

THE ROLE OF CRISIS INTERVENTION TEAMS IN REDUCING POLICE SHOOTINGS OF PEOPLE WITH MENTAL ILLNESS

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Abstract: This paper examines the increasing rates of mental illness in the United States, with a focus on the impact of untreated mental illness on society. The paper begins by providing an overview of the prevalence of mental illness in the United States, and the consequences of not receiving treatment. It then discusses the factors that contribute to the increase in mental illness, and the challenges of providing mental health care in the United States. The paper concludes by calling for increased investment in mental health care, and for a more comprehensive approach to addressing the issue of mental illness.

Keywords: mental illness, untreated mental illness, society, consequences, prevalence, factors, challenges, investment, comprehensive approach

Introduction

This decade has witnessed an increase in the reported cases of poor mental health among the American public. According to the *Treatment Advocacy Center*, an estimated 8.8 million people in the U.S. suffer from severe mental illness. This says nothing about people who face other forms of depression. Of those suffering from severe mental illness, 5.9 million suffer bipolar disorders, 2.8 million suffer schizophrenia, and 4.2 million are untreated in any given year. The consequences of not receiving treatment present a host of problems for society in general that range from homelessness, being criminalized, and warehoused in places of confinement (e.g., jails and prisons), suicides, isolated cases of stranger homicides, family-related homicides, and half of all reported mass killings (Dempsey, 2020). The increase in reported mental health cases has equally impacted all segments of society in a manner that transcends racial/ethnic, gender, and economic lines. Mental health experts report that Americans of all ages including children, teenagers, and young adults are not exempted from mental illness, especially considering the impact that *Covid 19* has had on everyone. In fact, many experts report that young Americans are prominently represented among mental health statistics (Dlugosz, 2021).

Recent suicides of college athletes such as Sarah Shulze from *James Madison University* and Lauren Bennett from the *University of Wisconsin* are instructive regarding how mental health can affect young Americans. Experts find that anyone in society can suffer from mental health, but some experts argue that those who make up the poorest segments of society are more exposed to its consequences since they lack access to private care and are more likely to seek police assistance for help (Simon, Beder, & Manseau, 2018; Gaines & Kappeler, 2008). While the number of reported cases has increased, undiagnosed cases have also experienced an increase. From a criminal justice standpoint, this invariably means an increase in the number of encounters police officers will face with people with mental illness (PMI)(e.g., as victims of crime, witnesses, or offenders) since their family members

and others will call police to intervene to forcibly obtain health care for people suffering from various types of mental disorders (Kane, Evans, & Shokrane, 2017). Calling police to assist PMIs is nothing new in America since efforts of deinstitutionalization that started in the 1970s led to vicariously expanding the role of officers to perform more community oriented policing tasks. Some scholars suggest that when the mentally ill were released from incarceration, tens of thousands were literally placed on the streets and became part of the homeless population. They quickly became a policing problem nationally and the justice system took on the role of the mental health system (Peak & Everett, 2017, p. 407). In fact, Cordner (2006) reported that PMIs account for many calls for police service. Similarly, LaGrange (2000) found that one large police department reported that 89 percent of its officers had contact with PMIs. Peterson & Densley (2018) and Wells & Scaher (2006) contend that frontline police officers are challenged because as first responders, their training requires that they use a command-and-control strategy which is ineffective when dealing with PMIs. An unfortunate reality is that PMIs often have dangerous experiences with police since mental illness is often triggered by stress, trauma, and environmental factors found in these exchanges (Pettitt et al., 2013; Belsky & Pluess, 2009). Police contend they cannot reason with PMIs and nonlethal force is ineffective. As such, some encounters may escalate into acts of brutality and in custody deaths (Teplin, 2000). This begs the question, are police officers qualified to assist PMIs since some may suffer from anxiety disorders, bipolar disorders, personality disorders, post-traumatic stress disorders, psychotic disorders, and others? The *American Psychiatric Association* (APA) cautions that most people with mental illness are not violent and because they suffer from poor mental health, it does not automatically mean that they are dangerous or pose a threat to themselves or others. According to APA, the reality is that in most cases, people who commit crimes are mentally fit (Stout, 2019). What is more important is that the police officers who encounter and interact with PMIs have an awareness about mental illness and know how to recognize the warning signs to respond in ways that deescalate potentially violent situations. To that end, a cursory review of the criminal justice scholarly literature reveals that scant attention has been given to police encounters with PMIs. Most studies have been conducted by psychologists and psychiatrists and is found in the psychology literature. This is concerning given the fact that these incidents are both about mental health, as well as the criminal justice response, especially the initial encounter with the gatekeepers of the justice system, the police. Moreover, given the recent reports of increased numbers of Americans with mental health issues, one would think that this would necessitate more research conducted by criminal justice experts and criminologists in this neglected area of criminal justice. Because of this, our manuscript is divided into four parts. Part One presents the nature and extent of police shootings of PMIs. Part Two addresses police shootings of PMIs as a public health issue. Part Three examines viable strategies to prevent the shootings of PMIs. Part Four discusses policing PMIs using CITs. In the end, we argue that with adequate training, police officers can be taught to not harm or injure PMIs.

