

Resources

SAMHSA

Substance Abuse and Mental Health Services Administration
www.samhsa.org

SAMHSA Behavioral Health Treatment Services Locator:
<http://findtreatment.samhsa.gov>

NAMI

National Alliance on Mental Illness
www.nami.org

CIT

International Crisis Intervention Team
www.citinternational.org

MENTAL HEALTH FIRST AID

www.mentalhealthfirstaid.org/cs

NATIONAL COALITION FOR MENTAL HEALTH RECOVERY

www.ncmhr.org

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS

www.nasmhpd.org/index.aspx

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE

44 Canal Center Plaza, Suite 200
Alexandria, Virginia 22314
1-800-THE-IACP
www.theiacp.org

Serving the Leaders of Today, Developing the Leaders of Tomorrow

Implementing Proven Strategies

CRISIS INTERVENTION TEAM (CIT)

Chiefs and police leaders need to explore the creation of a Crisis Intervention Teams (CIT) in their agencies. CIT, using a multi-disciplinary approach, is designed to:

- improve the outcome of police interactions with people with mental illness by de-escalating crisis situations;
- decrease the use of force by officers; and
- increase mental health consumers' access to community treatment options.

This program guides individuals to appropriate mental health services and offers support, instead of sending them straight into the criminal justice system. Every officer and supervisor has to know that CIT is a priority for the law enforcement organization.

CIT success is dependent on training. Training provides officers with the skills necessary to recognize the behavioral characteristics of persons with mental illness, identify local mental health system characteristics, and employ methods to de-escalate crisis situations. This reduces the need for use of physical force and helps aid in officer safety.

CIT is most effective when law enforcement, mental health providers, individuals living with mental illness, and family and community leaders work together. Diverting individuals away from the criminal justice system will work only if the treatment system provides support and services.

Smaller agencies may have difficulty when trying to afford and implement CIT, but it can be accomplished one step at a time. With an effective plan, sending one officer at a time for training, and a commitment to the program, CIT can work in smaller agencies.

MENTAL HEALTH FIRST AID

Another key tool is Mental Health First Aid, which differs slightly from CIT. First, Mental Health First Aid training is more accessible to all officers because the training is only eight hours compared to 40 hours of training for CIT. Secondly, Mental Health First Aid training is more manageable for a department due to time and cost restraints. Mental Health First Aid Training is essential to provide officers with the skills they need to assist someone who has a mental health problem or is experiencing a mental health crisis. Such training builds mental health literacy and helps officers identify, understand, and respond to signs of mental illness. Officers need to learn how to assess risk, listen to and support the person in crisis, and more. Trained officers can learn from and work with trained victim advocates to help someone through a panic attack, engage with someone who may be suicidal, or assist an individual who has overdosed.

Designing a Program for Your Jurisdiction

Law enforcement executives can influence and provide input to a broad range of public policy and resource allocation decisions relevant to community mental health systems and services. They can also endorse Assisted Outpatient Treatment laws which have been proven as the least restrictive and most effective option for those suffering with untreated severe mental illness.

To prioritize professional care for the individuals with mental illness or intellectual/developmental disabilities, chiefs should leverage their surrounding mental health and law enforcement agencies to assist them in supporting legislation within their jurisdictions that assists those with mental health issues or intellectual/developmental disabilities. This legislation would address the problem of incarceration and limited bed space.

Law enforcement should be aware of the high rate of criminal victimization among this population as well. People with intellectual/development disabilities are twice as likely to be victimized compared to those without disabilities.

In addition, police leaders need to focus on data-driven strategies to find effective solutions. There are many questions a chief needs to answer before moving forward, including geography, demographics, available resources, training, privacy issues, and more. What is an agency's actual cost of arrest versus an officer's time on the street? How many calls for service actually involve individuals with mental health issues and intellectual/developmental disabilities? While a telephone response model might work in a rural area, would a mental health response co-model work better in a large urban area, where local hospitals and mental health services are more readily available? Chiefs can leverage existing research as they build their programs. An example of this is the IACP 2010 Summit report *Building Safer Communities: Improving Police Response to Persons with Mental Illness*. This resource can be found at www.theiacp.org, under publications.

Improving Officer Response to Persons with Mental Illness and Other Disabilities

A Guide for Law Enforcement Leaders



