

**Crisis Intervention Team (CIT) Training: A First Step in Untangling the Mental Health
and Criminal Justice Systems in the United States**

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On my honor as a University Student, I have neither given nor received unauthorized aid on this
assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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Introduction

The United States has one of the highest incarceration rates in the world, with a rate of 531 prisoners per 100,000 people (Fair and Walmsley, 2024, p. 2). This is linked to the prevalence of mental illness within the criminal justice system. A major mental illness diagnosis was associated with more than a 50% increase in the odds of a jail sentence for misdemeanor arrestees (Hall et al., 2019, p. 1093). A lack of integration of mental health services within the criminal justice system leads to the criminalization of individuals facing mental health challenges, which perpetuates the entanglement of the criminal justice and mental health systems. Law enforcement officers are not required to have the necessary training to interact with those suffering from a mental health crisis effectively, yet they are the ones sent to respond to these issues. Can the widespread implementation of Crisis Intervention Team (CIT) training in police departments nationwide allow this intersection to begin to be addressed and untangled?

In this paper, I will begin by examining the effectiveness of CIT training in reducing law enforcement stigma toward individuals who have a mental illness and whether it provides officers with the necessary tools to respond to those experiencing a mental health crisis. Next, I will highlight a gap in academic research about the effectiveness of CIT training in the community. I will then use a systems thinking perspective, which is a holistic approach that considers how interconnected factors influence outcomes, to analyze how widespread implementation of CIT training can serve as a first step in untangling the criminal justice and mental health systems from the inside out (Morganelli, 2024, n.p.). Lastly, I will discuss why CIT training is not currently widespread despite having positive effects on the mindset of law enforcement officers. The theoretical frameworks I will use to study this problem are utilitarianism and deontology. The utilitarian view of actions is “[T]he morality of an action is

determined by its consequences” (Conway and Gawronski, 2013, p. 216). The deontological view of actions is “[T]he morality of an action depends on the intrinsic nature of the action” (Conway and Gawronski, 2013, p. 216). Those with mental health issues in the criminal justice system are currently being treated by society based on a utilitarian lens. The separation of the mental health and criminal justice systems will cause them to be treated based on a deontological lens. The widespread implementation of CIT training will provide a first step in the separation of these systems, leading to a deontological view of those suffering from mental illnesses.

CIT Training and Police Officers

The overlap between the mental health and criminal justice systems causes those with mental health issues to be arrested rather than directed to resources that are built to support them. One attempt to address this intersection that has been implemented across the United States is Crisis Intervention Team (CIT) training. CIT training is described as “[Being] designed to teach [law enforcement] officers about mental illness and effective strategies and techniques for engaging and de-escalating potentially volatile interactions and encounters” (Hassell, 2020, p.159). Law enforcement officers participating in this training as a requirement receive base-level skills needed to effectively interact with those suffering from mental illnesses when they are out in the field. Despite this, CIT training is not mandatory for law enforcement nationwide.

In the United States, adopting CIT training programs has remained limited despite their ability to improve police interactions with those suffering from a mental health crisis. These programs have only been added to police departments in 2,700 cities and towns (NAMI, 2024,

n.p.). In 2018, the Bureau of Justice Statistics, part of the United States Department of Justice, reported 17,541 state and local law enforcement agencies in operation (Gardner and Scott, 2022, p.1). This means less than 16% of the nation has implemented CIT programs regardless of their positive impact. The National Alliance on Mental Illness (NAMI), which collaborates with mental health professionals and policymakers to provide accurate and up-to-date information, reported in 2024 that CIT programs reduce arrests of people with mental illness (NAMI, 2024, n.p.). A reduction in arrests can be a sign of less criminalization of those suffering from mental illnesses. This reduction led to an increase in the likelihood of those who have a mental illness to receive mental health services, provided additional aid to police officers in doing their job more safely and effectively, had a reduction in the time spent on mental health calls, and led to cost savings (NAMI, 2024, n.p.). This initial interaction with CIT-trained officers could lead the individuals suffering from a mental health crisis to avoid the criminal justice system altogether, leading to a first step in the separation of the mental health and criminal justice systems.

