Reducing arrests and hospitalization in severe mental health patients

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Introduction

One of the major concerns in the mental health service community is, how do we reduce how much a person with severe mental illness is hospitalized or arrested? This is a growing debate among community providers. The mentally ill continue to be arrested and hospitalized because the communities are not sure how to handle these individuals. There are several ways in which communities have sought to solve this issue. One is with the use of Crisis Intervention Team (CIT) law enforcement officers, the other is with the use of psychiatric emergency services (PES) that take individuals for a short time and stabilize and to return them to the community.

Going with the several different models available there are few that stand out as the most promising. One is the Hub and Spoke model. In this model the PES acts as a central agency that then branches out to different agencies in the community (Renaud, Hills, & Lee, 2003).

The other aspect of the equation is that law enforcement are having increasing contact with persons with mental illness, and are often left not having the tools and training to properly de-escalate the situation. This in turn causes these persons to have frequent arrests making the Los Angeles County jail the nation's largest mental institution in the United States (Montagne, 2008). Among the practices used to keep the arrests down in the mentally ill community is the "Memphis Model" for Crisis Intervention Team (CIT) training Franz & Borum, (2011). This model focuses on education and collaboration with community mental health providers.

Statement of the Problem

The purpose of this study is to determine whether the use of Crisis Intervention Teams (CIT) in conjunction with psychiatric emergency services reduces the amount of arrests and psychiatric hospitalizations in patients dealing with severe mental illness.

Review of Related Literature

Since the late 1980's law enforcement and mental health professionals have been working hard to find different methods to reduce the use of force when encountering a person with a mental illness. This paved way for police model commonly known as the "Memphis Model". Most organizations around the county now use this model. The Memphis model of CIT includes a forty hour training which consists of training in mental health to recognize signs in systems of various diseases. Law enforcement also learn various de-escalation techniques such as active listening skills. With this training law enforcement also learn safe restraint techniques (CIT International, n.d.). According to Watson, (2010) Police agencies continue to struggle with sometimes tragic consequences to a person with mental illness. This paves the way for further research being conducted on the effectiveness of Crisis Intervention Training (CIT).

Research from Watson, (2010) shows that within the Chicago Police Department that their CIT officers do in fact use less force than those police officers that are not CIT trained. From this research it is concluded that the program does work as intended. In yet another study created by Tyuse, (2012) finds that CIT officers are significantly likely to take a person experiencing a mental health episode to jail and would rather take these individuals to an emergency department for further evaluation. This is a positive finding considering the goals and outcomes of the CIT program in general. Up to the recent this has been the extent of the CIT research done, what has been the outcomes of the use of police force when encountering a person with mental illness?

The next step in this process is to evaluate the outcomes on the person who were involved in the CIT response to their crisis. In many of literature a common theme seems to pop out. A

CIT program is not worth vary much without a central drop off unit for psychiatric evaluation and/or stabilization. The most apparent community drop off center that sticks out the most is the hub and spoke models for psychiatric emergency services (PES). The hub and spoke acts as a central agency, which acts as the hub, with the spokes radiating to and from various mental, medical, and social services (Renaud, Hills, & Lee, 2003). This allows for the patient that is brought in to be fully stabilized from their crisis with supports put in place for after they leave the facility. As the literature shows without the PES active within the CIT program law enforcement would have a cyclical problem on their hand with frequency of calls to the same person because they were not were not give good supports during and after their crisis. These centers are not only working closely with law enforcement but since they also work closely with the various agencies in the area they are working to provide the basic needs of people with severe mental illness such as food and shelter which are the major problems associated with severe mental illness.

The CIT community program leads to the question of what are the implications of the program, on the community. Do CIT programs help in regards to involuntary, voluntary mental health commitments? This is where research has been sparse with not much is happening in this area. The answers here might be both yes and no. In a study done by Lord, Bjerregaard, Blevins, & Whisman, (2011) shows that there seems to be an inverse effect. Their study finds that once a CIT program is been implemented in an area the amount of involuntary admissions goes down. This is great news, however there seems to be an incline in the amount of voluntary admissions to psychiatric units. In this study however Lord, Bjerregaard, Blevins, & Whisman, (2011) attribute this to the possibility of department size and the amount of time law enforcement is willing to spend with the person they have been in contact with. This is the only such study this far that shows any correlation between CIT and commitments to inpatient psychiatric care facilities.

There seems to be numerous studies and research that shows that in fact yes, CIT programs do actually result in less lethal police force being used when responding to mental health calls. So the ground work that was laid out in 1988 is a successful model. The “Memphis Model” works but the critical component to this model is the PES as a central drop off location for law enforcement. The PES is critical because these facilities are the ones that will help prevent against future contacts with law enforcement in the future. The PES provides the support system for that individual going through the mental health crisis. However the next step in evaluating the whole process is to uncover whether or not the CIT community system reduces mental health commitments as a whole.

Statement of Hypothesis

The implication of the CIT program within a community using a PES will reduce the mental health holds placed in a community. This in turn will reduce the costs on the community, with the results of few interactions of an individual, because they will be more supported than they were before their initial contact with law enforcement.

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