health crises that individuals in the community experience. Morabito et al. found that (2018) in the use of co-response teams and community members in Boston, police officers saw the benefits of using community mental health professionals to respond to mental health crises. The quote by an officer in that study said “*Clinicians have de-escalation skills and can put people at ease*” (Morabito et al. 2018, p. 1102). This demonstrates a level of willingness from police officers to work with mental health professionals to assist an individual in crisis. Some of the benefits the cops described for working with mental health professionals were that they were more equipped to de-escalate and connect an individual with behavioral health resources within the community. They also perceived that community members in crisis were more comfortable speaking to a clinician instead of an officer about their mental health. A worry of theirs, however, was that the mental health professional’s safety would be at risk if the situation were to turn dangerous (Morabito et al. 2018). A separate study conducted on professional’s perspectives of the co-response model found that

communication, information sharing, and knowledge/skill development all amplified the effects of collaboration between a mental health professional and an officer. The third positive theme found in this research study was that individuals in crisis were connected to mental health professionals earlier in the emergency response process (McKenna et al. 2015).

Co-response teams decrease an individual's chance of being involuntarily contained through decreased, isolated law enforcement interaction with the individual experiencing a mental health crisis. The behavioral health and public safety group in Alexandria, Virginia looked at data on the model gathered from Tucson, Arizona, and found it often was successful in reaching the goal of stabilization of the person in crisis within the least restrictive level (Balfour et al. 2022). This study found that utilizing a community response team decreases the cost spent on jail and hospitalization, as using a clinician co-responder reduced costs by 23%. Over seventy percent of incidents were resolved through a mobile crisis team including at least one mental health professional and officer that was dispatched to the event. Additional research found that when a community mental health professional was dispatched in a crisis, they were 99 percent effective at resolving the crisis without law enforcement intervention (Irwin and Pearl 2020).

Research by (Blais and Brisebois 2021; Lamanna et al. 2018) showed that the co-response model was associated with decreased use of force on individuals experiencing symptoms of mental illness and fewer numbers of transports to hospitals. The model was linked to increased referrals to community networks and as well as an increased amount of crises that were able to be managed through social support. The study by Lamanna and colleagues (2018) collected the perspectives of community members who experienced the co-response model during their crisis and found that these members stated they were grateful for the demeanor of the mental health professional. They viewed the mental health professionals as kind, as well as

considerate of their perspective (Lamanna et al. 2018). Overall, the community members experienced greater satisfaction and support with their situation when a mental health professional was involved compared to when a police officer was handling it separately (Lamanna et al. 2018). Overall, utilizing the expertise of a mental health professional decreases the risk of injury for the individual experiencing a mental health crisis and increases their chances of feeling satisfied or less traumatized by how the crisis was handled.

## COLLEGE STUDENTS

Addressing mental health crises on college campuses presents challenges in its unique population and variety of policies based on varied higher institutions. As many college students face symptoms of mental illness and suicidal ideation, it is important to create policies that enable them to reach out to appropriate sources. Policies such as CIT and co-response have been implemented across a variety of campuses to address the mental health crises that college students face. Despite the implementation of these various policies, there has yet to be research addressing whether these policies impact students' engagement with crisis response. There is a gap in research examining the efficacy of various mental health policy responses within college student populations.

### *Student Perceptions of Procedural Justice*

Students' perceptions of policing affect how they interact with said police. Research illustrates a positive relationship between the perceived fairness of police officers, police legitimacy, and trust in police, (Aiello and Lawton 2018; Johnson 2017; Lee, Boateng, and Marenin 2015). If students perceived the police to be more trustworthy, they were more likely to cooperate with the police (Gau 2011). This trust and likelihood to obey police officers is related to the students in the research study perceived procedural justice (Gau 2011). Students who

perceived that they experienced procedural justice in encounters with police were less likely to experience negative emotions (e.g., anxiety, anger, frustration), which relates to how perceived fairness affects negative emotions after encounters (Barkworth and Murphy 2015). Students are predicted to feel more satisfied with a direct police encounter if they perceive the encounter with the officer to abide by procedural justice (Greenwood et al. 2022). Furthermore, positive views of police officer's procedural justice can positively impact the work of law enforcement on college campuses, and students are more likely to cooperate with university police jurisdictions if they view them as procedurally just (Aiello and Lawton 2018).

In general, in scenarios covered by the research above, police procedural justice impacts how students interact with the police and their perceptions of said interaction. Further research will look at how the perceived influence of procedural justice on various factors of police-student interactions can then impact students' willingness to engage with police in a hypothetical mental health crisis response. Research by Johnson (2017) expands upon the above research findings on the impact of procedural justice on willingness to cooperate and obey police, to demonstrate that higher perceived procedural justice builds trust in the police to resolve negative or stressful scenarios. As this research shows procedural justice's impacts on trusting the police in negative or stressful situations, there needs to be more specificity in the role previously developed perceived procedural justice to police can play within willingness for students to interact with public safety mental health responses.

#### *CIT on College and University Campuses*

According to Schriver (2021), on college campuses, ten percent of calls of service directed at the police on college campuses address a mental health issue. This was impacted by the size of the university department, as larger departments noted higher concentrations of

mental health-related calls. Of these calls, one-third of them were in relation to student suicidality. The officers she interviewed for the research stated that they felt further training on mental health signs, symptoms, and responses helped them to respond to these types of calls. This research found that further training on student mental health within departments raised their perceived effectiveness in handling mental health crises on campus (Schrivier 2021).

Within one college police department, several of the officers stated that they felt the college community did not have enough resources to respond to crises involving student mental health (Schrivier 2021). They cited that it was difficult to connect the students with available resources as during the crisis the counseling centers often were either closed or overwhelmed with their current caseload. Schriver's research stands out from other CIT research, as her research is directed towards the evaluation of CIT on college campuses from the policing perspective, and finds CIT was beneficial in interactions with individuals with a mental illness on college campuses. Although she does not capture the level of willingness of students to engage with the response system, her research captures how this training assisted the officers in gaining comfort with collaborating with university resources to help the students attain the proper services for their mental health crises (Schrivier 2021).

#### *Need for Research on Police-Student Interaction*

As stated previously, the proportion of college students experiencing signs of mental illness is nearly three times the proportion within the general American population (Lipson et al. 2022). In the United States, around 1,100 college students between the ages of 18 and 24 die by suicide per year (Fernández Rodríguez and Huertas 2013). According to data released by the Center for Disease Control (CDC), suicide rates amongst young Americans between the ages of 10 and 24 rose 62 percent from 2007 to 2021 (Curtin and Garnett 2023). Students who



experience mental health crises could be affected by the various campus procedures and fairness in policing attitudes around mental health (Watson & Angell 2013; Johnson 2017).

