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Exploring the Role of Crisis Intervention Teams in Mental Health Services

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Abstract. This paper discusses the role of the police force in mental health service provision, analyzes the effectiveness of the Crisis Intervention Teams (CIT) utilizing the Toronto police service as an example, explores the application of CIT from a service user perspective, and concludes by proposing an innovative strategy to improve the performance of the CITs. This paper argues that although the CIT is a powerful responder for mental health crises, it may not be the best choice for clients.

Keywords. crisis response team, mental health services, police force, role, reflection, innovation

The Police Force's Role in Mental Health Service Provision

The police force has played an important role in mental health service provision. The societal shifts from psychiatric institutions to services in the community in the 1960s resulted in more police involvement in mental health service provision (Canas, 2020). Police officers have become the primary responders in mental health emergencies that occur in homes and other community settings (Lamanna et al., 2015). Although societal shifts towards community mental health service provision were well intentioned, it was also implemented without the development of adequate community mental health support services (Canas, 2020). With the profound lack of community-based resources to meet service needs, the role of police as mental health interventionists has been controversial and complex (Wood & Watson, 2017). Police officers are faced with a new challenge because of the change in their roles.

Traditionally, police officers represent the civil authority of governments. They usually maintain public order and enforce the law (Whetstone, 2020). However, with community-based service provisions, the roles of police officers have shifted. In the past, the main types of calls they responded to were proactive policing, related to suspicious persons and activities, fights, and so on (Whetstone, 2020). Due to societal changes, however, police officers now also need to respond to calls involving people experiencing mental health illness and achieve the right balance between crisis response and the duty to protect the vulnerable of society (Toronto Police Services, 2013). They also need to avert escalation and injury to both individuals in crisis and reduce pressure on the justice and health systems. Responding to mental health calls impacts police officers' responsibilities. Some of the new responsibilities police officers are now tasked with include de-escalating crisis situations, providing direct assistance to individuals that are experiencing mental health distress, transporting individuals that are in a state of crisis to

hospitals and community mental health services, and finding temporary alternative living arrangements for youth and adults involved domestic violence (Lamanna et al. 2015). The fulfillment of these new responsibilities requires support and a new creative approach.

CIT training has become a mandatory part of police training (Toronto Police Service, 2013). Police officers find responding to these types of situations challenging. This may be due to a number of factors including a real or perceived lack of training on how to respond effectively to mental health crises and uncertainty in referrals to appropriate community services (Toronto Police Service, 2013). To begin to address these challenges, it is necessary to enhance CIT training. Receiving mental health training could increase the confidence of police officers (Lamanna et al., 2015). The training can also reduce stigmatising attitudes among officers and often lead to a better understanding of mental health challenges and utilization of more adept strategies during crisis situations. Police training can and should be improved. First, the training needs to prioritize client safety. Second, the training needs to foster and demonstrate a relationship between the CIT team and the community crisis system. Third, police training needs to be updated and ongoing. Fourth, the training should use multiple trainers with different subject matter expertise. With these reform measures, CIT training could improve significantly.

Crisis Intervention Teams

The CIT is a police and mental health collaborative partnership between Toronto area hospitals and the Toronto Police Service and it responds to situation involving individuals experiencing mental health crisis (Toronto Police Services, 2020). In the last few years, police have responded to mental health calls more often overall. Though police officers feel they have a duty to assist individuals with mental health issues, many of them are not satisfied with departmentally available options and desire better alternatives for responding to mental health-related calls (Yang et al., 2018). In response to increasing numbers of mental health calls, the creation of a crisis response team has become of the utmost importance to police agencies (Lamanna et al., 2015). The objectives of the CIT include assisting frontline officers in interacting with people with mental health issues, assisting individuals experiencing mental health distress with obtaining access to treatment and community referrals, and diverting people with mental health issues from the criminal justice system to the mental health system where appropriate (Lamanna et al., 2015). The CIT consist of a mental health nurse and a specially trained police officer and provides a secondary response to calls for service involving individuals experiencing a mental health crisis (Toronto Police Services, 2020). According to the Toronto Police Services (2020), there are currently six active CITs which include: 11/14/12 divisions which are partnered with St. Joseph's Health Center; 12/13/23/31 divisions which are partnered with Humber River Hospital; 32/33 divisions which are partnered with North York General Hospital; 41/42/43 divisions which are partnered with Scarborough and Rouge Hospital; 51/52 divisions which are partnered with St. Michael's Hospital; and 53/54/55 division which are partnered with Michael Garron Hospital. This close cooperation between police and hospital services contributes to the vitality of the CIT.

