Table 1

Survey responses of 174 urban police departments indicating their strategy for handling persons with mental illness and the self-rated effectiveness of the strategy

			Self-rating of moderately or very effective[1]	
Strategy	N	%	N	%
Police-based police response	6	3	4	67
Police-based mental health response	20	12	14	70
Mental-health-based mental health response (mobile crisis teams)	52	30	43	82
No specialized response	96	55	67	70

[1] No differences were found between models in self-ratings of effectiveness, including those with no specialized response.

primary police-mental health professional response strategies.

Results

Typology of crisis response

Among the 174 police departments in our study, 7 percent of all police contacts, both investigations and complaints, involved persons believed to be mentally ill. More than half of the departments (96 departments, or 55 percent) indicated that they had no specialized response for handling these types of incidents.

Table 1 shows the three basic strategies that were used by the 78 departments that had a specialized response. These strategies appear to differ substantially in their organization, policies, and procedures. The extent to which they actually differ in practice will require on-site observation, which will be the next phase of this study.

Police-based specialized police response. This strategy was used by six of the 174 departments (3 percent). It involves sworn officers who have special mental health training to provide crisis intervention services and to act as liaisons to the formal mental health system. Some of these programs used additional services as a secondary response.

Police-based specialized mental health response. This strategy was used by 20 of the departments (12 percent). Mental health consultants are hired by the police department. The consultants are not sworn officers, but they provide on-site and telephone consultations to officers in the field. Eight departments used teams of social workers, and 12 had mental health professionals, such as a psychologist, on staff.

Mental-health-based specialized mental health response. This strategy was used by 52 departments (30 percent). If a program used any other type of response, it was not placed in this category, which includes only programs that rely solely on mobile crisis teams. The teams are part of the local community mental health service system and have developed a special relationship with the police department to respond to special needs at the site of an incident.

Perceived effectiveness by model type

Table 1 also shows the percentage of the 174 programs that rated themselves as moderately or very effective. At least two-thirds of all departments, even those with no specialized response program, rated themselves as moderately or very effective in dealing with mentally ill persons in crisis. No significant relationships were found between the models in perceived effectiveness.

Despite the lack of any significant pattern between the models and perceived effectiveness, 43 of the 52 programs with mobile crisis teams (82 percent) indicated that their overall ability to respond to people with mental illness in crisis was moderately to very effective. This rating was higher than the average perceived effectiveness of other models, including that of no specialized response, but the difference was not significant.

Ten of the 20 programs that had a police-based mental health response (50 percent) rated themselves as very effective, compared with only 20 to 35 percent of the other model types, including that of no specialized response.

Another important strategy, often used in conjunction with a specialized response program, appears to be the use of a crisis "drop-off center" where police officers can literally transfer mentally ill persons in crisis to mental health staff, thus reducing the officers' down time. Indeed, police departments that used a drop-off center were significantly more likely than other departments to perceive themselves as highly effective ($\%^2$=21.69, df=1, p<.001). Crisis drop-off centers were used by 118 (68 percent) of the 174 departments surveyed.

Discussion and conclusions

A majority of police departments in U.S. cities with populations of 100,000 or more do not have a specialized strategy to respond to persons in crisis who may have a mental illness. Among those that do, three primary approaches can be identified: a police-based specialized police response, a police-based specialized mental health response, and a mental-health-based specialized mental health response.

A very small percentage of departments (3 percent) indicated that they had a specialized unit of officers who were trained to handle crisis calls involving mentally ill persons. This innovative strategy appears to be a relatively new type of police response developed under community policing initiatives. The use of a police-based unit of mental health professionals also appears to be an innovative response; such units range from a team of specially trained social workers to staff psychologists who do consultations with officers in the field. The most widely used method of response is a mobile crisis team, based in the mental health system, that provides assistance on the scene.

One note of caution is that the survey reflected only urban police de-

partments, and it is possible that the typology would be quite different if specialized mental health responses in rural areas were taken into account.

This classification of three types of the various police-mental health collaborations can provide a framework for further research, preferably with an objective evaluation as opposed to a self-perceived rating of the effectiveness of these strategies. •

Acknowledgments

This study was jointly supported by grant 96-IJ-CX-0082 from the National Institute of Justice and by the University of North Carolina at Chapel Hill (UNC-CH)-Duke University Program on Services Research for People With Severe Mental Disorders. The authors thank Matthew Johnsen, Ph.D., for comments on the draft, as well as the program participants at the UNC-CH meeting on police-mental health crisis response who helped refine the typology: the Birmingham, Alabama, police department community service officer program; the police-mobile crisis teams of Albany, New York, Charleston, South Carolina, Knoxville, Tennessee, and Richmond, Virginia; and the Memphis, Tennessee, police department crisis intervention team.

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