Despite displaying an increased likelihood of mental illness, around 86 percent of higher education students who die by suicide do not seek help from emergency or mental health services (Gallager 2014; Son et al. 2020). Fear of public stigma is a large factor in why students do not seek help for their mental health crisis (Eisenberg et al., 2009). As described in the scenario above with the University of Maryland students feeling criminalized and embarrassed by their mental health crisis response, students may be less likely to seek help in a mental health crisis if they know that their crisis response will result in further stigma or judgment against them through public transport to an emergency vehicle using restraints. In addition, in times of personal or campuswide crisis, students are less likely to alert the police or university services and more likely to alert their peers (Sheldon 2017). Students are more likely to reach out to their peers and family members than formal mental health services. Many students, despite having access to free mental health resources, struggled to facilitate their own connection to formal assistance if they were experiencing high symptomology (Goodwin et al., 2016).

Co-response initiatives consisting of a mental health professional and police officer could offer a good means of connection to mental health services for students experiencing high symptomatology. As co-response programs have been found to decrease the need for hospital transportation as they address the crisis at the least restrictive level, this addition to college campuses could be of great assistance for students whose fear of hospitalization deters them from reaching out (Cigularov et al, 2008). At this time, there does not appear to be research evaluating the implementation or effects of co-response programs on college campuses. In recent times, many universities have begun to implement these co-response programs, including California

State Long Beach, University of Colorado at Boulder, and Oregon State University (*CU Boulder Police, Therapists Team up to Help Students in Crisis*, 2020; Hildago Bellows, 2022; Puente, 2022). Research suggests that college campuses should increase their crisis response initiatives and incorporate mental health professionals into them proactively (Watkins, Hunt, and Eisenberg 2012). There is a research gap on the impacts of co-response programs on college student's well-being and help seeking initiatives. These help seeking initiatives for mental health can encompass a willingness to reach out to emergency services in the case of a mental health crisis. The current research aims to address the gap in research coverage of the effects of various public safety mental health programs on higher education students.

#### CURRENT RESEARCH

The current research helps to fill the gap in the literature on the students' perspectives on mental health crisis response policy on college campuses. As university crisis responses often consist of multiple parts, this research aims to explore differences in students' willingness to seek help across various crisis response component factors. Due to the integral role of law enforcement personnel in many mental health crisis responses, this research also expands upon procedural justice theory to examine the relationship between perceived police fairness and students' willingness to seek help in crisis across the various crisis components.

**RQ1:** Do college students' likelihood to seek help vary by differences in mental health crisis response components?

**H1:** College students will demonstrate a higher likelihood to seek help in scenarios of crisis responses including a mental health professional.

**RQ2:** Across the various mental health response components, is there a difference in the likelihood of seeking help based on perceived police fairness?

**H2:** There will be a significant positive difference in seeking help based on perceived police fairness.

## Chapter 3: Data and Methods

The study used primary data collection through the University of Maryland students' responses to an electronically disseminated survey. The survey was distributed solely to students at least 18 years of age at the University of Maryland, as the research aimed to collect undergraduate perspectives that reflected changes to the University of Maryland's crisis response policy. Research largely focuses on the effects of changing crisis response interventions on non-student populations, which is why this study aims to expand research to focus on an understudied population in concerns to mental health crisis policy changes. As there are a variety of crisis response team implementations in universities across the country, this study controlled for the impacts of the variety of co-response experiences at college by focusing solely on students at the University of Maryland and the crisis response team compositions they could have or have the potential to encounter on campus. This research on the University of Maryland's campus student population's perspective on police procedural justice and its mediating relationship between co-response components and comfort in seeking help for a mental health crisis hopes to reflect the perspectives of students across a variety of four-year higher education institutions within the United States.

The survey was sent out to University of Maryland (UMD) Students enrolled in CCJS100, PSYC200, PSYC355, and ENGL390. This student data was accessed through the permission of the professors of each of the courses. The professors distributed the link through their email that utilized the language approved by the Institutional Review Board (IRB) at the University of Maryland. To extend data collection beyond the classroom sphere, the survey was also distributed through the researcher's Instagram account through an IRB approved flier. This flier was also distributed through email and GroupMe to the various University of Maryland

student organizations such as the University of Maryland Panhellenic Association, Help Center at the University of Maryland, Mental Health Coalition, Latino Pre-Law Organization, Phi Alpha Delta, CARE Peer Program, Terps for Change, Residence Health Association, College of Education Graduate Student Organization, Carillon Communities, BSOS Dean's Student Advisory Council, and Club Sports at the University of Maryland.

## SAMPLE

The inclusion criteria for the sample were undergraduate students at the University of Maryland who were at least 18 years old. There is a question at the start of the survey to code if individuals are students at the University of Maryland or not, and the data from responses that indicated they were not students at the University of Maryland were excluded. The survey gathered 88 responses through the utilization of social media and GroupMe. A total of 88 participants engaged in the survey. Seventy-three participants did not respond to the survey beyond the consent form and were consequently excluded from any analyses. Fifty-seven of the respondents were kept for further analysis as this was the number of respondents who indicated their willingness to seek help in a crisis through a slider.

This sample largely consisted of undergraduate students (93%, n=53). Of the undergraduate students, 12 (21.1%) were Freshmen, 9 (15.8%) were Sophomores, 15 (26.3%) were Juniors, and 16 (28.1%) were Seniors. By gender, 38 (66.7%) identified as female, 16 (28.1%) identified as male, 3 (5.3%) identified as non-binary/third gender, and 2 (3.6%) identified using the other category. The sample population largely self identified as “White” (75.4%, n=43). The remaining of the population identified as “Black or African American” (1.8%, n=1), “Asian” (24.6%, n=14), or “Native American or Other Pacific Islander” (1.8%, n=1). Five people (8.8%) opted to self describe their racial identity. In addition, most

respondents within this sample have not had prior experience with a mental health crisis response as either the respondent or in a peer assistance role (70.2%, n=40). In this sample, 17 (29.8%) participants had prior experience with a mental health crisis response.

## VARIABLES AND MEASUREMENT

The dependent variable in this study is *help seeking*, the independent variable is *perceived police fairness*, and the key exploratory variables fall under the category of *crisis response*. The control variables consist of *demographics* and *previous mental health crisis experience*. The demographic descriptive variables consist of racial/ethnic identity, gender identity, and year in school. These measures can be seen in Appendix A Table 2.

### *Dependent Variable*

*Help seeking* denotes students' perceived likelihood to seek help from emergency services by calling 9-1-1, 9-8-8, or the University of Maryland's Counseling Center crisis line if they or a friend were suicidal. Students were asked to indicate their willingness to seek help for a mental health crisis based on three types of mental health public safety responses. The instructional prompt would ask participants to "Please use the sliders to display your willingness to contact mental health emergency services (9-1-1, 9-8-8, or the Counseling Center Hotline) if you or a friend was suicidal based on the scenarios below ". Extent of likelihood to contact mental health emergency services based on each scenario measures willingness to contact mental health emergency if a friend or themselves was suicidal ("extremely unlikely" = 0, "unlikely" = 25, "neutral" = 50, "likely" = 75, and "extremely likely" = 100).