Part One: Nature and Extent of Police Shootings of PMIs

Calculating the number of people who suffer from poor mental health and have been shot and killed by police is not an easy task to undertake. Notwithstanding, the *Uniform Crime Reports* and the *Bureau of Justice Statistics* on police use of fatal force have faced criticisms directed at the lack of accurate statistics on reporting fatal police encounters, chief among them is that these data compilations do not speak to the mental health status of those killed by police (Frankham, 2018). Nevertheless, some statistics reveal that in 2018, of the 1,000 people who were shot and killed by police, PMIs accounted for an estimated 25% or 1 in 4 of those fatalities (Roger, McNiel, & Binder, 2019; Saleh, Applebaum, & Liu, 2018; Stout, 2019). Statistics from the Post database show that Whites account for 58% of deaths, Blacks compose 16 percent, and Latinx makeup 13 percent. The number of blacks killed by police is disproportionate given that blacks' makeup 12 percent of the US population. Moreover, males with mental health issues compared with their female counterparts face a greater likelihood of being fatally shot

by police. Data reveal that males account for 94 percent of the victims (Kindy et al., 2020). Other statistics confirm that this percentage has remained stable from 2015 and 2018 (Fatal Force, 2018). Despite the number of police killings of PMIs, a recent report published by the *National Alliance on Mental Illness* (2022), suggests that the number of PMIs has been grossly underestimated and the actual numbers are that half of the people killed by police have a disability. The report provides that while media coverage is focused on police-community relations between law enforcement and racial and ethnic minorities, many other people who interact with police, namely PMIs are ignored by the media and law enforcement policy (*National Alliance on Mental Illness*, 2022; Stout, 2019). This is concerning since a quarter of those killed by police exhibit signs of poor mental health (Frankham, 2018).

Consequently, because police are the first and sometimes the only responders to assist PMIs during acute distress (Lamb, Weinberger, & DeCuir, 2002, p.1), they are called to situations they presume are dangerous when what is needed is urgent care, rather than, the use of lethal force since most acts of violence are committed by people who are not mentally ill (*National Alliance on Mental Illness*, 2022; Stout, 2019).

Officers either perceive or have implicit biases towards the mentally ill that often manifest in the use of excessive force to subdue them when it is not necessary in most cases since they are not naturally known as a dangerous group (Ruiz & Miller, 2004). For example, Cordner (2006) contends that when PMIs are experiencing acute crisis, police officers untrained in recognizing the signs of poor mental health may assume that they are ignoring their orders when the reality is that they may not understand what is being asked given the circumstances, and consequently, police may interpret the situation as an act of defiance and respond with lethal violence. However, the *National Institute of Mental Health* (NIMH) finds that people with serious mental illness such as psychosis with hallucinations are three times more likely to be violent than others in the general population. In fact, NIMH reports that the chances of those who are seriously mentally ill being more violent is contingent on factors such as whether they engage in substance abuse, have a history of violence, or fail to take prescribed medication. These same experts also report that PMIs who receive treatment face a risk of death that is 16 times higher compared with PMIs who are untreated when they are initially approached or stopped by police. Kindy and colleagues (2020) describe many encounters that police have with PMIs as unpredictable since they display frantic behavior while experiencing psychosis which prevents them from following police commands. These encounters can be dangerous because PMIs are often armed with a weapon. In fact, statistics show that in half of the cases, the PMI had a gun or possessed a knife in 28 percent of the cases. Therefore, the initial encounter is viewed as critical to the health of both police and PMIs, especially since experts report that in 36 percent of all encounters with PMIs, police report that they were either shot at or experienced a physical attack. Research also reveals that police are more likely to shoot and kill PMIs living in areas that have a population of less than a million residents. In fact, the statistics show that PMIs are 39 percent more likely to be killed if they live in small and midsize metropolitan areas (Kindy et al., 2020).