A study published in the peer-reviewed Archives of Psychiatric Nursing is an experimental case study used to evaluate the effectiveness of CIT training (Ellis, 2014, p. 10). Using a sample of twenty-eight police officers employed by three of Miami-Dade County's police municipalities in Florida, the officers completed the week-long forty-hour training. Ellis concluded that CIT training with police officers showed effectiveness in improving the feelings of competency of the officers and a lower number of Serious Mental Illness (SMI)-related arrests, incarcerations, and deaths since its implementation (Ellis, 2014, p. 10). He determined "statistically significant changes in police officers' knowledge, perception, and attitude scores towards persons with an SMI at the end of the week-long CIT training." (Ellis, 2014, p. 14). The results from Ellis' study display the positive effects of CIT training on police officers, given that

they had a statistically significant shift in how they thought about those suffering from mental illnesses after completion. How police officers think about those suffering from mental illnesses is crucial since they are consistently interacting with this group during their fieldwork. Knowing how to de-escalate a situation where someone may be having a mental health crisis is something all police officers should know how to do.

A more recent study on the effects of CIT training published in 2022 in the peer-reviewed Drug and Alcohol Dependence Journal supported the positive effects found by Ellis in 2014. Nick et al. documented immediate positive impacts on beliefs, stigmatizing attitudes, and feelings of self-efficacy of police officers following the forty-hour five-day training, further backing the results of Ellis' research previously discussed (Nick et al., 2022, p. 7). These experimental studies prove there is a positive impact on the mindset of the law enforcement offices provided with CIT training.

CIT Training and the Community

When looking into the impact of CIT training on the communities in which it has been implemented, I discovered a lack of research on this topic. There are plenty of studies and research surrounding how the mindset of police officers is improved after going through CIT training. Yet, there is a gap in the research done on how those suffering from a mental health crisis in the community are benefiting from its implementation. From my point of view, CIT training has a positive effect on the community, considering police officers are now given the tools to approach these situations with more understanding and nuance. Despite this, I have not found any studies to support this hypothesis.

To some, it may be shocking that this massive gap in academic research is missing, but due to the difficulty in measuring qualitative evidence, conducting a study about how the community feels they benefit from CIT training is difficult to approach. With a lack of objective metrics to measure the success of this training in a qualitative nature, this gap in research can be understood. However, a study is currently being done in Charlottesville, Virginia, but it has not yet been completed. In December of 2024, Watson et al. released their Study Protocol article, “Assessing Law Enforcement Officer Skills in Crisis Intervention Team (CIT) Research: Developing and Implementing Standardized Scenarios,” in the peer-reviewed journal *Frontiers in Psychology*. In this study, they highlight that “No studies have examined the effectiveness of CIT training for improving officers’ actual skills when responding to mental health crises,” which supports my lack of findings when looking into how CIT training impacts the community (Watson et al., 2024, p. 2).

The study implemented by Watson et al. in 2024 will help fill this gap in vital academic research regarding CIT training. They intend to develop scenarios that simulate mental health crises that police officers with CIT training will respond to, gathering evidence on the effectiveness of the training in a real-world situation (Watson et al., 2024, p. 1). The results of this study will provide evidence speaking to whether CIT training can improve the skills of officers out in the field. Doing so will help us understand if CIT training positively impacts the communities in which it is implemented.

Systems Thinking About the Criminal Justice and Mental Health Systems

CIT training and its widespread implementation would be a valuable first step in untangling the criminal justice and mental health systems from the bottom-up. This first step will help reduce the criminalization of those suffering from mental health issues by providing law enforcement officers with the necessary skills to de-escalate a situation involving a mental health crisis. CIT training will lead to a higher possibility of intervention taking place over incarceration. Systemic change does not happen overnight, and it is not realistic to scrap an entire system that has been in place for decades and start from scratch. Providing CIT training as an initial increment of change introduces adjustments to the criminal justice system using a systems thinking approach.

