

BEHAVIORAL HEALTH

SPOTLIGHT

POLICING: DE-ESCALATING MENTAL HEALTH CRISES



BHARC

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ADVANCEMENT RESOURCE CENTER

Policing: De-escalating Mental Health Crises

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In recent months and years, national news and social media have documented multiple instances of police officers using excessive force or fatally injuring civilians, including individuals with mental health problems. These instances prompted national and international protests against police violence, especially toward minorities. They also inspired a national conversation about how police officers intervene with individuals experiencing mental health crises in the community.



Context

The context of these instances is complex. Among many factors that contribute to situations that lead to violence is the fact that many people who need mental health treatment do not receive it (SAMHSA, 2020; Tikkanen et al., 2020). Many State mental health budgets have experienced serious cuts. Untreated mental health and substance abuse disorders often leads to community and domestic crises. Police officers serve as the first—and sometimes the only—responders to such crises. As officers respond, they find themselves in the middle of domestic or community crises. Their response can affect whether a crisis is resolved, diminished, or worsened.

Crisis Intervention Team Programs

Crisis Intervention Team (CIT) programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates (people with mental illness and their families), and others to improve community responses to mental health crises (Usher et al., 2019). The CIT model is an innovative and systematic first responder approach to police-based crisis training and intervention. CIT looks to redirect individuals experi-

encing a mental health crisis from the justice system to the health and mental health systems. CIT is also designed to promote the safety of the officer and individual in crisis.

Goals of CIT Programs

Programmatically, CIT encourages a community-based partnership with law enforcement, mental health professionals, peer support specialists, advocates, and other positive community supports. In practice, CIT promotes connecting people in a mental health crisis to mental health services. It looks to reduce the trauma that individuals experience during a crisis and thus contributes to their long-term recovery. CIT seeks to enhance safety when law enforcement officers encounter people experiencing mental health crises. It encourages the use of law enforcement strategically during crisis situations, such as situations where there is an imminent threat to safety or a criminal concern.

Core Elements of CIT Programs

Central to CIT programs are (1) inclusive collaboration, (2) formal training, and (3) coordinated response (Rosenbaum et al., 2017). CIT programs collaborate and team with law enforcement agencies, mental health professionals, hospitals, homeless assistance providers, mental health peers, and family members. This creates a system of care. CIT programs provide extensive training about mental health, crisis de-escalation, safety, local mental health resources, and de-stigmatization. Coordinated response can be thought of as the active component of a CIT program, which can include field officers, mental health professionals, CIT detectives, and trained civilians. The CIT core elements are numerous and include (1) ongoing elements (partnerships, community ownership, and policies and procedures), (2) operational elements (officer, dispatch, coordinator; CIT curriculum; and mental health facilities), and (3) sustaining elements (evaluation and research, in-service training, recognition and honors, and outreach) (Dupont et al., 2007).

Effectiveness of CIT

The research evidence about CIT is limited, growing, and promising. Studies generally provide support that CIT has beneficial officer-level outcomes. For instance, there is evidence that CIT is associated with officers' improved



knowledge and attitudes about mental illness, improved ability to de-escalate crisis situations, improved ability to access treatment rather than jail for persons in a mental health crisis, perceived reduced use of force, and improved safety outcomes (Rogers et al., 2019; Compton et al., 2014a; Compton et al., 2014b; Cuddeback et al., 2016). Research suggests an increased readiness for situations involving people with mental illness, and officers are more likely to rate the mental health system and emergency departments as helpful entities (Bonfine et al., 2014; Compton et al., 2008).

At this time, there is insufficient evidence in the peer-reviewed literature to demonstrate CIT's benefits on the ultimate objective measures of arrests, officer injury, citizen injury, or use of force (Rogers et al., 2019). Research has not yet systematically examined these outcomes and well-designed research is warranted. However, there is sufficient evidence that CIT is associated with positive diversion-related outcomes. Studies show that CIT increases the self-perceived likelihood of referral or transport to mental health services and evidence is suggestive that CIT decreases the likelihood of arrest during encounters with individuals thought to have a mental health crisis (Rogers et al., 2019; Compton et al., 2014a; Compton et al., 2014b; Teller et al., 2006).

Commentary

Between 2013 and 2019, U.S. police officers fatally injured an estimated 7,666 people (Cheatham and Maizland, 2020). In 2018, approximately 1,000 people in the United States were fatally shot by law enforcement, and people with mental illness were involved in approximately

25 percent of those fatalities (Saleh et al., 2018). These instances suggest the need for a solution that de-escalates mental health crises in the community, promotes diversion to mental health resources, pivots away from a criminal justice response (when appropriate), and promotes mental health treatment and recovery. The CIT model was designed to be such a solution. While there is a dearth of well-designed studies that examine the effectiveness of CIT for ultimate outcomes such as reduced arrests, injuries, or use of force, there is compelling evidence that CIT has a positive effect. Several studies support the effectiveness of CIT to improve officers' knowledge, attitudes, and self-efficacy to respond to mental health crises. There is evidence that CIT training improves officers' intentions in relation to de-escalation and force preferences. There is evidence that CIT-trained

officers intend to use less force and make more linkages to mental health services. Research should examine if these intentions and self-perceptions lead to ultimate outcomes. Nevertheless, the existing research is promising.

CIT is designed to provide the foundation for promoting community and state solutions to help individuals with behavioral health crises. CIT provides a framework for problem solving regarding interactions between the criminal justice system and the mental health system and provides a mechanism for sustainable change. For these reasons, the CIT community partnership should be considered as a solution to the problems stated above. The CIT community partnership of law enforcement, mental health professionals, advocates and family members can provide substantial support in response to mental health crises across the country. 🇺🇸

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