Part Two: Police Shootings of PMIs is a Public Health Issue

While shootings of PMIs are concerning to everyone in society, when the victims are black or African American, it creates a public health issue within the black community that is exacerbated by its historical lack of trust with law enforcement officers owing to the black and African American experience with the justice system being characterized by violence and trauma (Young-Drake, Aladetimi, Chambers & Radford, 2021). Research reveals that some in the black community collectively suffers from an increased rate of mental health issues such as anxiety, stress, depression, and hopelessness (Braitwaite & Taylor, 2001). Therefore, any subsequent psychological difficulties such as police shootings and killings of PMIs serve to reopen old wounds that have never healed and are stark reminders of historical oppression, institutionalized racism, and dehumanization

(Young-Drake et al., 2021). In fact, some social justice and health experts argue that police violence against the black community including PMIs has been routinized since it appears almost daily in local news programming. Sometimes, depictions of violence and deaths are so graphic that it creates fear, stress, and panic among the black community, especially when police shootings are shown in real time and are broadcast throughout the day. For example, the killing of an unarmed black man with mental health issues that sent fear, stress, and trauma that ignited protests throughout the black community and across the nation is instructive in this regard. Kindy and colleagues (2020) reported that a video was released capturing Daniel Prude, an unarmed 41 years old with mental issues being violently killed by officers of the Rochester N.Y., police department. The video shows several officers placing a hoodie over Daniel's head, pinning his naked body to the ground and then repeatedly pressing his chest to the pavement. Media experts and psychologists report replaying violent and traumatic shooting events on television has an adverse psychological impact on some viewers. Consequently, this has affected marginalized community residents' willingness to trust and seek access to health care from other institutions in society, namely the medical system.

As with the lack of trust in policing, many blacks, and African Americans, do not trust the medical system either. Health experts report that blacks have also been the victims of historical abuses under the guise of health care and some of their suspicions may originate from the Tuskegee experiment and the Henrietta Lacks case. In the former, the federal government refused to treat 400 black sharecroppers who were infected with syphilis. The results were that many died a painful death. In the case of Henrietta Lacks, *Johns Hopkins University* took and used her cells without informed consent and sold them for research and made billions in profit. When the family sued, the University engaged in character assassination labeling Lacks as an insignificant prostitute. This withstanding, violence against the black community has always been concerning.

However, recently, the *Centers for Disease Control and Prevention* and the *World Health Organization* declared police violence and brutality against minorities, especially African Americans as a public health issue primarily because blacks in these communities report having high levels of fear and stress that they experience either directly or vicariously from their encounters with police. Many people living in the community are often aware of PMIs and others who were either seriously injured or killed by police (Williams, 2018; Dempsey et al., 2020). This often leads to poor psychological and physical health consequences such as post-traumatic stress disorder (PTSD), high blood pressure, hypertension, stroke, and heart disease (Young-Drake et al., 2021). In addition, blacks are also more likely to experience chronic and persistent mental health for various reasons that range from mistrust of the medical profession, lack of necessary funds, and lack of access to black health care professionals. Medical professionals, especially mental health experts have found a nexus between the perception of racism and increased levels of depression, anxiety, substance abuse, and suicidal behavior among black youth and younger adults. There is also evidence that supports the notion that poor blacks living below the poverty line are more likely to report serious psychological stress compared with those living above the poverty line (Braitwaite & Taylor, 2001). Reports of increased mental health cases in America could single an increase in police shootings of blacks with PMIs. As such, it threatens the psychological as well as physical health of the entire community. For this reason, it is a public health issue.

