



MENTAL HEALTH FIRST AID OR CIT: WHAT SHOULD LAW ENFORCEMENT DO?

A TALE OF TWO TRAININGS

The current focus on law enforcement’s response to mental health and substance abuse-related issues and increasing demand for more training seem to lead to more questions than answers. Is more training the solution to bridging the gap? What is the “right” training? What does it require? Do all law enforcement officials need to receive training? If not, then who does?

The issue is further complicated because, historically, law enforcement and behavioral health have functioned independently, and too often, at odds with each other. Recent events make it clear that community behavioral health crisis services play a critical role in public safety.

While mental health professionals and law enforcement in some communities have already addressed the issue and worked together to create training programs, many are still searching for a solution. Two of the mostly widely discussed mental health/crisis training programs geared toward law enforcement are Mental Health First Aid for Public Safety and Crisis Intervention Team (CIT) programs.

Both programs have strengths and are frequently “pitched” to law-enforcement agencies as solutions. At the same time, both are often misunderstood.

To clarify the differences and similarities of these programs, brief summaries follow:

Mental Health First Aid for Public Safety is an eight-hour codified training curriculum, specifically modified to address the law enforcement population and provide a general awareness of mental health issues. It offers information and skills to support someone in a mental health crisis or who is developing a mental health problem.

This evidence-based best practice, run by the National Council for Behavioral Health in partnership with the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health, provides an overview of psychiatric disorders, suicide, and intervention strategies.

Some benefits are:

- The codified nature of the training
- The best-practice label
- Relatively short training commitment
- A system for ensuring/vetting adequately trained instructors

Crisis Intervention Team programs, based on the “Memphis Model,” are widely viewed as the “gold standard” response. CIT includes a 40-hour Advanced Officer Training component, which delves deeply into topics and brings the face of consumers directly into the classroom. While frequently viewed as just a training module, CIT is actually a large-scale community collaborative program and law enforcement training is just one component. CIT’s axiom is that it is “more than just training.”

Partnership with the community’s public health system is central to CIT. Fostering functional partnerships improves safety in the community and provides an opportunity for diversion into treatment for distressed individuals, leading to long-term solutions and recovery. Without these relationships, there are missed opportunities due to a lack of meaningful engagement between partners. Understanding that CIT programs are the foundation for developing meaningful collaborations with community behavioral health services, and not merely training for police is key to bridging this gap.

In this role, CIT can serve as a catalyst to create a spectrum of interconnected community health services with a “no-wrong door” philosophy. This paradigm shift leads to greater accessibility, improved public safety, and efficient utilization of limited resources.



WHICH TRAINING SHOULD A DEPARTMENT CHOOSE AND WHO SHOULD BE TRAINED IN WHAT?

The National Council has long believed that Mental Health First Aid is not a replacement for CIT. Mental Health First Aid for Public Safety is codified and easily used “off-the-shelf.” When practiced with fidelity using a team teaching approach with two specially trained instructors—one from the law enforcement community and one from the behavioral health community—Mental Health First Aid for Public Safety ensures the quality of a “best-practice” designation.

With budget constraints, political pressure, and workforce shortages, it may be tempting for law enforcement agencies to require that all officers attend Mental Health First Aid for Public Safety sessions. However, viewing Mental Health First Aid for Public Safety as a cheap and easy substitute for CIT is a nearsighted approach. Mental Health First Aid for Public Safety should be incorporated into an existing CIT program as an enhancement and not a replacement. Investing in the difficult and important activity of redesigning and transforming a region’s community crisis system is the best way to ensure tangible outcomes.

While Mental Health First Aid for Public Safety provides important learning opportunities, it is not designed to prepare and transform the outcomes of a community’s day-to-day crisis response. When practiced with fidelity to the 10 Core Elements, CIT fosters collaboration and planning efforts with community health partners, which can result in tangible changes in how a community delivers behavioral health crisis services. This provides law enforcement 24/7 accessibility to care without “triage,” a critical component that is missing in most communities. To change the way we deal with individuals experiencing a mental health-related crisis, officers must have seamless access to readily available crisis services. By ensuring that public health takes over the responsibility for care, officers can quickly return to their law enforcement role.

The CIT program is most effective when experienced officers attend voluntarily. Training 20-25 percent of a department’s uniformed patrol officers in CIT normally constitutes adequate coverage, but rural/frontier communities may need greater coverage. Embedding CIT-trained officers into patrol functions, rather than placing them in a “specialty squad” with limited coverage, can inexpensively leverage their special skills and motivation within the existing workforce and framework. This typically makes a “CIT response” possible 24/7 for little added cost and increases the likelihood of positive outcomes for police, recipients, and the community.

Ideally, in addition to specialized CIT response, all uniformed officers possess some basic level of mental health awareness training. It is not necessary to require that they attend the intensive, full weeklong training; Mental Health First Aid for Public Safety provides adequate exposure to mental health awareness.

CIT is community-based law enforcement at its best, bringing communities together to provide a macro-level response to a community problem that does not require law enforcement to bear sole responsibility. It can take two years or longer to fully develop the partnerships, community resources, and community buy-in required to establish an impactful CIT program. When built appropriately, a CIT program can provide the backbone of a systemic community response to the behavioral health needs of its residents.

Providing department-wide Mental Health First Aid for Public Safety training during in-service, academy, or other times, is an effective complement to a CIT program. In addition to demonstrating a commitment to ensuring that an entire department has a minimum standard of mental health understanding, Mental Health First Aid for Public Safety can serve as a catalyst for officers to attend CIT training in the future, while it improves the overall commitment to quality. This implementation plan also provides agencies with a response if faced with demands to abandon the Memphis Model and adopt the “train everyone” phenomena currently taking root in many communities.

CIT International, Inc. and the National Council are excited to support this emerging best-practice plan. By using these complementary programs conjointly, we can eliminate gaps, leading to a large-scale, sustainable, macro-level response.

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