Given that the entanglement of the criminal justice and mental health systems is a system itself, a systems thinking approach is necessary to move towards change. In the peer-reviewed IEEE (Institute of Electrical and Electronic Engineers) Systems Journal, Whitehead et al. define systems thinking as “A thought process through which assumptions are examined about a set of interconnected elements that drive toward a common goal with the objective of discerning hidden values and evaluating evidence in order to assess conclusions.” (Whitehead et al., 2015, p. 1122). The criminal justice and mental health systems are currently connected, making up one complex system. The common goal is to untangle this system to create two separate systems to benefit those suffering from mental health issues by keeping them out of the criminal justice system.

CIT training implementation nationwide is necessary as a first step in a systems thinking approach to untangling the mental health and criminal justice systems. To make a change in this

system, we need to start by determining what the root of the problem is. First, we need to determine the problem. A lack of integration of mental health services within the criminal justice system leads to the criminalization of individuals facing mental health challenges rather than getting the help that they need to thrive in society. Next, consider other similar systems in place in the United States. When there is a fire, you call the fire department; when someone is physically hurt, you call an ambulance; and when someone breaks the law, you call law enforcement. Who do you call when someone is suffering from a mental health crisis? Law enforcement officers are called, yet they carry no expertise or training in mental health topics (von Hemert, 2025, n.p.). The root of the problem is that those called to respond to such a crisis are not trained to respond to this type of situation. Therefore, the first step is to train those already called to effectively respond to a mental health crisis and know where to redirect people. This initial step is moving toward the overarching goal of creating a separate system in place to support those suffering from mental illness to keep them from becoming criminalized.

You may wonder what it would look like for these two systems to be completely separated. In an ideal world, an entirely separate agency would be sent to a mental health crisis. When someone calls 911, the phone operator will hear the situation and know it is necessary to send CIT-trained officers to respond to the crisis. This could be compared to when someone calls 911 in a medical emergency. Police officers are not the only ones sent to the scene; EMTs in an ambulance are also sent. With a separation between the mental health and criminal justice system, CIT officers would be sent to the scene of a mental health crisis since they have the expertise necessary to approach the individual and respond appropriately.

With the two systems tangled together, those suffering from mental health issues are regarded through a utilitarian lens. In the peer-reviewed *Journal of Personality and Social*

Psychology, Conway and Gawronski describe the utilitarian view of actions as “[T]he morality of an action is determined by its consequences (e.g., harming others is acceptable if it increases the well-being of a greater number of people)” (Conway and Gawronski, 2013, p. 216). Under this framework, individuals suffering from mental health issues should be sent to jail after breaking the law to keep them separate from the rest of the population. On the other hand, if the criminal justice and mental health systems were separated, those suffering from mental health issues would be regarded through a deontological lens. Conway and Gawronski describe the deontological view of actions as “[T]he morality of an action depends on the intrinsic nature of the action (e.g., harming others is wrong regardless of its consequences)” (Conway and Gawronski, 2013, p. 216). Thus, individuals suffering from mental health issues should be addressed by CIT-trained officers and redirected to mental health resources after interactions with law enforcement so they no longer suffer. I strongly support this deontological viewpoint. Mental illness should not imply a person does not have the right to be treated humanely. If anything, those who struggle with mental health conditions need greater support, as they face unique challenges when navigating daily life.

CIT Training in Small or Rural Areas

Despite the evidence supporting the positive impacts of Crisis Intervention Team training for law enforcement officers, it is not widespread throughout the entirety of the United States. A reason von Hemert, a Crisis Intervention Specialist, provided as to why this might be the case is that departments that are very small or located in more rural regions may not have the time or resources necessary to conduct an entire forty-hour week of training (von Hemert, 2025, n.p.).

