

Episode: **Author Interview: “Crisis Intervention Team Program Leadership Must Include Psychiatrists”**

Guest: Natalie Bonfine, PhD

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Natalie Bonfine, a medical sociologist and Associate Professor of Psychiatry at Northeast Ohio Medical University in Rootstown. She's here to discuss her article coauthored with Dr Mark Munetz, [Crisis Intervention Team Program Leadership Must Include Psychiatrists](#), in the February 2022 issue of *The Journal*, [Tactical Health and Law Enforcement](#). Dr Bonfine, thank you so much for being here. [music fades out]

DR NATALIE BONFINE: Thank you for having me. Pleasure to be here.

HOFF: So, to begin with, what is the main ethics point that you're advancing in your article?

BONFINE: So, we know that when law enforcement or police respond to a person experiencing a mental health crisis, their key concern, as it should be, is public safety. Yet these events are health crises also, and the response should reflect that. This article is about Crisis Intervention Teams, CIT, which are community-based programs that emerged from a 1987 killing of Joseph DeWayne Robinson. Law enforcement responded to this individual in crisis. He had a history of mental illness and substance use, and they responded in a way that was not a good outcome, obviously, with a fatal shooting. CIT emerged from that tragedy as an intervention, a community-based program, that's designed to give law enforcement the support that they need, the knowledge that they need to safely respond to individuals experiencing a mental health crisis.

So, CIT, Crisis Intervention Teams, include training, a training component to de-escalate situations; to learn about mental illnesses, their signs and symptoms associated with various mental illnesses or substance use problems; but also provide contact and support for law enforcement by connecting them with mental health providers, clinicians; learning about the local mental health system; and creating efficient drop-off points for law enforcement to use. Crisis Intervention Teams themselves, this program really goes beyond training, and so what we hope is that CIT is one important component of an effective mental health response, but it should not necessarily be the only component.

HOFF: Hmm.

BONFINE: What we do in this article is really articulate the specific role that psychiatrists can play within Crisis Intervention Teams.

HOFF: Wonderful. And what is the most important thing for health professions students and trainees at the beginning of their careers to take from your article?

BONFINE: This is an issue about timing. There is, at present, a broader discussion occurring nationally about our mental health crisis continuum. CIT has become a widespread model for law enforcement responding to people in crisis. There are other resources and efforts to improve and transform the crisis response system. 9-8-8 is coming in July 2022, and 9-8-8 is a dedicated alternative to 9-1-1 for crises specifically involving people with mental illness. CIT is one important part of this broader mental health crisis continuum. There are other models of response, including mobile crisis health teams, co-responder models which pair an officer, ideally a CIT officer, with a clinician or a specially trained person living in recovery or a peer. But we want to make sure that with this article, that our readers really identify the role, the leadership role, and opportunity of psychiatrists within CIT. CIT should operate in coordination with health care providers, with other first responders, law enforcement as an essential component of an ideal mental health crisis response.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

BONFINE: It's really stressing the importance of these conversations happening together. We know that CIT has been around for a number of years. There's some concern that it's perceived as a law enforcement training program. It's so much more than that. We know the "T" stands for team, and that includes law enforcement, with mental health, with individuals who have serious mental illness, their families, and other advocates. So, really, it's about coordinating the discussion and work that's been going on to promote CIT as a response with the work that's happening in communities to establish their mental health crisis continuum in support of 9-8-8 as a resource that's coming in the near future.

We think that communities need to be prepared to deliver a crisis response that is safe, both for officers and for individuals in crisis, and connects people in need to the treatment and services that they may need or desire. And ultimately, as systems look to reduce law enforcement involvement in mental health crises, psychiatrists really are in a good position to coordinate and collaborate with police, with the emergency medical system and other first responders, and the broader mental health community in integrating those responses to 9-1-1 and 9-8-8 calls for crisis. [theme music returns]

HOFF: Dr. Bonfine, thank you so much for your contribution to the Journal and for being on the podcast today.

BONFINE: Thank you so much for having me.

HOFF: To read the full article, as well as the rest of the February 2022 issue for free, visit our site, [JournalofEthics.org](http://JournalofEthics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.