

# Integrating the Crisis Intervention Team model into Police culture

Kevin Lee

## Introduction

Much too often, police officers are placed in situations where the person they are dealing with, has some sort of mental illness (Demir et al., 2009). Although police officers during their training at their respective police academy, or at Depot for Royal Canadian Mounted Police (RCMP) officers, include an educational portion dealing with those with a mental illness, only those with significant mental health training give the best possible chance of de-escalating persons who are in a mental health crisis. Psychiatric nurses have proved themselves as an extremely valuable resource amongst police departments which operate a special unit in which a police officer and a psychiatric nurse respond to calls where a situation with a mentally ill person is involved. Alternatively, the Crisis Intervention Team model are gaining popularity South of the border, in which police departments train a handful of officers that have advanced training in dealing with a person with mental illness.

## Background

Currently, not all police agencies in Canada offer their front-line police officers the training of Crisis Intervention. Although the means of a special unit utilized with a police officer and a psychiatric nurse may be available, this installs heavy stress on those units. Nevertheless, certain police departments in major cities offer these specialized units which utilizes a psychiatric nurse to assist officers. Unfortunately, this requires additional wait time for the responding officers. Historically, police departments in the United States faced similar issues that Canadian police face today, when lacking specialized units, or members with advanced mental health training. Overwhelming statistics of injury, or death of persons with a mental illness, during the interaction with the police (NCBI, 2015).

## Methods

Secondary data was collected through EBSCO Discovery Services. Although the use of Canadian sources were paramount, American sources are included to reinforce the thesis. During the data collection, two intangible filters were applied. First, any articles that provide a full PDF report were accepted. Any articles that require payments were filtered out. Secondly, any articles that were in the same environment of supporting or arguing my thesis.

## Results/Findings

When looking at a parallel timeline for police departments in the United States, many major municipal police departments have already incorporated the Crisis Intervention Team model into their day-to-day operations. The results from the study found that police officers voluntarily desired further training in order to be more versatile during escalated situations, and interactions, with persons having a mental crisis. Although police departments in major cities offered specialized units that possess a psychiatric nurse to assist officers, this requires additional wait time for the responding officers. The training also gave police officers a different perspective and outlook when interacting with a mentally ill person. This in turn, also decreased reports of injury or death, after an escalated situation. One of the most important outcome of this research was that it offered police officers a critical perspective on how a person may seem aggressive, agitated, or otherwise out of the norm for a "normal" person, it may just be a way a person with a mental illness may behave during a critical situation.

Year	MPD Officers Trained	Other Officers Trained	Total
2009	105	1	106
2010	86	2	88
2011	136	17	153
2012	123	8	131
2013	137	11	148
2014	71	52	123
<b>Total</b>	<b>658</b>	<b>91</b>	<b>749</b>

## Discussion

A prevalent theme throughout the scholarly works was the concept of reducing, and raising. Reduction in use of force, and injuries during the encounter between the police and the mentally ill, and raising the knowledge that police officers encompass. Having police officers possess these two fundamental concepts when dealing with a mentally ill person would greatly reduce resources spent by our judicial system, by not having to charge, and contain, when it is not the solution. Demir et al.'s report states that the interactions between police and the mentally ill can be up to 10, and make up one-thirds of mental health referrals. By these statistics, "6,624 individuals with a serious mental illness had at least one arrest (mostly for non-violent crimes)..." (Demir et al., 2009). If roughly 6000 individuals are processed through the judicial system for non-violent crimes that possibly include actions that could have been avoided by police officers equipped with Crisis Intervention training, that is a monumental amount of resources that may have been saved. In addition, police officers have the ability to forward persons with mental illness to mental health professionals in order to provide further assistance. As well with the Crisis Intervention Team concepts, it could very well transfer over to youths and juveniles who have a mental illness. In Canada with the Youth Criminal Justice Act., it is almost assured that juveniles will go through an alternative measure, as long as they have committed a summary offence, with no others hurt.

