CIT and Mental Health First Aid
For Public Safety

A Tale of Two Trainings

Capt. Joseph Coffey, Warwick, RI Police Department
CIT Instructor; Mental Health First Aid National Trainer

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Community Relations Bureau

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Mental Health First Aid USA

Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.
Mental Health First Aid

- Origins in Australia and currently in 20 countries
- Adult MHFA course for individuals 18 years of age and older; available in both Spanish and English
- Youth MHFA is designed to teach caring adults how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis
- Included in SAMHSA's National Registry of Evidence-based Programs and Practices
- Partnership with Maryland and Missouri State Governments

What Participants Learn

- Risk factors and warning signs of mental health concerns.
- Information on depression, anxiety, trauma, psychosis, and substance use.
- A 5-step action plan to help someone developing a mental health concern or in crisis.
- Available evidence-based professional, peer, and self-help resources.
What Participants Learn

- Prevalence of Mental Health Problems
- Signs and Symptoms of Depression
- Crisis First Aid for:
  - Traumatic Events
  - Acute Psychosis
  - Overdose and Withdrawal

MHFA Action Plan

- **Assess** for risk of suicide or harm
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies
Where Mental Health First Aid Can Help

- Prevention
- Early Intervention
- Treatment

Well | Becoming Unwell | Unwell | Recovering

Where Mental Health First Aid can help on the spectrum of mental health interventions

Why Mental Health First Aid?

- Mental health problems are common
- Stigma is associated with mental health problems
- Professional help is not always on hand
- Individuals with mental health problems often do not seek help
- Many people…
  - are not well informed about mental health problems
  - do not know how to respond
Evidence

*Mental Health First Aid*…

...increases knowledge and understanding

...encourages people helping people

...supports people getting help

...decreases social distance

...increases mental wellness
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MHFA-Public Safety

• Builds on the Standard Adult Mental Health First Aid course

• Incorporates the unique experiences and role of public safety officers
Why MHFA-PS

- Officers often first on-scene
  - Defuse crisis
  - Promote MH literacy
  - Combat stigma
  - Enable early intervention
  - Connect people to care

- Statutory obligation
- Improved sharing of reliable info.
- RIGHT THING TO DO

MHFA-PS Background

- RI Police Academy In-service elective (2007)
- Recruit training
- Reality-based field training (role-play)
- Campus Police/Security
- Correctional Officers
- School Resource Officers
- Dispatchers
- Peer Support Team members
- Crisis Negotiation Team members
Public Safety Supplement

- Pilots in Philadelphia, NYC, DC
- Adopted in April 2014
- 502 instructors have achieved the Public Safety designation
- 289 classes have been conducted
- A total of 36 states and the District of Columbia have hosted MHFA trainings for public safety

Public Safety Audience

12,600 Courses (through April 2014)

- 31.4% General Community/Not Specified
- 24.7% Behavioral Health
- 15.9% Higher Education
- 7.0% Social Services
- 6.9% Primary Care
- 6.7% Law Enforcement/Public Safety
- 5.6% Faith Communities
- 4.5% Youth-focused entities
- 0.6% Business/Corporations
- 2.2% Other
CMH Audience

• Prisoner re-entry/discharge planning
• Hospital ED intake clinicians
• Graduate students
• School social workers
• Police Department Mental Health Liaison
• Corrections Behavioral Health Unit staff
• Community Corrections/Probation

CMH & PS Partners

• Certified MHFA public safety officers communicate more frequently and effectively with community mental health center and hospital medical staff.

• Improved dialogue helps healthcare professionals in their assessment and treatment efforts.

• Often reminded by clinical staff, how much they rely on and appreciate behavioral observations accurately shared by police mental health first-aiders.

• CMH staff have attended MHFA-PS classes to gain perspective and awareness of public safety response.
MHFA-PS appeal

- Not every officer ready for intense certification courses
- Retain sufficient pool of officers trained to respond
- Can be applied on/off-duty
- Requisite or recruitment tool for CIT candidates
- Reach wide audience within/outside Criminal Justice System
- Basic course concept at time when much expected of public safety
- Greater awareness could benefit fellow officers in distress
- Exemplifies an agencies commitment to its community, fair, and impartial policing philosophy
- Greater awareness-greater confidence

Testimonials

“enable Johnson & Wales Officers University to learn about one of the fastest growing problems on campus.”

“took away a lot of knowledge about mental health problems that I have no doubt will be valuable in the future....”

“The course gave me the tools necessary to respond and deescalate concerns when with individuals having a mental illness.”

“very knowledgeable, could definitely help in my line of work”
“I thought it was an excellent class, I think it would be very valuable to the school resource officers”

“The whole class was packed full of very useful and important information to help identify Mental health. Should be offered more often”

“great information to be used by first responders”
“By starting at the academy, we are able to change the culture of the recruit class. I often ask them ‘who among us has never been in crisis? No one.’ Mental Health First Aid for Public Safety prepares them to respond to crisis, to realize that their job is law enforcement, but also to help people who are in crisis. It’s a different mind-set than when I was younger...not only are recruits ready to be more effective when they graduate, but they are that much closer to taking the next step, to adding CIT certification down the road.”

