Crisis intervention teams (CITs)

Training police officers to better deal with offenders with mental illness, reducing inappropriate arrests, officer injury and officer use of force.

First published
30 July 2020

Effect scale	Quality of evidence				
	Effect Impact on crime	Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost What it costs
∨ Mixed findings	■■■■ Very strong	■□□□ Low	No information	No information	No information

Focus of the intervention

Crisis intervention teams (CITs) aim to improve the outcomes of police interactions with individuals with a mental illness. The programme provides training and resources for police officers on mental illness, local mental health systems and laws. Lessons are provided by community organisations and family members of those with a mental illness. CIT trained officers are encouraged to take on the role of both law enforcer and community supporter.

The programme advocates collaboration with other organisations to safely transfer individuals with a mental illness (and potentially having a mental health crisis) from police custody to appropriate care rather than defaulting to arrest.

This narrative is based on one meta-analytic review covering eight studies. Seven of the studies were included in a meta-analysis for two main outcomes – number of arrests and officer use of force. A third outcome, officer injury, was explored in the Review but there was an insufficient

number of studies to include in the analysis. Five of the studies included in the meta-analysis provided the necessary data to analyse the effects of CITs on arrest and five measured the effects of CITs on officer use of force. All seven studies included in the meta-analysis were from the USA. An additional primary study carried out in Australia was not included in the meta-analysis.

Effect – how effective is it?

There is some evidence that CITs have either increased or reduced likelihood of arrest, but overall they have had no statistically significant effect on arrests.

The meta-analysis found that, while on average CIT trained officers were less likely to arrest individuals with a mental illness when compared to their non-CIT trained counterparts, the difference was not statistically significant.

Two primary studies measured official reports of arrests; one found a statistically significant positive effect in favour of CIT training (that CIT trained officers made fewer arrests), and the other study found a significant negative effect (that CIT trained officers made more arrests). Three primary studies were based on officer self-reports of arrests (one also used arrest rate); one study found that CIT training was associated with statistically significantly fewer arrests, however the remaining two studies found effects that were not statistically significant.

The meta-analysis also included officer use of force. The analysis found that CITs had no overall significant effect on officer use of force on individuals with a mental illness compared to non-CIT trained officers. Five studies were included, based on either official or self-report data. One study showed a statistically significant increase in use of force by CIT trained officers compared to non-CIT trained officers. The remaining four studies did not find a statistically significant difference between the two groups of officers' use of force.

Evaluation design (and type of control group) differed between the primary studies. Studies using a matched control group resulted in statistically significant positive findings in relation to the effect of CITs on arrests. However, when the effect sizes of these matched control group studies were compared with non-matched control group studies, no statistically significant differences were found between the results of the two types of studies. Publication bias was also found not to be a concern in relation to arrest outcomes and neither study design or publication bias were found to have any statistically significant effect on use of force outcomes.

In relation to arrests of individuals with a mental health illness, studies that relied on officer self-reported arrests showed on average a beneficial effect of CITs on arrests. However, results suggest there was a difference between officers' reporting of outcomes and those reflected in official documentation. Caution should be placed on this result due to the small numbers of studies involved.

How strong is the evidence?

The review was sufficiently systematic that most forms of bias that could influence the study conclusions can be ruled out.

The evidence is taken from a systematic review covering eight studies which demonstrated a high quality design in terms of having a transparent and well-designed search strategy including unpublished studies, valid statistical analysis as well as consideration of the way outcomes were measured and combined. Studies were excluded from the meta-analysis if they did not include the necessary data. The authors took into account publication bias and the risks associated with self-selection of officers into CIT programs as part of their assessment of bias/design limitations.

Mechanism – how does it work?

CITs are assumed to reduce arrests by educating officers about mental illness, enabling them to better help people with mental health problems and help to keep officers safe. Officers are taught de-escalation techniques and are provided with mental health resources, allowing them to make appropriate decisions in crisis situations and negotiate in a calm way. During encounters with individuals, officers can then divert those with mental health problems away from arrest and reduce officer use of force.

The basics of whether CIT trained officers showed different outcomes to non-CIT trained officers were measured and reported. However, information was not available from the primary studies to test whether these mechanisms were responsible for the outcome patterns observed.

Moderators – in which contexts does it work best?

The review did not examine under what conditions or for what population groups the intervention might work best.

Implementation – what can be said about implementing this initiative?

The review gave no account of how the intervention was implemented, nor of any implementation challenges encountered by the primary studies.

Economic considerations – how much might it cost?

The review did not mention the costs or benefits of CITs, and no formal economic analysis was provided.

General considerations

- The review focused on evaluating the intervention and how future studies should evaluate it, rather than giving details on the intervention.
- The majority of the evidence is based in the USA so caution should be taken when applying to other geographical contexts.
- Further well-designed evaluations on the impact of CITs on arrests, officer use of force, and officer injury are needed to support a future meta-analysis to clarify the effectiveness of CITs.

Summary

CITs claim to improve police interactions with individuals with mental health issues by teaching officers about de-escalation techniques and providing them with mental health resources. This allows officers to better deal with encounters with these individuals, diverting them away from arrest and minimising or eliminating the use of officer force (and officer injury).

Overall, the evidence suggests that CITs have no impact on arrests of individuals with a mental illness or on officer use of force (neither clear benefits nor clear harm). The results show that while on average CIT trained officers were more likely to transfer individuals with a mental health illness to more community-based services rather than arrest them, when compared to their non-CIT trained counterparts, the relationship was not statistically significant. Further studies testing intervention moderators, as well as how CITs are implemented and the costs and benefits of their use are needed.

Reviews

Review one

Reference

- Taheri, S. A. (2016). **Do crisis intervention teams reduce arrests and improve officer safety? A systematic review and meta-analysis**. Criminal Justice Policy Review, 27(1), 76-96.

Summary prepared by

This narrative was written by the College of Policing. ESRC grant title: 'University Consortium for Evidence-Based Crime Reduction'. Grant reference: ES/L007223/1.

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