### *Independent Variable*

The variable of *perceived police fairness* measures how fair the participant feels the police are as a general entity. This measure asked students to reflect on their general thoughts on

police rather than specific encounters they may have had with law enforcement personnel. This was measured by the Perceived Police Fairness scale developed by Socia et al. (2021). This variable was captured from two items that asked “*Generally speaking, do you think most police officers are fair?*” and “*Generally speaking, do you think police officers treat all residents fairly regardless of status, age, gender, or race?*”. This measure was previously found to have a reliability coefficient of ( $\alpha$ ) of .86. These variables were measured as binary variables, leaving participants to select either “yes” or “no”. The first item was utilized for the Independent T-test analysis.

### *Key Variable*

*Crisis response* captures the various constructs that consist of differing mental health response policies. This measure has participants reflect on various components between three typical mental health crisis responses, and their willingness to seek help from mental health services for suicidality depending on the type of response and the sub-components of each response. These response types included traditional police response type, CIT response type, and co-response type. Participants were given brief explanations of each crisis response component before they were asked to utilize the slider to indicate their likelihood to seek help for each component. Within the traditional police response as sole responders, students were also prompted to reflect on the crisis component of the utilization of restraints. CIT response was categorized to students as officers given 40 hours of training on signs of mental illness, local mental health treatment and resources, legal topics, and de-escalation techniques. When prompted to reflect on the component of co-response, they were given a definition of co-response as a trained mental health professional to de-escalate and respond to a mental health crisis with the backup support of a police officer. The subcomponents of co-response consisted

of de-escalation at the current location and transportation to further emergency services. Students were also asked to rank which factors in the mental health response would have the most impact on their decision to call emergency services (9-1-1, 9-8-8, or the Counseling Center Hotline) for mental health care in the item asking participants to “Please rank which factors in police mental health response would most impact your decision to call 9-1-1 or other crisis hotline for a mental health crisis?” The options for the ranking included: “police presence”, “use of police restrains”, “presence or lack of presence of mental health professional”, “transportation to further treatment”, “transportation vehicle type”, “worry about others’ perceptions of crisis”, and “worry about impact on grades”.

#### *Control Variables*

*Previous mental health crisis response experience* captures students’ previous experience participating in or witnessing a mental health crisis response on their behalf or the behalf of someone else. This is asked through a binary “yes” or “no” question of “Have you experienced an emergency mental health crisis response for yourself or through your intervention on someone’s behalf in the past five years?”.

Demographic measures that could impact the relationship between the variables were included in this study. These measures included racial/ethnic identity, gender identity, and year in school. There was no analysis conducted to determine if these demographic variables significantly impacted participant rankings on likelihood to seek help.

#### ANALYTIC METHOD

This research utilized SPSS to analyze the results. The first analyses done were univariate descriptive analyses to examine the distribution and characteristics of the various crisis response



components (e.g., frequency distribution, mean, and standard deviation). It examined the mean reported likelihood to seek help in various proposed response type breakdowns and a reverse coded rank order of factors most impactful in the decision to seek help as ranked by the respondents. Then Independent T-tests were used to examine the statistical significance of the relationship between perceived police fairness and the likelihood to seek help across the various components. Furthermore, to examine if previous experience with a mental health crisis response was related to reported police fairness, a chi-squared analysis was run to assess the relationship between the two binomial variables. Then, to further test the control variable of previous experience, Independent T-tests were conducted to evaluate the relationship between previous crisis response experience and the likelihood to seek help across the various components of a crisis response.

## Chapter 4: Results

### DESCRIPTIVE ANALYSIS

The first research question asks if college students' likelihood to seek help varies by differences in mental health crisis response components. The variability of descriptive data results shows a variability in the likelihood to seek help based on crisis response components. Students reported willingness to seek help was reported through a 0 to 100 scale. Table 1 shows the descriptive data for the results. When asked to rate their willingness to seek help in traditional police mental health responses where police are the sole responder, the mean of the rating for sole police response was 42.804. In comparison to the general police as sole responders, the mean willingness to seek help in mental health crises when police utilize restraints decreased by half to the average response of 24.245.

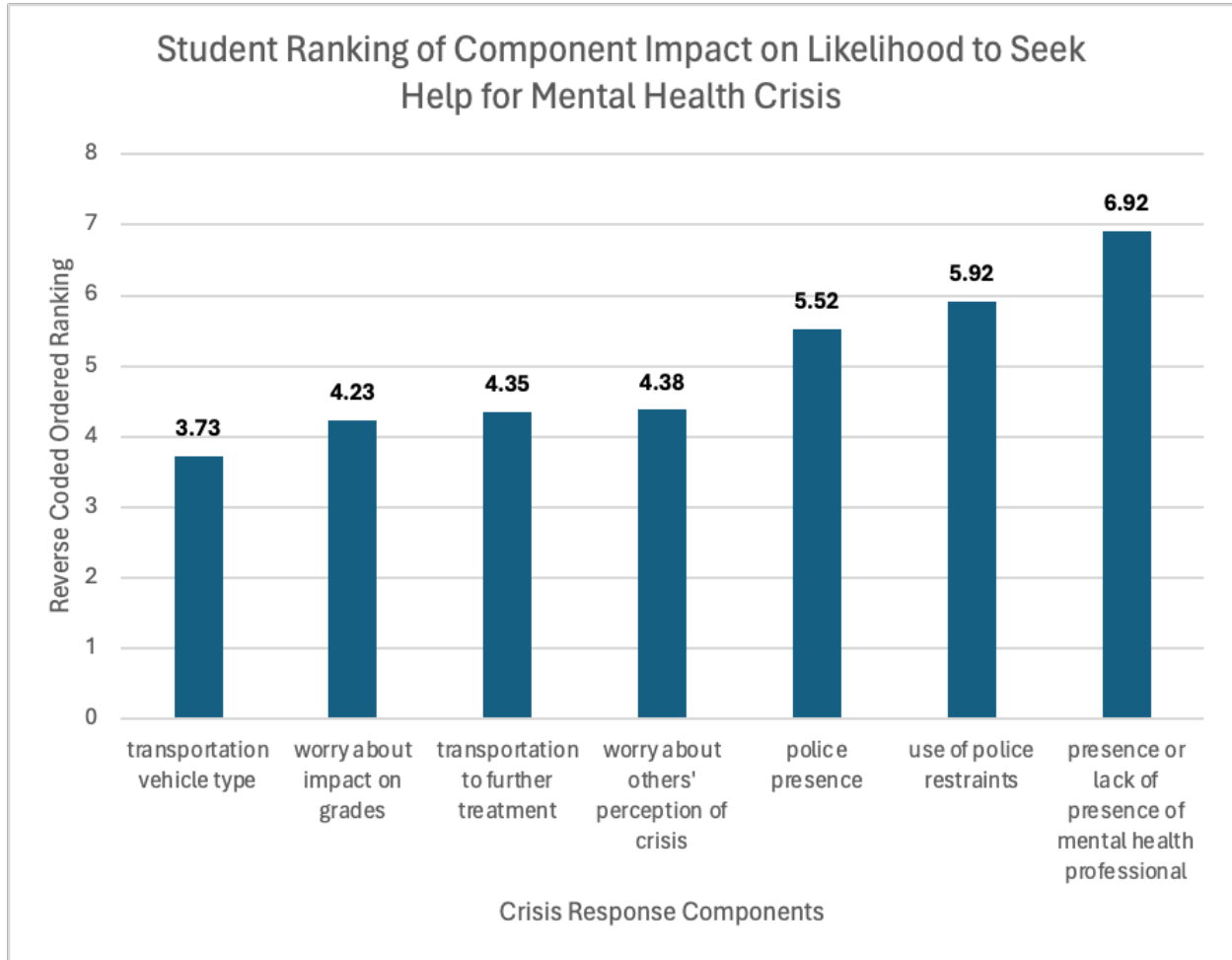
Compared to an unspecified sole police response, when respondents were instructed to reflect on their willingness to seek help if the sole responder was a CIT trained the mean increased by 47 percent from a mean of 42.804 to a mean of 62.963. Furthermore, for the co-responses that included a mental health professional and police officers, the means increased average responses in the eighties out of one hundred. When prompted to rate their likeliness to seek help if police and a mental health professional respond, participants ranked their likelihood to seek help on average as 82.509 for the co-response. In an expansion of this, when reflecting on de-escalation at the current location and co-response the mean of the scaled responses was 86.561. This average decreases to 82.509 when individuals may be transported to further medical services in addition to a co-response.