- Captain Francis Healy, Special Advisory to Philadelphia Police Commissioner Charles Ramsey

Read more in the November 2014 issue of:

Mental Health First Aid for Public Safety— Three Case Studies
http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_article&article_id=3547&issue_id=112014

PS module (example)
Psychosis – How to Help

• Introduce yourself
• Use a triangular approach
• State why you are there
• Only one officer should interact with the person
• Acknowledge they may be overwhelmed by delusions, paranoia or hallucinations and fearful
• Comply with requests unless they are unsafe or unreasonable
• If acting erratically, but not directly threatening, allow them time to calm down
CIT & Mental Health First Aid for Public Safety – A Tale of Two Trainings

Nick Margiotta
Board Secretary - CIT International Inc.
Crisis Intervention Program Coordinator – Phoenix Police Department

Background

- The Crisis Intervention Team (CIT) Program is a model community initiative that emerged in Memphis, Tennessee (1988) that seeks to bridge the gap between police officers and the mental health system. The model is designed to create partnerships between:
  1. Law enforcement
  2. Behavioral health professionals

- CIT helps to provide a forum for effective community problem solving and communication

- Diversion Opportunities: CIT relies on a strong community partnership and a vibrant crisis system that understands the role and needs of law enforcement and encourages officers to access crisis facilities.
Mission

- CIT Programs – Promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities
  - Diversion away from Criminal Justice System and into Behavioral Health System
  - Improved safety for officers and consumers
  - Reduce the stigma of mental illness.
  - Increase public and stakeholder awareness
  - CIT can facilitate linkages to long term treatment and service which affects sustainable change in the community.
  - Improving Public Health and Public Safety

Structure

CIT – A Program or a Training???

- CIT – A Model of Community Collaboration
- LARGE MISUNDERSTANDING THAT CIT IS TRAINING FOR POLICE… It’s Training but so much more.
- Based on Memphis Model – 10 Core Elements
- Picture a 5-Legged Stool
  - Nothing with only 1 or 2, can stand with 3, but 4/5 how sturdy & enduring.
#1 – Police Training

- **Police Training**
  - Smallest Part of My Job (even though 500 cops last 5 years)
  - Based on Memphis Model –
  - **40 hours Advanced officer training** –
  - Voluntary Students
  - Goal typically around 20-25% Patrol

- **Improve understanding when LE is called to a BH Situation. Hope & Goal is officer will be better able to:**
  - Recognize
  - Hopefully resolve peacefully if possible
  - If appropriate Divert from CJ to BH System
  - How to “Navigate” confusing world of BH Services, etc.

- **This is the part that Most of you think of, but is just ONE of the Legs….”**

#2) Community Collaboration

- **Police, Advocacy, Providers, Community, etc.**
  - Core of CIT
  - Not only Builds Support but also
    ✔ Understanding
    ✔ Relationships
    ✔ Instructors
    ✔ Resources
    ✔ Helps with Sustainability

- **Community Dynamic – Needs a Community Solution:**
  ✔ Not “owned” by just one entity & not the “responsibility” of just one entity to “solve” the problem.
#3) Vibrant – Accessible Crisis System (cont.)

- Frequently Forgotten
- Not Just that a Community Has Crisis Services, but more **HOW Easy & ACCESSIBLE they are, determines what cops will do**
  - If harder to divert than jail...

**3 Main Elements** — Services & Accessibility based on “Customer Service” as defined by the Needs of the Cops

1. **No Wrong Door Philosophy** (they can enter anywhere, and BH can move amongst their system)
2. **Expedient** – Quick Turn Around
3. **If Mobile Response** – Quick & Certain Responses (not “triage”)

A “Dirty Word”…. U.M.

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#4) BH System Training

- Just like training the Cops…
  - Increase Awareness re: working with PD
  - Not just Leadership getting the culture/need, but equally important that GROUND LEVEL Staff get trained and understand, etc.
  - Ride-Alongs &/Or “Cop Culture 101”
    - Approximately 500 over past few years on how to improve interactions w/ LE
#5) Educate Family/Recipient/Advocates (cont.)

1. **Increase understanding of Realistic Outcomes of LE Interactions**
   - Increase understanding of what “CIT”/LE is and its role

2. **Education on Preparing for incidents before in “crisis”**

3. **Appropriate Support...how to productively support & advocate for LE & Protect Crisis Services**

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**“Big Picture/Lasting Effects”**

We’re encouraging philosophy shift & far reaching consequences

**Annual Phoenix Metro PD Handoffs to the Crisis System**

Average Annual Hand-offs

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<tr>
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13,996!