



Role of Law Enforcement

RON BRUNO, CIT INTERNATIONAL

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Models of Crisis Intervention

Response by
specialized police
officer

Police response, in
consultation with
mental health
professionals

Response by both
police and mental
health professionals,
in partnership

Response by mental
health professionals

Peer response team

Pros



- ▶ Good starting point - shared interest
- ▶ Clinical support in the field more immediately
- ▶ Studies demonstrate:
 - ❑ Reduction in involuntary hospitalizations
 - ❑ Faster access to services
 - ❑ Faster release of first responders
 - ❑ Reduced use of police transport
 - ❑ Reduced ED trajectories
 - ❑ Reduced system costs
- ▶ When police response necessary, seen as beneficial

Cons



- ▶ Expensive / funding
- ▶ Understanding cultures (police / health)
- ▶ Hesitant to move to community based model
- ▶ Not the sole solution to MH encounters in the community
- ▶ Does not eliminate need for healthcare to put support in place for clients
- ▶ By having a police response, continues to stigmatize

Embedded Co-response Model



- Good model to start with for communities
- Cheaper to take a clinician and throw them in a police car vs. whole systemic change
- Challenge: next evolution of the program
 - Need to transition to a community based response model



Components and workings of an Integrated Crisis Response System

ER

Remain at scene

Receiving
Center

CRISIS INTERVENTION TEAM (CIT) PROGRAMS:

A BEST PRACTICE GUIDE FOR TRANSFORMING
COMMUNITY RESPONSES TO MENTAL HEALTH CRISES

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Discussion

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