Table 1. Mean and Standard Deviations on the Measure of Likelihood to Seek Help in Relation to Component of Mental Health Crisis

Component	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Police are sole responders	56	0	100	42.804	27.605
Police use restraints	49	0	100	24.245	24.681
CIT trained police	54	10	100	62.963	27.560
Co-response	57	20	100	82.509	19.206
Co-response and no transportation	57	20	100	86.561	16.649
Co-response and transportation	57	20	100	82.509	18.386

The ranks of individual components that could have an impact on students' likelihood to seek help can be seen in Figure 1 below. Furthermore, when student respondents were prompted to rank the various components based on how impactful they were to their potential likelihood to seek help in a mental health crisis, they ranked on average the presence of mental health professionals as the component with the most impact ( $M=6.92$ ,  $SD=1.730$ ). The presence of restraints was another factor that students ranked as impactful to their decision on whether or not to seek help for a mental health crisis ( $M = 5.92$ ,  $SD = 1.724$ ). The lower rankings of both transportation to further treatment ( $M = 4.35$ ,  $SD = 1.407$ ) and transportation vehicle type ( $M = 3.73$ ,  $SD = 1.455$ ) reflect similar trends to the above descriptive data that shows that students do not find transportation to be as much of an influencing factor in the perceived likelihood to seek help in a crisis.

Figure 1. Bar graph demonstrating rankings of components

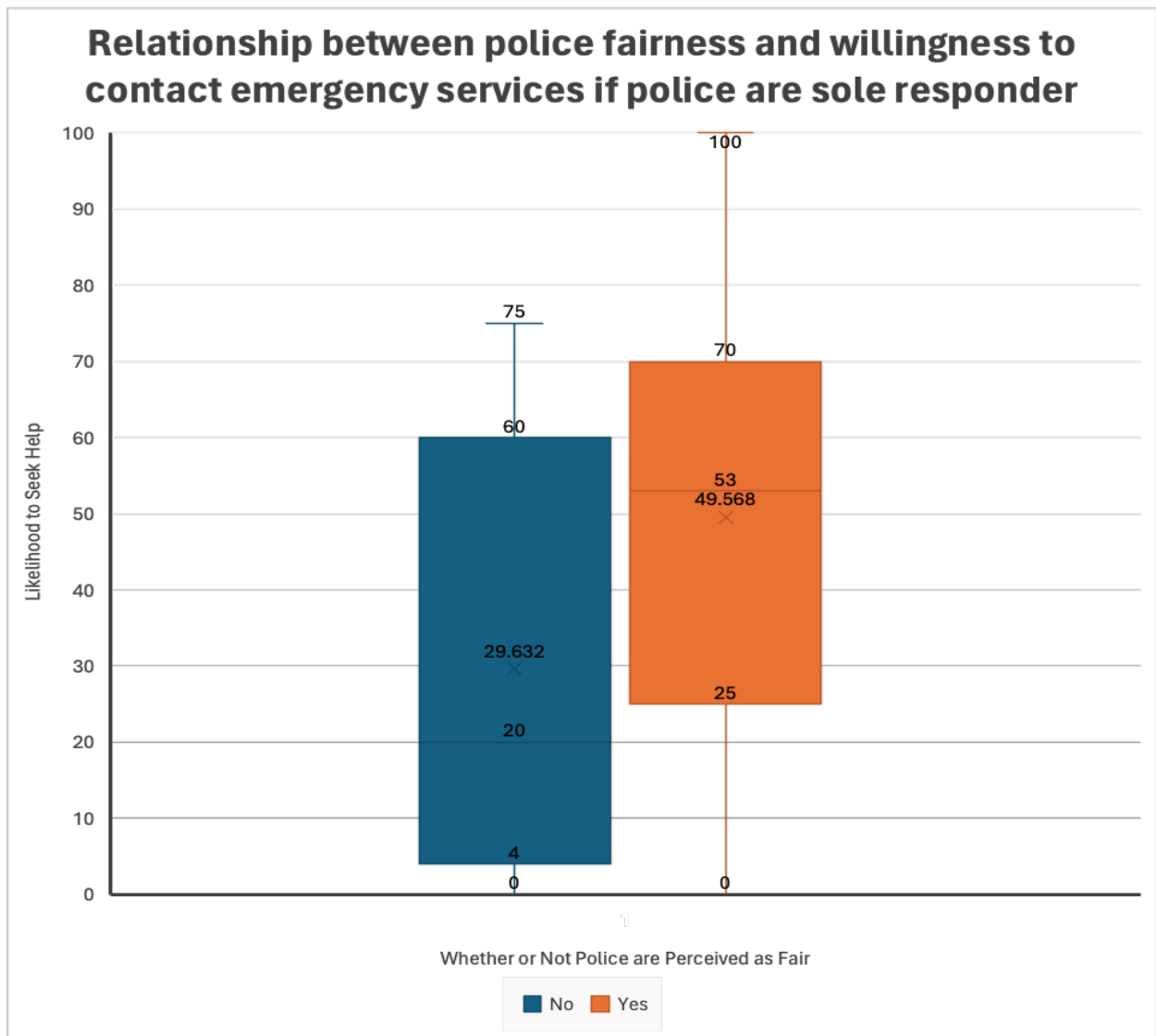


## INFERENTIAL STATISTICS

The second research question concerns the relationship between the previously mentioned components of a crisis response and perceived police fairness. Based on the independent sample t-tests with equal variances not assumed, the analysis revealed varying levels of significance in the relationship between perceived police fairness and individuals' willingness to contact mental health emergency services across different scenarios involving police intervention and mental health professionals. The data found a significant positive difference in the scenario where the police were the sole responder ( $t(54) = 2.660, p = .006$ ). This