Part Three: Viable Strategies to Prevent the Shootings of PMIs

Assisting PMIs has proven to be problematic for police officers since they often lack adequate training, adequate departmental policy, and the necessary community resources setup to assist and care for this special population that would be better served by being referred to mental health professionals (King & Dunn, 2004). Beyond the obvious, health care experts contend that the exchanges that police have with PMIs can be extremely challenging to all parties concerned since these types of service calls typically require more time than other calls (i.e., police

must slow down the interactions with people in crisis), require that police have specialized training and skill sets, involve repeat encounters with the same PMI, deal with people who others may report as a nuisance that committed a minor offense instead of a serious crime, and in the end, risk the safety of themselves and PMIs. Not to mention, a reliance on the community to have mental health resources to achieve an effective outcome (Kane, Evans, & Shokrane, 2017a; Dempsey et al., 2020). Those who suffer from poor mental health often find themselves in awkward positions often being processed by institutions such as psychiatric emergency units, emergency rooms, jails, and prisons (Dempsey et al., 2020). In an early study that measured police readiness and qualifications to assist PMIs, slightly over fifty percent of officers reported feeling qualified to adequately help them (Ruiz & Miller, 2004). Researchers reported that this reaction was expected given that police officers are not typically trained to assist PMIs, many officers often question if their role is to enforce the law or function as social workers in the communities they serve. In another early study that examined the various ways police officers would respond to assisting PMIs, the results revealed that officers relied on several informal approaches that ranged from simply calming PMIs down, to returning them to their respective homes, to effecting an arrest to having PMIs civilly committed. In some extreme cases, police officers would routinely transport PMIs away from their jurisdictions into neighboring towns to rid themselves of the mental health problem. Of these strategies, returning PMIs to their homes was the officers' favorite method of choice (Teplin, 1986).

Crisis Intervention Team (CIT)

When police officers confront PMIs, they rely on the "Memphis Model". The model is viewed as the prototype and was developed two decades ago after a police officer in Memphis, Tennessee shot and killed a PMI who yielded a knife and failed to voluntarily comply with the officer's command to disarm (Peak & Everett, 2017). An investigation found that the victim suffered from a history of mental illness including schizophrenia. Experts believe this shooting invariably led to law enforcement reforms when encountering PMIs. Today, those departments using the model refer to it as crisis intervention team (CIT) training. Since its inception, it has gained widespread attention in the US as well as other countries (including *Canada, Australia, and the United Kingdom*) and is viewed as a safety net in communities where there is a lack of access to mental health services and efforts toward intervention are left to first responders (Rogers, McNeil, & Binder, 2019; Kane et al., 2017; Dempsey et al., 2020). CIT training is reported to be an effective strategy when police face stressful situations with people suffering from emotional, mental, or developmental challenges (Rogers et al., 2019, p1; Kane, Evans, & Shokrane, 2017b). More specifically, CIT training is a specialized police curriculum that primarily emphasizes de-escalating potentially harmful and deadly encounters by teaching officers to approach PMIs in a different manner compared with those not suffering poor mental health. As previously stated, since police officers are often the first responders, instead of initially drawing their weapons, CIT officers are trained to use body language and voice commands to ease emotionally disturbed people into voluntary compliance (Peak & Everett, 2017).

Kindy and colleagues (2020) explain that in CIT programs, police are trained to de-escalate stressful situations by slowing the encounter down by speaking calmly to PMIs and dispatchers to ensure the safety of all parties involved.

CIT training uses sworn police officers and non-police employees (Pogrebin, 1986). Some scholars report that CIT training attempts to create connections between police and other first responders such as paramedics and dispatchers, mental health professionals, PMIs, and their respective families to ensure everyone's safety (Dempsey et al., 2020). Most CITs have several goals that include: (1) reducing police officers and citizens injuries; (2) providing a system of service that is friendly to PMIs, police officers, and family members; (3) setting standards of excellence when officers interact with PMIs, collectively pursuing safety, understanding and servicing the community; and (4) improving responses to people in crisis (Rogers et al., 2019; Watson et al.,

2008). Furthermore, CITs strive to make officers knowledgeable about existing diversionary programs in the jurisdiction where encounters occur. The goal is to avoid making an arrest and directing PMIs to the criminal justice system (Peterson & Densley, 2018).