## Conclusions or Recommendations

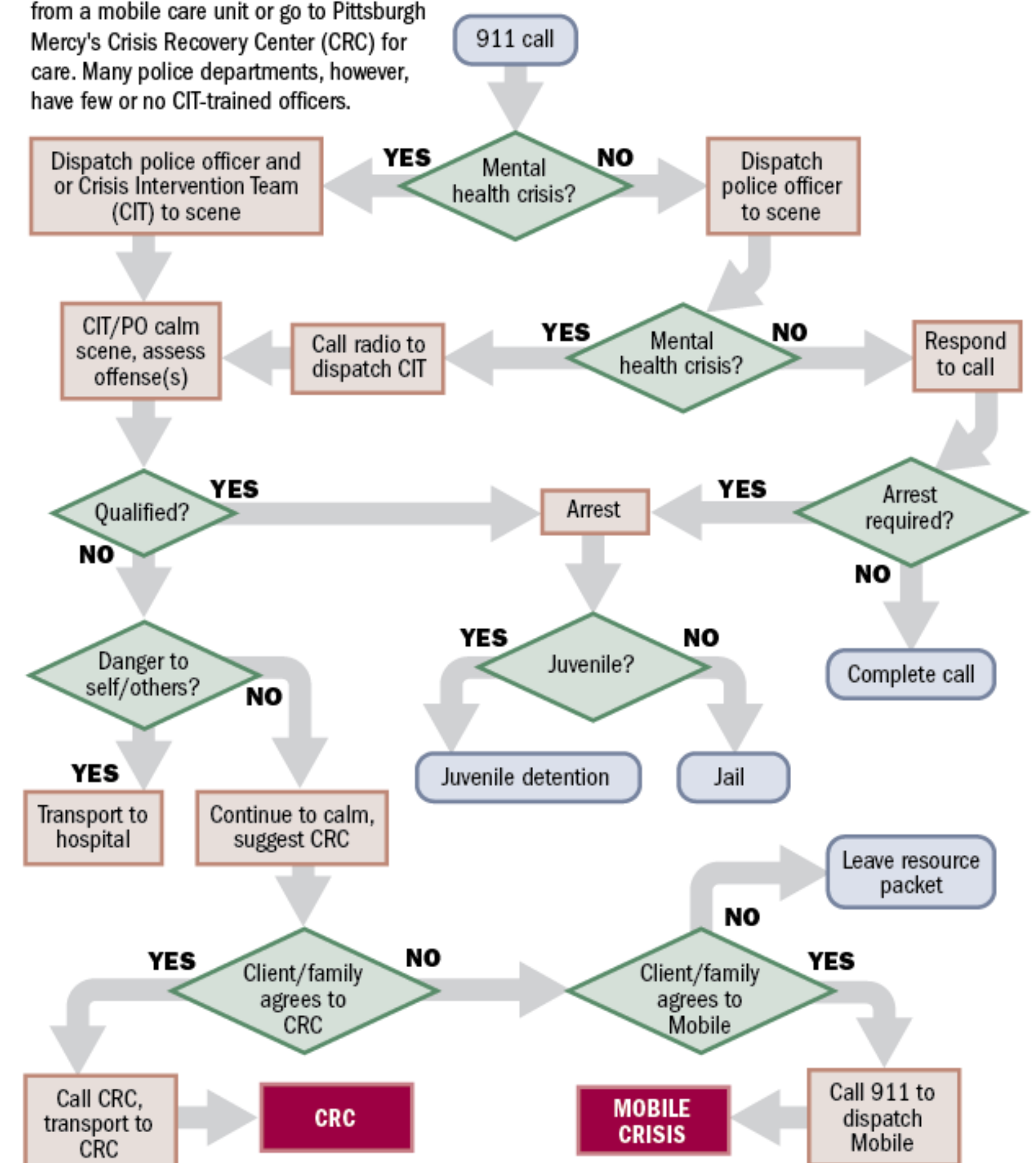
The final recommended application from this study is that all police departments in Canada should conduct an operational study into the benefits of integrating the Crisis Intervention Team model into their own police culture, whether it starts during their initial training academy, or by selecting a number of police officers that can further assist calls involving a mentally ill person.

## References

- Demir, B., Broussard, B., Goulding, S., & Compton, M. (2009). Beliefs about causes of schizophrenia among police officers before and after crisis intervention team training. *Community Mental Health Journal*
- Metzl, J., & MacLeish, K. (2015). Mental Illness, Mass Shootings, and the Politics of American Firearms

### Crisis Intervention Team process flow chart

When Allegheny County dispatchers answer a 911 call, they ask a series of questions to determine whether a mental health issue is involved. If so, the dispatcher attempts to send an officer with Crisis Intervention Team (CIT) training. The officer might recommend that the person in crisis receive assistance from a mobile care unit or go to Pittsburgh Mercy's Crisis Recovery Center (CRC) for care. Many police departments, however, have few or no CIT-trained officers.



Source: Allegheny County and county's 2012 report on CIT training

James Hilston/Post-Gazette