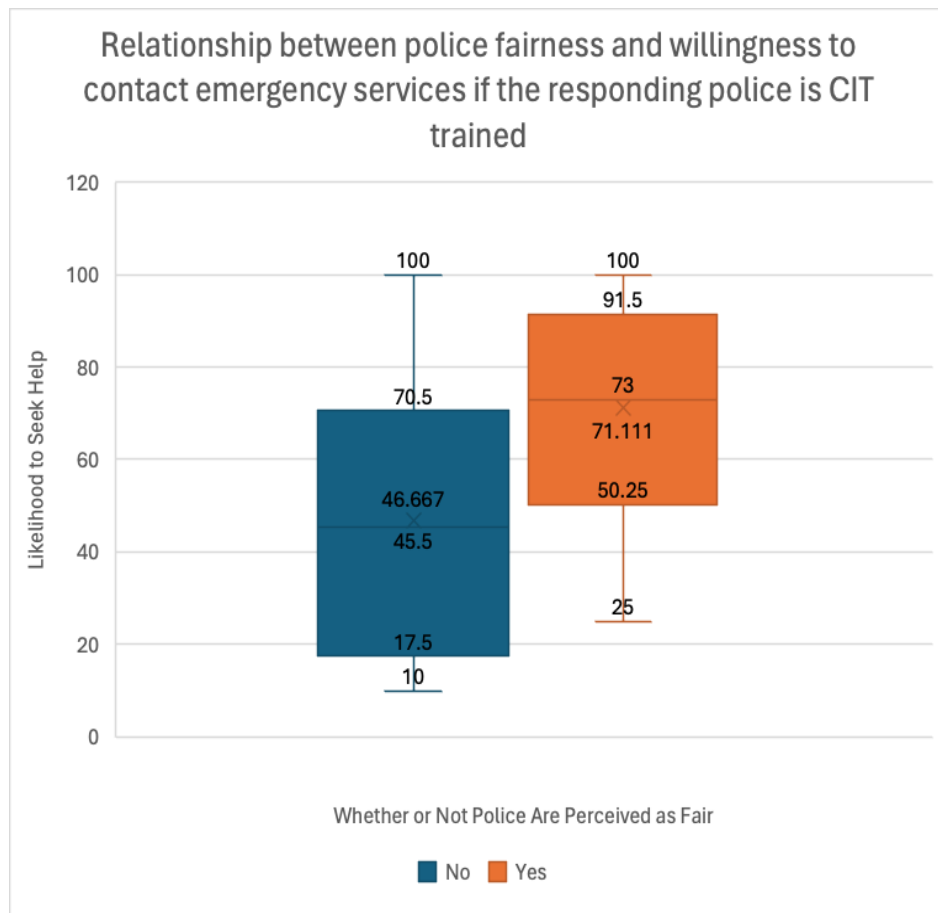
demonstrates that when police were perceived to be fairer, students were more likely to seek help for a mental health crisis. Figure 2 plots a comparison between whether the police are fair in the relationship between police fairness and willingness to contact emergency services in a mental health crisis if police are sole responders. It shows a slight positive correlation between perceiving the police as fair and help seeking when police are the sole responders.

Figure 2. Box plot showing the relationship between police fairness and the likelihood of seeking help if CIT-trained police are sole responders



There was a significant difference when a police officer with Crisis Intervention Team training acted as the sole responder to a mental health crisis ( $t(54) = 3.124, p = .002$ ), thus indicating that police fairness positively impacted the likelihood of reaching out to emergency services in a mental health crisis when responding law enforcement received more training. Figure 3 plots a comparison between whether the police are fair in the relationship between police fairness and willingness to contact emergency services in a mental health crisis if the police, who are the sole responders, are CIT trained. It shows a slight positive correlation between perceiving the police as fair and help seeking when police have extra training.

Figure 3. Box plot showing the relationship between police fairness and the likelihood of seeking help if CIT-trained police are sole responders



No significant results ( $p > 0.05$ ) were found in the relationship between perceived police fairness and their willingness to seek help within the components relating to restraints and the various co-response renditions. See Appendix A Table 3 for the results of the Independent T-Test.

#### SUPPLEMENTAL RESULTS

The control variable of previous crisis response was also analyzed in addition to the primary variables of interest, likelihood to seek help, police fairness, and crisis response components. A chi-squared test that was utilized to examine the relationship between previous experience with crisis response and police fairness demonstrated that there was a statistically non-significant association between the two binomial variables  $\chi^2(1) = 3.390, p = .066$ .

Independent t-tests examining the relationship between previous experience with a mental health crisis and the likelihood to seek help across the various components did not find any statistically significant relationships between previous experience and any of the described components of a mental health crisis response. The table of these results can be seen in Appendix A Table 4. This demonstrates that the control variable of previous experience did not have a statistically significant impact on either police fairness or the likelihood to seek help.

## Chapter 5: Discussion

The results of the survey reflected changes in the likelihood of seeking help when the crisis response consisted of various components. When examining how the factors of police response and perception could have an impact on students' willingness to seek help from emergency services, their average likelihood indications changed in regard to the utilization of restraints, the specialized mental health training of the responding law enforcement, and presence of mental health professionals in the crisis response. The average willingness to seek help decreased when restraints were hypothetically utilized in comparison to a generalized police response to a mental health crisis where the use of restraints was not clarified. Within the rank order, students on average ranked the use of restraints as an important factor in their decision on how willing they are to seek help from emergency services. This reflects similar research by Lamanna and colleagues (2018) and Watson and colleagues (2008) demonstrating restraints are an influential factor in decisions to seek help from emergency services for mental health crises. This further emphasizes the words of college students in Roberts and Hunt (2020), in which many students felt criminalized through the use of restraints in mental health crisis procedures. Although this research does not dive into why restraints may be an influential factor in willingness to seek help for a mental health emergency, it does show that it is an important facet of the crisis response that deserves to be further explored by research.

The research also shows an increase in the likelihood of help-seeking when officers obtain specialized training in mental health topics. It can be reflected in this population that they are more favorable to CIT trained officers compared to law enforcement responders who were not specified to have specialized training. The increase in the average willingness to seek help could show a potential avenue to explore the improvement of police and student relations on



higher education campuses. This increase in potential help-seeking could show promise for future research to examine if the trends of the benefits of CIT training on the response towards individuals who experience signs of mental illness shown in previous research can be reflected in student populations (Watson and Fulambarker 2012).

As students' average responses for likelihood to seek help increased when a mental health professional was described to be a part of the response, the current findings also reflect the importance of mental health professionals in a crisis response. Students also ranked order the presence of a mental health professional in the response as being the most influential factor in the willingness to seek help for a mental health crisis from emergency services. Students' average likelihood roughly doubled when reflecting on the presence of a mental health professional in comparison to a general police response. If students respond better in their likelihood to seek help, this may be important to increasing student engagement with formal services within higher institutions to attack high rates of emotional distress amongst that population (Lipson et al. 2022).

