

Professional News

Police Learn Better Response To People With Mental Illness

Rich Daly

The paradigm of standard police procedure has changed as police officers stop looking at some people with mental illness as "suspects" and began to consider them "customers."

Long known as "curbside counselors" because of their frontline-role in dealing with crises involving mentally ill individuals, police are now educated to back up the nickname. A growing number of police departments nationwide have adopted a new approach to interact more effectively and more safely with people with mental illness.

Under the program, known as Crisis Intervention Teams (CITs), communities train individual volunteer officers to know how mental illness manifests and best practices for dealing with those with mental illness in the field. Another arm of the program designates continuously available facilities where mental health professionals always accept police detainees with signs of mental illness. The final but critical aspect of the CIT program is to form partnerships with the mental health community so health professionals and those with mental illness can learn how the police operate and provide feedback on ways to improve the program.

Although the programs vary somewhat in different localities, program participants and researchers said in interviews with *Psychiatric News* and in published studies that the CIT program appears highly effective and among the best options for police departments looking to better handle situations involving people with mental illness.

"We're convinced that by providing additional skills to the officers, they have been able to de-escalate situations that in the past they might have not been so successful with," said Mark Munetz, M.D., chief clinical officer of the Summit County (Ohio) Alcohol, Drug Addiction, and Mental Health Services Board. Thus, individuals who are brought "to our emergency psychiatric facility are in better shape; they are calmer and often more willing to accept help. So it is a terrific program."

Origins of New Response

The CIT program began in Memphis, where police were looking for a better response to calls concerning people who displayed severe emotional disturbances than arresting and incarcerating them.

In 1988 the Memphis Police Department began working with the local chapter of the National Alliance on Mental Illness (NAMI) and two local universities to organize and implement the first CIT program and train officers.

The program now includes about 225 voluntary officers who have had 40 hours of special training from mental health professionals and psychiatrists, family advocates, and consumer groups. The training, like many CIT programs, includes instruction on the basics of psychiatry and psychology and de-stigmatizing mental illness, understanding the symptoms of these conditions, explaining the mechanics of the local mental health system, and learning de-escalation techniques. A part of the deescalation mindset is the practice of referring to individuals as "customers" instead of "suspects" or "detainees."

"This is probably the most challenging because it is helping officers—within the framework of their own safety and the public safety—learn how to talk more effectively to people in a mental health crisis," said Munetz, who runs training for an Akron, Ohio, CIT program. "In their regular training they are generally taught to take command and be in charge, and a lot of what we teach is being lower key, more patient, and more soothing in their approach."

The number of officers trained—a common CIT guideline is 25 percent of the force—allows some CIT officers to be available regardless of the day or time of an emergency call requiring CIT help.

Having a designated mental health facility to receive people whom CIT officers detail for erratic or disruptive behavior was critical for police to accept the program because it allows them to return to their patrols as quickly as a simple arrest would.

The Memphis program has since spread to police departments throughout Tennessee and in several other states, including Ohio, Texas, North Carolina, Iowa, Oregon, New Mexico, and Washington.

In Ohio the Department of Mental Health developed a coordinating "center of excellence" to promote CIT and other jail-diversion efforts, which has led to more than 1,200 volunteer officers' receiving training since May 2000, according to Munetz, a professor and acting chair of the Department of Psychiatry at the Northeastern Ohio Universities College of Medicine in Rootstown, Ohio.

Effective for Police and Patients?

Although no national study has yet been completed on CIT programs, several limited studies have found them effective and superior to other law enforcement approaches for dealing with individuals with mental illness.

A comparison of the leading police approaches to better handle people with mental illness found CIT programs were superior in having fewer arrests of those who displayed mental illness and a higher likelihood that they would be taken for treatment. The study, in the May 2000 APA journal *Psychiatric Services*, compared the outcomes of the Memphis CIT program with those of the civilian counselor teams who work with police in Birmingham, Ala., and the Knoxville, Tenn., mobile crisis units of specially trained officers.

The study found only the CIT model included a dedicated crisis triage center with a policy of not refusing police cases, which was at least partially responsible for CIT's much greater response to "mental disturbance" calls. The small number of personnel in the Birmingham and Knoxville programs resulted in those units' frequent unavailability to respond to mental disturbance calls.

The study found that CIT officers were less likely to arrest someone in a "specialized response" case (2 percent) than either the civilian counselor team (13 percent) or the mobile-crisis units (5 percent). CIT resulted in 75 percent of individuals in such cases being taken to a treatment location, while that happened for only 20 percent of the Birmingham cases and 42 percent of the Knoxville cases.

In comparison, more than 3,000 individuals have been processed by CIT officers in the Akron program since May 2000, with about 75 percent transported for treatment and 6 percent arrested, Munetz said.

"What I have found in my research and field work is that none of the programs is as extensive as CIT," said Bonnie Sultan, CIT technical assistance coordinator for NAMI. "There are some other options available, but CIT is the gold standard."

Sultan is conducting the first national study of CIT programs with the Council of State Governments and the Police Excellence Research Forum. Her study will identify the number of CIT programs, the number of jail-diversion programs, the number of individuals who are involved in each program, the types of training and personnel used, and funding sources. The results will be released in April.

Meanwhile, the number of CIT programs is expected to increase. One sign of that expected growth: The CIT programs' first national conference in 2005 had more than 700 attendees, when organizers expected only about 250.

Information about the Memphis CIT program is posted at

<www.cityofmemphis.org/printcontent.aspx?modid=2005&modtitle=Memphis+Police+Crisis+Intervention+Team>, and the program comparison study is posted at <<http://mhlp.fmhi.usf.edu/Training/lei/Originals/Major%20Models-Psych%20Serv.pdf>>. ■