

Evidence for the Effectiveness of Police-Based Pre-Booking Diversion Programs in Reducing Arrests

A Systematic Literature Review

Carolyn S. Dewa, MPH, PhD

Professor, Department of Psychiatry and Behavioral Sciences

Based on:

Dewa, C.S.; Loong, D.; Trujillo, A.; Bonato, S.
Evidence for the Effectiveness of Police-Based Pre-
Booking Diversion Programs in Decriminalizing
Mental Illness: A Systematic Literature Review.
Under Review, 2016.

Presentation Overview

- Background
- Research Methods
- Findings
- Conclusions



BACKGROUND

Background

People with mental illnesses are more likely to be arrested than the general population.

- 25-28% have been arrested (Fisher et al. 2006; Livingston 2016)
- 7-10% of police contacts (Lord et al. 2014)
- For 10%, police are involved in their care pathway (Livingston 2016)

Barriers to Use of Healthcare Services

(Lamb et al. 2004)

- Long emergency department wait times
- Hospital admission refusals

To Increase Treatment and Reduce Arrests

(Lamb et al. 2004)

- Police training to handle crisis situations
- Coordination between police and mental health
- Enhanced mental health services post-arrest
- Philosophy of treatment

Pre-Booking Diversion Programs

Purpose

Goal: to redirect people who have committed minor offences from arrest into treatment (Franz et al. 2011)

- Intervene at point of police contact (Steadman et al. 2009)
- Focus on police response and decision making (Franz et al. 2011)

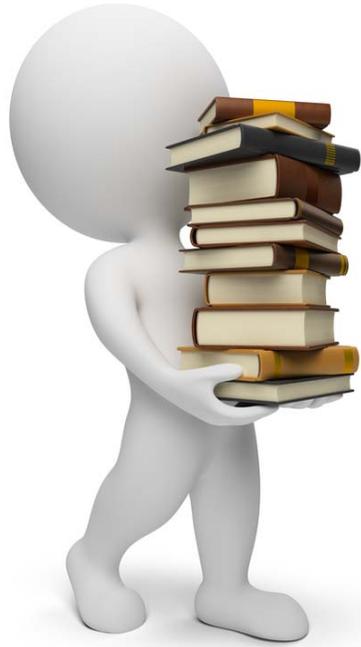
Pre-Booking Diversion Programs Models

Two types (Borum et al. 1998; Deane et al. 1999):

1. Specialized training (i.e., Crisis Intervention Teams)
2. Police and Mental Health professionals collaboration (e.g., mobile crisis program)

Systematic Review Question

What is the evidence for the effectiveness of police-based pre-booking diversion programs in reducing arrests of people with mental illnesses?