Police fairness had a significant relationship with two of the three police sole respondent components: police as a sole responder and CIT trained police respond. The results partially supported the second hypothesis that as students perceived police as more fair, then they would be more likely to seek help from them in a mental health crisis. As the second thesis predicted there would be a significant positive difference in help seeking based on police perceived fairness, the results did not fully support this as police fairness did not relate to a significant difference in likelihood to seek help if a mental health professional was responding alongside the law enforcement personnel. A reason for this could be due to how police fairness may be more impactful when respondents are not anticipating mental health professionals acting alongside

them to de-escalate. These results could highlight perspectives in future research that police may be perceived as less effective in de-escalation when they are also perceived as unfair. Moreover, the overlap in data of the significant results shown in Figure 2 and 3 could further indicate that it is not police fairness alone that determines someone's willingness to involve police in mental health emergencies.

Previous experience with a mental health crisis response for oneself or on behalf of a friend did not show a statistically significant relationship with either police fairness or help-seeking within this study. This was surprising as previous research suggests that police fairness is often developed through prior experience with law enforcement (Thibaut and Walker 1975; Watson and Angell 2013). What could explain this lack of relationship is the absence of exploration within this study of both the community experiences and prior experience with law enforcement not related to a mental health crisis. Contrary to previous research by Watson and Angell (2013), prior experience with a mental health crisis response did not have a statistical relationship with their likeliness to seek help for potential future mental health-related crises.

## LIMITATIONS

Due to the lack of diversity in the research sample, this research could not adequately describe the impacts of demographic factors such as race or gender on perceived police fairness. A student's demographics can affect how those perceptions are developed. There is a positive association between increased years spent in college and perceptions that the police hold bias (Lim 2015). Students from higher-income households reported higher trust towards the police, and Black and Hispanic students reported higher perceived bias from the police (Lim 2015). Research demonstrates the need for demographic breakdown through the research process of examining the various impacts that a perceived procedural justice could have on students and

community populations (Lim 2015; Schuck and Rosenbaum 2005). Findings by Lim (2015) highlight how individuals with different backgrounds perceive the police and their fairness differently, potentially due to differences in the types of interactions they have witnessed or experienced with police. As this research demonstrates the linkage between demographics and experience, further research should examine the interactions between other student demographics and background information such as gender or major, to see how those factors could influence the development of perceived procedural justice toward police.

Furthermore, the structure of questions did not allow for complex statistical analysis to answer research question one about the statistical significance of the effects of various crisis response components on students' likelihood to seek help. The structure of the sliders offered a good ability to explore the data descriptively. The structure did not allow for the key variable to be an independent variable. This was due to the lack of separation of data between the key variable and the dependent variable as they are measured through the same data point. This led to a restructuring of the research analysis and questions, as it transitioned perceived police fairness from a mediator variable to its own independent variable.

## IMPLICATIONS AND FUTURE DIRECTIONS

The research helps to bring insight into how various components of a mental health crisis could impact students' help seeking in a mental health crisis. There is a lack of current research examining how students are interacting with implemented crisis response policies, despite the movement to change how mental health crises are addressed on college campuses. This research adds to the overall understanding of what students perceive as important in crisis response. This is valuable as there needs to be further developments in policy and campus structures to encourage help seeking from a population that tends not to reach out to formal support services

in crisis (Gallager 2014). Additionally, it offers insight into if police are included in a crisis response, addressing perceptions of police fairness may positively impact police receptivity by students in a mental health crisis. These perceptions of the involvement of law enforcement in a mental health crisis could further be improved if restraints were avoided, as students showed that the use of restraints was influential in their decision to seek help.

Beyond providing further clarity into the college student population, this research could have an impact on campus policies. If students value the presence of mental health professionals in a crisis response, then campus policies should reflect the perceived needs of the students. If campuses allow for and train mental health professionals to assist in crises, this could address increasing rates of suicide and suicidal ideation by increasing the likelihood of students seeking help in a crisis. The presence of mental health professionals may also act as a buffer to the potential increase of force from police directed towards individuals experiencing mental health crises. Overall, more positive interactions in support of students' mental health could increase community relations with both their mental health providers and campus safety personnel.

The future directions would address the limitations of the study. In the future, the study should be reconstructed with a larger more representative sample to capture the effects of the demographic control variables. In addition, it would be beneficial to run an implementation analysis for the various factors of a co-response to evaluate how various aspects of transitioning crisis response policies are affected by the culture of higher education. This would be important to evaluate if students' actual help seeking measured by the number of mental health related calls to emergency services increases if various components of a crisis response are implemented (e.g., co-response, police mental health training, lack of restraints). To see how quantitative data from university could reflect these effects studied reports that compare the before and after a new

policy implementation. If this is not possible, it may be more accessible to do comparative analyses of various programs and their successful components on student body transport, requests for help, and satisfaction.

## CONCLUSION

In conclusion, this research sheds light on the complex interacting factors that can influence students' willingness to seek help during a mental health crisis. It highlights the importance of examining multiple facets of a crisis response such as the use of restraints, police training, and the presence of a mental health professional. It also integrates in the effects of pre-conceived notions on police fairness as an impact of willingness to involve police in personal or peer mental health emergencies. For future endeavors, including a recruitment of a larger and more representative sample as well as restructuring the study design to allow for further analyses could offer promising avenues for advancement of the evaluation and potential implementation of various crisis response policies throughout multiple differing institutions of higher education. Ultimately, greater insight into factors in help seeking during a mental health crisis can develop more effective crisis response policies for campus communities and beyond. This could lead to further support for college students experiencing mental health challenges. It emphasizes the importance of continuing the dialogue with key university stakeholders, including administrators, campus law enforcement, and mental health professionals, in order to create improved formal support systems for vulnerable college students to reduce and support the high levels of students experiencing suicidal ideation and other mental health symptomatology.

# Appendices

## APPENDIX A. TABLES

Table 2. Sample Demographics

Variable	Frequency	Percent
<b>Racial Identity</b>		
White	43	75.4
Black or African American	1	1.8
Asian	14	24.6
Self -Describe	5	8.8
Native Hawaiian or Other Pacific Islander	1	1.8
<b>Gender Identity</b>		
Female	38	66.7
Male	16	28.1
Non-binary/Third Gender	3	5.3
Other	2	3.6
<b>Year in College</b>		
Freshman	12	21.1
Sophomore	9	15.8
Junior	15	26.3
Senior	16	28.1
Graduate Student	4	7.0
<b>Previous Experience with Crisis Response</b>		
Yes	17	29.8

No	40	70.2
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Table 3. Results for Independent T-Test on Police Fairness and Crisis Components

