

Research Briefing 1

The Effect of Crisis Intervention Team Training on Police Disposition of Mental Disturbance Calls

Objectives: Recognizing that police are often the first responders for individuals presenting with a mental illness crisis, police departments nationally are incorporating specialized training for officers in collaboration with local mental health systems. The model often used for the specialized training is that of Crisis Intervention Team (CIT), started in 1988 in Memphis, Tennessee, with currently over seventy departments nationally having formed their own CIT programs. The program involves a partnership between law enforcement and mental health systems to provide intensive training about mental illness and the local system of care to patrol officers who then are available to respond to mental disturbance calls. This study examined police dispatch data prior to and after implementation of a CIT program to assess the effect of training on officers' dispositions of calls.

Methods: We analyzed police dispatch logs for the two years preceding and four years following implementation of the CIT program in Akron, Ohio. We investigated

- 1) the monthly averages and rates of mental disturbance calls in comparison to overall calls to the police,
- 2) the disposition of mental disturbance calls over time,
- 3) the disposition of mental disturbance calls by whether the responder was CIT or non-CIT trained, and
- 4) the effects of the use of verbal de-escalation techniques on whether encounters were resolved with persons with mental illness voluntarily going to treatment.

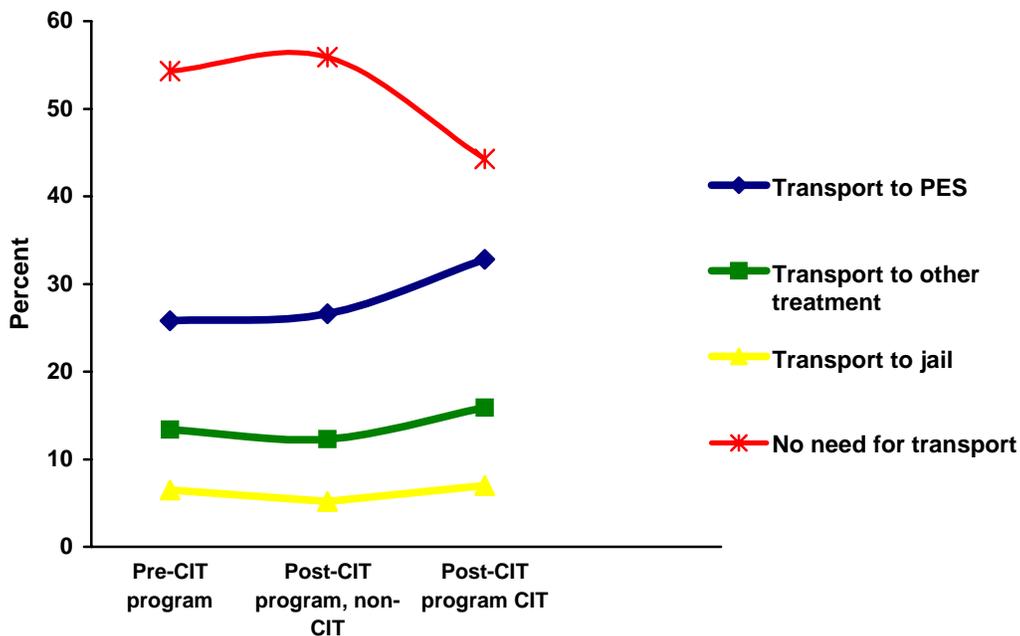
Results: Since the implementation of the specialized training program for police, there was an increase in the number and proportion of calls involving possible mental illness. We suspect at least two possible explanations for this increase in mental disturbance calls after program implementation. One is that the dispatchers were more aware and better prepared to assess a call as involving a person with mental illness. Second, with community knowledge of the CIT program and the participation of NAMI, callers are more often acknowledging involvement of a person with mental illness. Since CIT, family members report they are more comfortable calling the police to request help for a loved one and consumers of mental health services report calling the police to request help for themselves or peers.

There was an increased rate of transport by CIT-trained officers of people in mental illness crises to emergency treatment facilities, including a free-standing psychiatric emergency service and hospitals' emergency rooms. There was also an increase in transport on a voluntary status. There were no significant changes in the rate of arrests by time or training.

Research Briefing 1 continued

Figure 1 compares the rates of transport by time and training. CIT trained officers (33%) were more likely than both groups of non-CIT trained officers (before program implementation 26% and after program implementation 27%) to transport to the Psychiatric Emergency Services. CIT trained officers (16%) were more likely than non-CIT trained officers (12%) after program implementation to transport to other treatment facilities. CIT trained officers (44%) were less likely than either of the non-CIT trained groups (before 54%, after 56%) to determine a call did not need transport. All these relationships are statistically significant.

Figure 1. Dispositions by time and training for mental disturbance calls



For additional information, see Jennifer L.S. Teller, Mark R. Munetz, Karen M. Gil, Christian Ritter. 2005. “The Effect of Crisis Intervention Team Training on Police Disposition of Mental Disturbance Calls.” Psychiatric Services in press.

Funding provided by the Ohio Department of Mental Health and the Ohio Office of Criminal Justice Services. The data presented here are part of a larger study designed to investigate the relationships between diversion programs and the perception of stigma, receipt of psychiatric services, quality of life, and well-being for consumers of mental health services who were living in the community. The research team members are Principal Investigator, Christian Ritter, Ph.D., Co-Principal Investigator Mark Munetz, M.D., Project Director Jennifer L.S. Teller, Ph.D., and Research Associate Natalie Bonfine, M.A. If you desire further information or have questions about data interpretation, please contact either Dr. Ritter or Dr. Teller. (July 2005 rev. April 2007)