CIT training relies on three elements. First, police are provided 40 hours per week where first responders are taught by mental health workers to quickly recognize the warning signs of serious mental health illness. They are taught by people trained in interacting with PMIs during a crisis. They also engage in role playing exercises that emphasize verbal de-escalation skills, and they visit treatment sites in their community where they transport PMIs in crisis (Dempsey et al., 2020). Second, dispatch operators receive special training to recognize calls for service that involve PMIs so that they can route CIT trained officers to the scene (Peterson & Densley, 2018). Third, health experts argue that police should have procedures in place to manage mentally ill offenders, as well as have “no-decline” agreements with hospitals to ensure that they have a place to take the mentally ill (Teplin, 2000; Lamb et al., 2002). Justice experts contend that police should also seek to place PMIs with the appropriate mental health and medical professionals, rather than, relocating them to places of confinement (e.g., the justice system) that lack the resources to diagnose and treat (Perk & Everett, 2017; Kane et al., 2017). Researchers contend that the latter is the most crucial of the three elements (Steadman et al., 2000).

CIT is more than training, but rather, it is about collaborating with mental health providers (Dupont & Cochran, 2000). While CIT training is highly needed today, especially considering the reported increase in the public health crisis of Americans suffering from poor mental health, some scholars report that only about 2,700 out of a possible 19,000 police agencies nationwide are trained to use CIT training (Dempsey et al., 2020). Police experts argue that CITs may be challenging to implement and operate since 75% of law enforcement agencies in the US have fewer than 25 officers. This presents a problem for training and providing equipment for small departments. The matter is further complicated by the fact that small towns lack the infrastructure (e.g., social service agencies) needed to assist PMIs and their respective families (Rogers et al., 2019) since their success is linked to community resources and partnerships that impact the success of crisis intervention training (Watson et al., 2011). Despite this, those advocating CIT argue that it should be incorporated into police training nationally (Johnson, 2013).

Research on the Effectiveness of CIT

As previously stated, since researchers, scholars, and police experts have endorsed CITs as the best model to use for increasing the likelihood that encounters between police and PMIs are safe, it is imperative to assess their effectiveness given the increase in the number of mental health cases in the U.S., and CIT’s national and international appeal. Despite this, some experts question whether there is enough evidence to justify adopting them on a large scale (Clawson & Guevara, 2010). Beyond this, several studies that have assessed them provide positive and negative outcomes regarding their effectiveness. For example, Compton and colleagues (2011) research revealed that CITs are more effective when implemented in small homogenous regions that closely follow the elements used in the Memphis Model compared with larger scale multi-site analyses which yield mixed results. It is also important to determine the value of CITs given the magnitude of resources (e.g., partnerships with mental health and other social service agencies) required in successful CIT programs, as well as the current need to extend efforts toward social justice to PMIs. Moreover, major concerns have emerged regarding the need to establish evidence-based outcomes of measurement to show that CITs are meeting their promises and goals.

On a practical level, critics ask whether CITs are a viable strategy to assist law enforcement, PMIs, and others in the community. Others ponder if CITs are simply a jailhouse diversion that shifts expensive costs from police departments to the community’s mental health system (Rogers et al., 2019). A review of the pertinent literature on CITs examined factors such as planning, deployment, procedural functioning of CITs, including police officer

selection, training, operations, measurement, reliance on self-report officer data, number of eligible programs to study, and other salient matters (Thomas & Watson, 2017; Compton et al., 2011).

These studies provide a tentative endorsement of CITs. Rogers and colleagues (2019) study revealed that there are concerns about whether CITs reduce the risk of serious injury or death among PMIs who experience emergency interactions with police. A study conducted by Dupont & Cochran (2000) reported that although the CIT model seems to be an effective intervention to assist police with PMIs, communities face challenges when trying to properly implement the program's requirements. In another investigation that relied on three models of responses to incidents with PMIs in Birmingham, Alabama, Knoxville, and Memphis, the results showed differences regarding the percentages of calls that resulted in specialized police responses at 28% for Birmingham, 40% for Knoxville, and 95% for Memphis, respectively. What is important about the study is that all three sites had low arrest rates when using specialized responses.