Component	<i>Fair</i>	<i>Unfair</i>	statistic	df	p
	<i>M (SD)</i>	<i>M (SD)</i>			
Police are sole responders	49.568(25.732)	29.632(26.963)	2.660	54	0.012*
Police use restraints	25.677(23.799)	21.000(27.150)	0.953	47	0.570
CIT trained police	71.111(23.277)	46.667(28.824)	3.124	52	0.004**
Co-response	85.081(17.977)	77.750(20.931)	1.324	55	0.194
Co-response and no transportation	84.595(16.170)	78.650(21.835)	1.069	55	0.293
Co-response and transportation	88.432(14.544)	83.100(19.918)	1.055	55	0.300

p < 0.05\*; p < 0.01\*\*

Table 4. Results for Independent T-Test on Police Fairness and Crisis Components

Component	<i>Have Experienced</i>	<i>Have Not Experienced</i>	statistic	df	p
	<i>M (SD)</i>	<i>M (SD)</i>			
Police are sole responders	32.353(28.2)	47.359(26.419)	1.866	54	0.072
Police use restraints	21.929(26.331)	25.171(24.327)	0.398	47	0.694
CIT trained police	54.882(30.387)	66.676(25.747)	1.388	52	0.177

Co-response	77.588(19.894)	84.600(18.768)	1.238	55	0.226
Co-response and no transportation	81.706(21.618)	88.625(13.843)	1.218	55	0.236
Co-response and transportation	78.882(20.493)	84.05(17.462)	0.909	55	0.372

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p < 0.05\*; p < 0.01\*\*

## APPENDIX B. SURVEY

**Purpose of Study:** The purpose of this research is to examine the relationship between perceptions of police, mental health crisis response policy components, and students' likelihood to seek help in a mental health crisis within a university. Participants are 18 years and older, and students at the University of Maryland.

**Procedures:** If you choose to participate, you will answer some questions about your demographics and previous experience experiencing a mental health crisis response. You will also rate components of various mental health crisis responses and their influence on the likelihood to seek services in a mental health crisis. The study is expected to take approximately 5 to 10 minutes.

**Potential Risks and Benefits:** It is unlikely that you will experience any risks or discomforts beyond what would be experienced in everyday life by participating. This survey does discuss potentially triggering topics, such as previous experience with a mental health crisis response, thoughts on police fairness, and mental health issues such as thoughts of suicide. Participants are allowed to skip any questions they may not want to answer due to discomfort.

Sources for mental health support can include:

**Suicide and Crisis Lifeline:** 988

**Maryland Counseling Center Call Line and After Hours Crisis Support:** (301) 314-7651

**Confidentiality:** The data collected in this study are completely anonymous. No personally identifiable information will be collected and the information you choose to provide in this study cannot be connected back to you. Results from this study may be published or presented at through the Criminal Justice Honors Thesis Cohort.

**Voluntary Participation:** Your participation in this study is voluntary and you may choose to not participate or end your participation at any time without penalty. If you are an employee or student at the University of Maryland, your academic standing as a student or employability at



UMD will not be affected by your participation or non-participation in this study.

**Questions or Concerns:** If you have any questions or comments about this study, you may contact the researcher: Serena Bujtor, [sbujtor@terpmail.umd.edu](mailto:sbujtor@terpmail.umd.edu).

For further questions you can contact the research advisor: Dr. Bianca Bersani, [bbersani@umd.edu](mailto:bbersani@umd.edu)

**Participant Rights:** If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:

University of Maryland College Park

Institutional Review Board Office

1204 Marie Mount Hall College Park, Maryland, 20742

E-mail: [irb@umd.edu](mailto:irb@umd.edu)

Telephone: 301-405-0678

IRBNet: #2121438-1

For more information regarding participant rights, please visit: <https://research.umd.edu/irb-research-participants>.

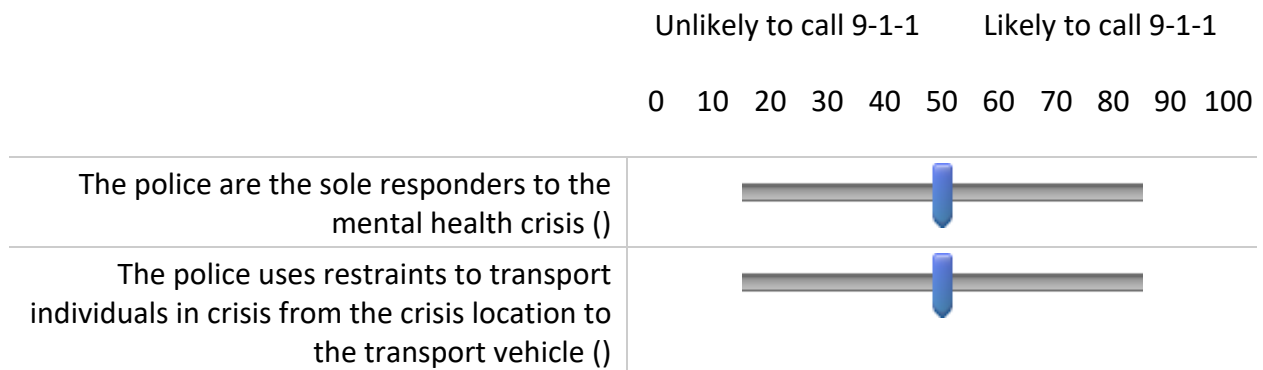
This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.

**Consent:** I have read and understand the above consent form. I certify that I am 18 years old or older. By clicking the “Next” button to enter the survey, I indicate my willingness to voluntarily take part in this study. Participants are encouraged to download a copy of the consent language for their records.

1. Which of these options best applies to you?
  - a. I am a University of Maryland undergraduate student
  - b. I am a University of Maryland graduate student
  - c. I do not attend the University of Maryland
2. What is your current year in college?
  - a. Freshman
  - b. Sophomore
  - c. Junior
  - d. Senior
  - e. Graduate student
3. Please type below your major(s)
4. How would you describe your gender? (select all that apply)
  - a. Male
  - b. Female
  - c. Non-binary/Third gender
  - d. Prefer to self describe
  - e. Prefer not to say
5. What races do you identify with?
  - a. White or Caucasian
  - b. Black or African American
  - c. American Indian/Native American or Alaskan
  - d. Asian
  - e. Native Hawaiian or Other Pacific Islander
  - f. Prefer to self describe

- g. Prefer not to say
6. Generally speaking, do you think most police officers are fair?
    - a. Yes
    - b. No
  7. Generally speaking, do you think police officers treat all people fairly regardless of status, age, gender, or race?
  8. Many people experience mental health strains and stressors. A mental health crisis is when an individual experiences thoughts of suicide, active psychosis, extreme panic, and generally high levels of distress that they themselves cannot reduce (Roennfeldt et al., 2021)
  9. Have you experienced an emergency mental health crisis response, either for yourself or through calling emergency services on someone's behalf in the past five years?
    - a. Yes
    - b. No (if no skip next two questions)
  10. Who did the response team consist of? (select all that apply)
    - a. Police
    - b. Mental Health Professional
    - c. EMT or Paramedic
    - d. Other
  11. How satisfied were you with the crisis response?
    - a. Extremely dissatisfied
    - b. Somewhat dissatisfied
    - c. Neither satisfied nor dissatisfied
    - d. Somewhat satisfied
    - e. Extremely satisfied
  12. If you or a friend were experiencing a mental health crisis (e.g., thoughts of suicide, psychosis, or overall danger to themselves or others), who would you reach out to for help?
    - a. No One
    - b. I would call 911 or 988
    - c. Family
    - d. Friends
    - e. University of Maryland Faculty
    - f. UMD Counseling Center
    - g. Other Mental Health Support Crisis Lines
    - h. Non-UMD Therapy
    - i. Residence Assistants (RAs)
  13. In your opinion, when an individual calls 911 or a mental health crisis line, who should respond when an individual experiences a mental health crisis on or around UMD campus?