This assumption is supported by Bratina et al. in a study published in the peer-reviewed Community Mental Health Journal. Bratina et al. determined that time and money, buy-in support, and systematic barriers to adequate care were the three main barriers that prevent optimal effectiveness of CIT training in rural jurisdictions (Bratina et al., 2021, p. 1388). In smaller jurisdictions, fewer officers means less flexibility in shifts. If one officer is receiving training, another officer would have to fill in for them, which could lead to a shortage of available officers or payments for overtime that the department may be unable to afford. It is not realistic to pull a group of officers out of the field in these situations to complete an entire week of training.

Virginia is one example of a state with many small and rural communities lacking the resources and time to implement CIT training. In their Virginia Rural Health Plan 2022-2026, the Virginia Department of Health used their definition of a rural community to determine that 46% of land area containing 12% of the population is considered a rural community (County and Smith, 2020, n.p.). This means almost half of Virginia is covered in rural areas with small populations, which corresponds to smaller police departments located in these areas. Looking into three communities in Virginia, Fluvanna County, Waynesboro City, and Amelia County, they were estimated to have a population of 13,629, 28,382, and 22,938 respectively (UVA Weldon Cooper Center, 2024, n.p.). Given that the United States Census Bureau defines a large municipality as having a population of 50,000 or more, a small municipality as having a population of 10,000 or fewer, and a midsized municipality as falling between 10,000 and 50,000, we can consider these three municipalities as being a small to medium size (Toukabri and Medina, 2020, n.p.).

For each of these communities, the number of law enforcement officers that respond to service calls and enforce laws out in the community was listed on the county or city website under the patrol sections. Fluvanna County listed a total of twenty deputies, Waynesboro City listed a total of thirty-two police officers, and Amelia County listed a total of only thirteen patrol units. Individually, these departments do not have the resources or time to successfully implement CIT training without running into staffing shortages, money issues, or lack of available time.

While it may be true that small and rural communities cannot implement CIT training on their own, the Charlottesville-Albemarle area in Virginia proves that implementation is still possible. The Charlottesville, Albemarle, and University of Virginia Police Departments came together to implement CIT training in all three departments simultaneously since they did not have the resources individually. In doing so, the officers of these departments could step in to fill needed staffing shortages, make up for lost time, and pool their money and resources to get necessary grants and support to make the training happen. It was successfully implemented in all three, with the original implementation of the program taking place over fifteen years ago. As stated in the Crisis Intervention Team section of the University of Virginia website, now around ninety percent of police officers of the University of Virginia Police Department have been through CIT training. While it may be true that many police departments are too small to implement CIT training independently, it is still possible to use this regional approach instead. If Fluvanna County, Waynesboro City, and Amelia County pooled their resources and money, they would have an increased ability for implementation in all three departments. As discussed before, small and rural communities pose a barrier to CIT becoming widespread, and the

Charlottesville-Albemarle area has been able to prove the efficacy of a regional approach as a potential solution.

Conclusion

The widespread implementation of CIT training will provide a first step in the separation of the mental health and criminal justice systems, which will help those who have a mental illness be treated based on a deontological lens by the criminal justice system. A lack of integration of mental health services within the criminal justice system leads to the criminalization of individuals facing mental health challenges rather than being directed to the help they need, perpetuating this entanglement of the two systems. CIT training has been shown to be effective at reducing the stigma around mental health for police officers, providing them with the necessary skills when responding to someone suffering from a mental health crisis. There is a lack of research done on the efficacy of CIT training on the skills of police officers, but changing the mentality around those who have a mental illness across law enforcement agencies can help address the root of the problem from a systems thinking perspective. Looking ahead, advancements in academic studies that support the efficacy of Crisis Intervention Team training in the community are necessary to support nationwide implementation.

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