The CIT has accumulated some noteworthy achievements since it was created. It has led to the development of partnerships between police agencies and community mental health agencies and hospitals (Lamanna et al., 2015). Also, it has been effective in reducing incidents of police violence when intervening with people with mental illness (Jun et al., 2020). Furthermore, clients value providers who have mental health expertise. Currently, there are limitations to the CIT's effectiveness due to internal confusion about the team's mandate, limited staffing and hours of operation and challenges in supervising and supporting the crisis team officers. To make CIT more effective, adequacy in crisis prevention, availability in mental

health services including crisis services in hospital and community settings should be highlighted (Lamanna et al., 2015). Other factors cover extending to 24/7 support and increasing response for children and family members (Canas, 2020). There are also internal limitations within these teams. It is a challenge for police officers and nurses to integrate in a CIT. Nurses may encounter difficulties associated with policing environments and officers may be faced with barriers related to medical or mental illness interventions. Also, the presence of role ambiguity in teams may become a barrier (Ashcroft et al., 2019). Furthermore, it is difficult for officers and nurses to maintain a healthy balance of power within a crisis team. When decision-making conflicts and disagreements arise, who is to take control? The service users may be impacted by these limitations. Since the CIT operates from 11 a.m. to 11 p. m. depending on the team, it is often not accessible in the mornings or during the night. The service users are limited in their access because children and family members are excluded from the services. Lastly, the services may be delayed because of possible disagreements between crisis team members. These achievements and limitations provide a framework for further improvements by CIT initiators.

Reflection

Although the CIT has proven itself to be an effective model to respond to mental health calls, clients would not be advised to call a crisis response team for mental health support. The main reason is that the CIT cannot be a substitute for routine mental health support in hospitals and communities. The use of force remains a possibility and the time allotted for the assessment of the mental health conditions of clients is usually too short. These factors may negatively impact the result of the assessment and actions of the CIT. Also, clients do not have direct access to the CIT. The dispatchers have the decision power to connect clients to the CIT or not. However, these dispatchers may not have the necessary mental health training to make judicious decisions in a given situation. It would be important to inform clients and their families when they call for support that the crisis response team cannot be accessed directly. Clients need to call 911 for support and a dispatcher will determine if a regular police unit will respond to the crisis call independently or with the CIT (Toronto Police Services, 2013). Also, clients need to know that the CITs are not accessible 24/7. If calling for crisis assistance was part of a safety/crisis plan, it would not be regarded as the first person/agency the client should contact. Firstly, clients often feel overwhelmed by larger groups of crisis personnel. Secondly, clients may feel criminalized by the use of handcuffs and marked police vehicles. Thirdly, clients emphasize the value of de-escalation and calming communication techniques. However, CITs tend to be under pressure for time in these situations and have less time to invest in an interaction (Lamanna et al., 2015). A system could be instituted to collect data on performance of the CIT and an ongoing evaluation from both service providers and service users could be conducted to develop best practices.

Innovation

Improvements in the effectiveness of crisis response teams are possible and necessary. The crisis teams need to continue to learn from the community, especially from consumer-survivors and those who serve them (Toronto Police Service, 2013). Other strategies include training and education, matching crisis needs to appropriate and measured responses, availability and flexibility of crisis responders, referrals to community-based services, and crisis response planning and community engagement (Lamanna et al., 2015). To improve police crisis support plans overall, Toronto needs to clearly map the CIT's current organizational capacity, review CITs in other jurisdictions including evidence supported interventions, guide further

steps in planning a high quality, comprehensive, and evidence-informed crisis system (Lamanna et al., 2015). The police might not the most appropriate party that provides crisis supports. When people look for mental health, hospital or community support, intervention may be their first consideration. The death of a Toronto woman who fell from her 24th floor balcony while police were in her home has renewed calls for an overhaul of how police deal with people in mental health crises (Casey, 2020). In this case, the interaction between the police officers and the person struggling with mental illness was deadly. When clients are struggling, they do not have to call police. They can call professional mental health facilities. More funding is required and considerable increases in investment in mental health programs are needed to offer more avenues and options to clients.

In summary, the police force is now more involved in mental health provision due to societal shifts. The CIT is an alternative tool to respond to mental health crises and it has achieved some important goals. However, the CIT may not be the best option for clients during mental health crises and it cannot replace the support of professional mental health staff and facilities. Community mental health programs and institutions should receive more resources and be adequately funded from governments to provide better services and more options for clients.

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