- a. Police
  - b. Mental Health Professional
  - c. EMT or Paramedic
  - d. Other
14. What should happen during the response to a mental health crisis on or around UMD campus?
- a. Individual should be de-escalated at their location if possible
  - b. Individual should be transferred to medical and treatment services
  - c. Individual should be restrained during transport
  - d. Other
15. How well do you know the current UMPD mental health crisis response policy?
- a. Not well at all
  - b. Slightly well
  - c. Moderately well
  - d. Very well
  - e. Extremely well
16. Please use the sliders to display your willingness to contact mental health emergency services (9-1-1, 9-8-8, or the Counseling Center Hotline if you or a friend was suicidal based on the scenarios below (0 = extremely unlikely to call emergency services, 100= extremely likely to call emergency services)

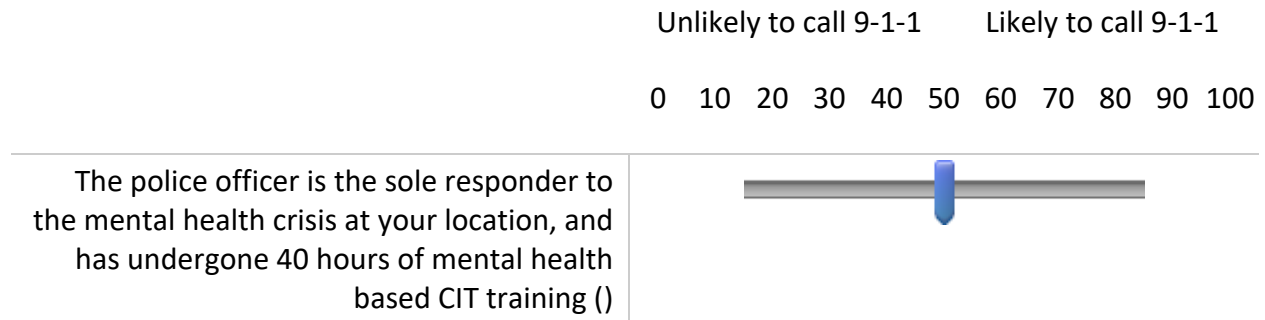


The Crisis Intervention Training Model is a common improvement policy response to mental health-related emergency calls. In this model, officers within their department's CIT team are given 40 hours of training on signs of mental illness, local mental health treatment and resources, legal topics, and de-escalation techniques (Watson & Fulambarker, 2012).

They are then the primary responders to **mental health crisis** emergency calls, which can cover suicidal ideation, active psychosis, extreme panic, and generally high levels of distress that an individual cannot reduce.

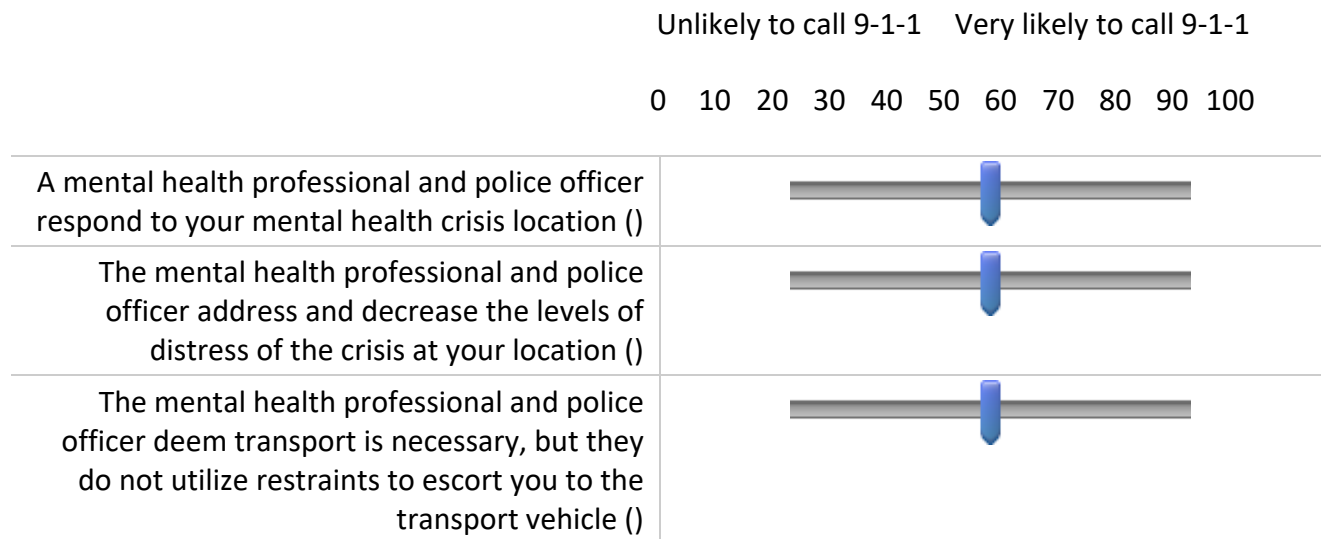
The questions below will ask your likelihood of calling an emergency line if you or someone you know was having suicidal thoughts. Answering these questions do not indicate that you yourself are suicidal, but rather your comfortability in seeking help for mental health related crises based on response policy.

17. Please use the sliders to display your willingness to contact mental health emergency services (9-1-1, 9-8-8, or the Counseling Center Hotline) if you or a friend was suicidal based on the scenarios below (0 = extremely unlikely to call emergency services, 100= extremely likely to call emergency services)



The **co-response model** utilizes a trained mental health professional to de-escalate and respond to a mental health crisis with the backup support of a police officer.

18. Please use the sliders to display your willingness to contact mental health emergency services (9-1-1, 9-8-8, or the Counseling Center Hotline) if you or a friend was suicidal based on the scenarios below (0 = extremely unlikely to call emergency services, 100= extremely likely to call emergency services)



19. Please rank which factors in police mental health response would most impact your decision to call 9-1-1 or other crisis hotline for a mental health crisis?
- a. \_\_\_\_\_ Police Presence
  - b. \_\_\_\_\_ Presence of lack of presence of mental health professional in response
  - c. \_\_\_\_\_ Use of police restraints
  - d. \_\_\_\_\_ Transportation vehicle type
  - e. \_\_\_\_\_ Transportation for further treatment
  - f. \_\_\_\_\_ Worry about other's perceptions of the crisis response
  - g. \_\_\_\_\_ Worry about impact on grades/academics
  - h. \_\_\_\_\_ Other

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