Research also shows that police officer's report feeling more confident and competent when assisting PMIs. They have a more positive attitude about their encounters with PMIs compared with those officers who have not received any CIT training (Compton et al., 2006). Another study revealed that police officers trained in CIT have better job satisfaction and perceive that they would be less inclined to resort to using force in confrontations with PMIs. Moreover, the officers in the study were presented with a hypothetical encounter and reported that they would engage in de-escalation tactics to prevent potentially violent encounters with PMIs during a mental health crisis (Compton et al., 2011). A study that focused on CITs effect on prebooking relied on 180 police officers from different departments and found that CITs encouraged the use of verbal negotiations in 1,063 incidents with PMIs. The result was that this increased the likelihood that PMIs would be referred to mental health units, and it minimized the need for police officers to effect arrests. A notable finding from this study was that it cast doubt on the effectiveness of CITs by also finding that there were no appreciable differences in the use of force by those officers who either had or had not received CIT training (Compton et al., 2014). Similarly, some exploratory studies have concluded that there is no robust evidence supporting a reduction in police related injuries linked to CIT training (Kerr, Morabito, & Watson, 2010). The later finding is concerning given the lack of evidence supporting CITs effectiveness to reduce officer and PMIs injuries. To address this, Taheri (2016) conducted a systematic review of the literature on CIT evaluation research studies. From a total of 820 records, she selected 22 studies that provided outcome measures of arrests, officer injuries, or officer use of force. Of that number, only eight studies met the criteria for inclusion in the study. She concluded that there were too few cases of suitable CIT evaluations to use in the meta-analysis. Consequently, she concluded there is not enough evidence to suggest that the model reduces injuries during encounters police officers have with PMIs.

Part Four: Policing PMIs Using CITs

There will always be a need to develop effective strategies to police PMIs since this special population is not likely to go away. With that said, because of their popularity, CITs appear to be a policing approach that holds promise when officers respond to PMIs, especially those who are experiencing a mental health crisis. However, police departments that have implemented this strategy and others that are considering its implementation must be fully aware that CITs are not a panacea for police when they confront PMIs since the available data suggests that we cannot with any certainty assert that CITs are effectively meeting their intended goals. In fact, the literature reveals mixed results which preclude generalizations from being made regarding whether CITs are a viable approach. This does not suggest that we should dispense with using CITs "lock, stock, and barrow" but rather, it does suggest that more research needs to be conducted that relies on high quality CIT outcome studies that can be used to analyze whether CITs are an effective method to determine if they assist police officers in achieving outcomes related to making arrest, use of force, and injuries when assisting PMIs (Rogers et al., 2019). Though

evaluation studies find that CITs do not meet all of their stated goals, some experts have reported there is strong evidence that reveals they are effective in meeting some of their articulated goals (Watson & Compton, 2019). For example, there is strong evidence that CITs are successful in achieving officer level outcomes, namely they increase officers' knowledge about mental illnesses, provide them with better attitudes about mental illnesses, inform them about various treatments for mental illnesses, increase their self-efficacy when interacting with PMIs, inform their use of force preferences, and call-level outcomes related to mental health services (Rogers et al., 2019). However, as previously stated, the results from CITs evaluations are mixed regarding outcomes related to arrests, use of force, injuries, and deaths.

Experts on CITs contend that when using it to measure their effectiveness on areas that received mixed results, there are challenges that must be addressed. First, because behaviors such as arrests, use of force, injuries, and deaths of PMIs occur infrequently in policing, it is difficult to collect adequate samples that are large enough to conduct meaningful analysis that would allow generalizability. This is the same problem that Taheri (2016) encountered in her meta-analysis of CITs.

Second, while there is agreement on what constitutes an arrest, police departments across the nation vary with respect to their definition of use of force and their different policies reflect as much. This presents a measurement problem in research, especially with regards to coding. Third, some researchers claim that it is also difficult to assess the impact that CITs have on lethal encounters between police and PMIs. More specifically, they argue that while some scholars (Rogers et al., 2019) report that CITs prevent fatal encounters between PMIs and police, the actual studies that evidence this positive finding are absent from the scientific literature (Watson & Compton, 2019). The extent of police shootings across the nation and the need to measure them has given rise to a fourth concern that must be addressed before it can be determined if CITs are effective is the need to measure how CITs are implemented (Watson & Compton, 2019). CITs are often created differently for several reasons ranging from a community's infrastructure and its partnerships with mental health agencies (e.g., emergency services and other crisis services), policing leadership styles (that may require CIT training for every officer or only a select few), to funding and resource allocation for what a community can afford (Bailey, 2018). This suggests that while research on CIT programs act as if they are all the same, the reality is that these programs are different, and often have components that are unique to their respective community. Yet, researchers treat them as if they are either singular or found in one jurisdiction. Bailey (2018) put the matter sufficiently by stating, CITs are more than a program, they must be viewed within the context of a communitywide initiative that relies on partnerships with police, mental health providers and advocates. They are a form of community policing strategy that invariably leads to public trust, professionalism, and a demonstration of sensitivity to community needs. They also require community leaders to be engaged in their stated outcomes to meet with success. However, CIT efforts must not be mistaken as a panacea for solving the problem confronted with policing the mentally ill. This assertion has not gone unnoticed by police experts and agencies such as the *International Association of Chiefs of Police* (IACP) which has endorsed the use of CITs with the recommendation that they are available for service on every work shift. As such, police experts contend that they are most effective when police departments provide training to 20 to 30 percent of its personnel. The IACP has also called for police departments to commit crisis training to at least 20 percent of their force as well as forge relationships with local mental health professionals (Kindy et al., 2020).

Conclusion

Any viable strategy designed to save lives by addressing a public health issue such as police shootings of PMIs is worth closely examining, especially when research studies reveal that success has been found in areas that are detrimental to the survival of police and the mentally ill. In cases where police (typically, first responders) are dispatched or called to assist PMIs but lack the necessary training to recognize and respond appropriately to the

mentally ill, the encounters can quickly escalate from being a mental health incident to a criminal justice matter when the mentally ill could be better served by being diverted from a formal arrest to a mental health facility to receive treatment. Experts contend that these cases can be costly in terms of loss of lives, as well as expensive lawsuits filed by surviving family members in wrongful death claims. In fact, each year, a wave of lawsuits is filed nationwide alleging the death of PMIs by police officers that lacked adequate training to assist PMIs. More specifically, the suits contend that instead of officers recognizing the signs of mental health and acting appropriately, they engaged in deadly force to subdue the deceased. For example, in 2019, police in Springfield, Oregon were ordered to pay \$4.5 million for the wrongful death of Stacey Kenny who suffered from paranoid schizophrenia. She was shot and killed by police after driving away from a stop. In another wrongful death lawsuit that was settled, a Philadelphia family received \$2.5 million after their son Walter Wallace, a 27-year-old black man who suffered mental health issues was shot twelve times and killed by two officers. In this suit, the city stipulated that as part of the settlement, police were required to receive training to assist PMIs and to use nonlethal force when interacting with them (Kindy et al., 2020; Diaz, 2021). Similarly, a family was awarded \$975,000 in a settlement after filing a lawsuit against the Kent County Sheriff's Department in Michigan over the fatal shooting of their mentally ill son. In a federal lawsuit, filed against the city of Boston, its police commissioner, and others by the mother of Terrence Coleman, a black mentally ill man, it contends that after she called 911 to transport her son who suffered from schizophrenia to the hospital for treatment, instead of it only dispatching the EMTs, the operator also called the police who shot and killed Terrance after he attacked first responders with a knife. The lawsuit sought damages for wrongful death as well as reforms to how first responders assist PMIs. The suit alleges the city has a flawed 911 protocol, as well as failed to adequately train police to respond to PMIs (Richer, 2018). These cases are not meant to serve as an exhaustive list of the lawsuits that are filed each year, but rather, they are examples that highlight the need for police to receive adequate training when responding to PMIs since it demonstrates that police are sensitive and aware of the needs of PMIs and whether they operate in a manner that is deliberately indifferent to the plight of this special population. This could signal to a judge or jury making the decision about guilt if police are doing everything to protect the interest of all parties.

Therefore, we argue that CIT training may help to reduce the number of untimely deaths and consequently, expensive lawsuits filed against police departments nationwide. While research shows that CITs do not always meet all of their intended goals as established in the Memphis Model for reasons such as community infrastructure, partnerships with community organizations, community monetary resources, police leadership style, and other salient factors, there is general support in the literature regarding their success in reducing the level of lethal force, fewer arrests, and officers having a favorable attitude regarding CIT programs since they enable them to feel competent to make better and safer decisions when encountering PMIs in the community. The latter finding is extremely important when the officers' discretion is informed by an understanding of mental health and where to take PMIs in crisis for help rather than implicit biases and preconceived notions that the mentally ill are automatically dangerous. While the results on CITs evaluation outcomes are mixed, there is evidence of the positive impact they have on police officers and PMIs that reveals their effectiveness. Given the number of Americans with mental health issues is increasing, and the likelihood that many will have encounters with police, despite their limitations, CITs should be implemented by police agencies nationwide.

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