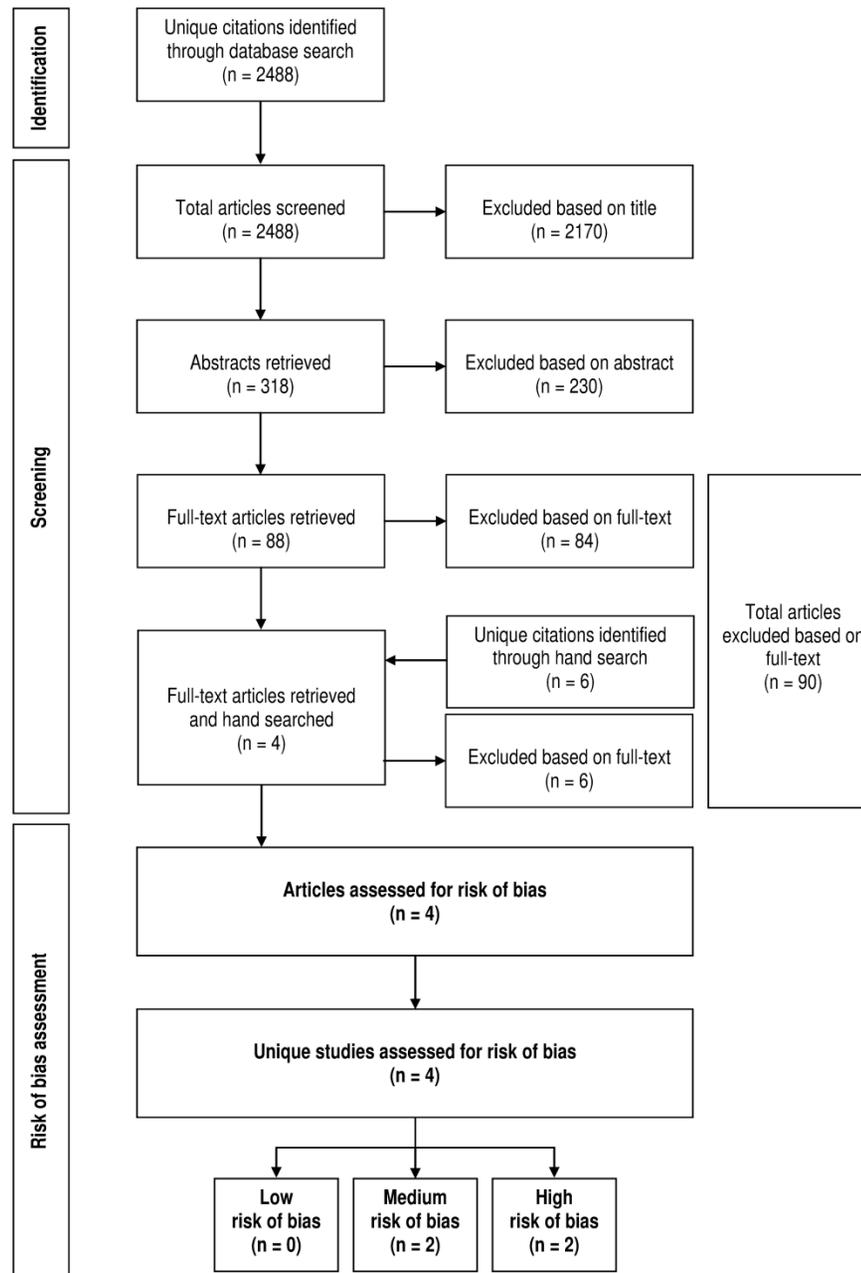


RESEARCH METHODS

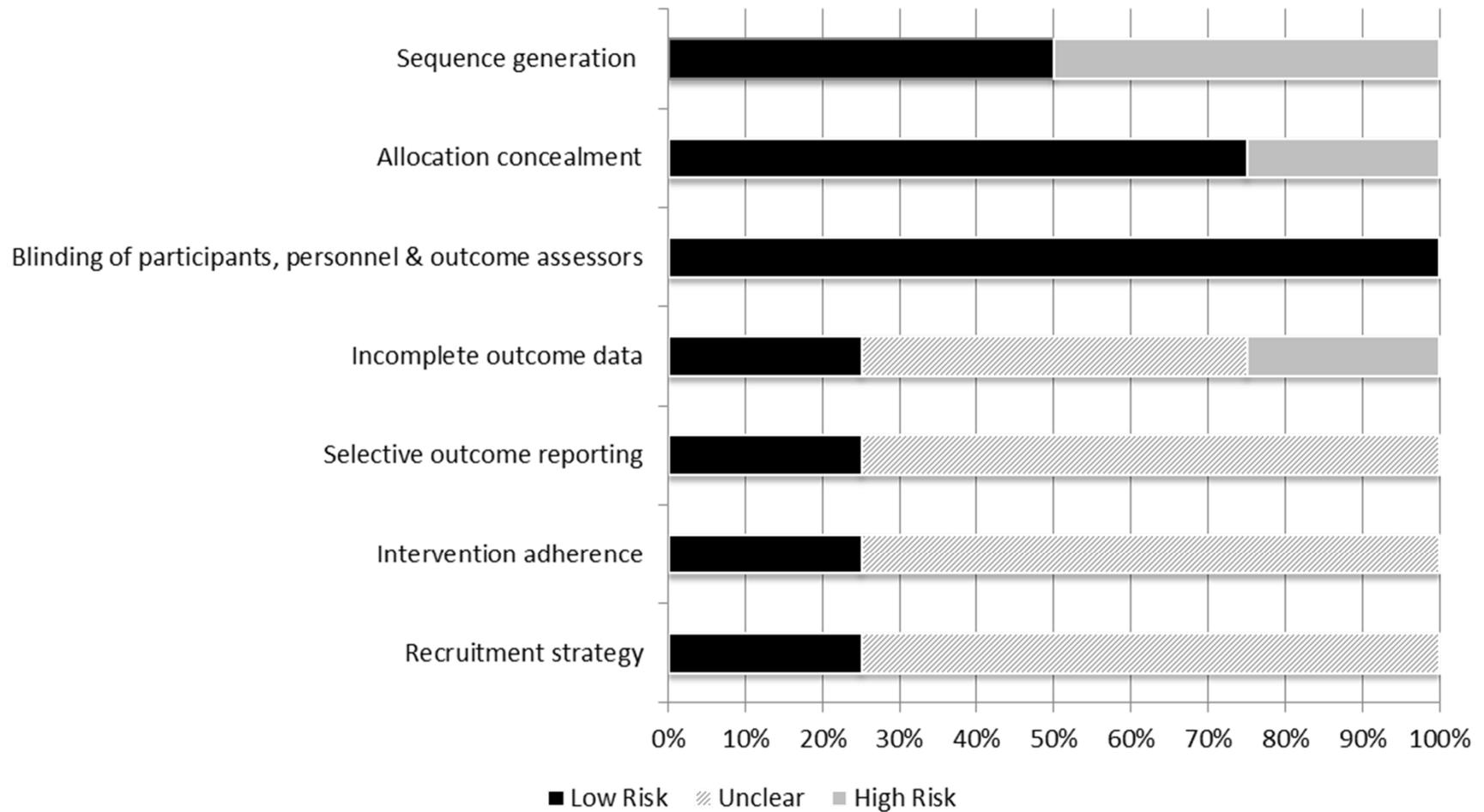
Methods

Search of seven databases Dec 2015-Jan 2016:

1. *PsycINFO*
2. *Medline*
3. *Medline In-Process*
4. *Embase*
5. *Web of Science*
6. *Scopus*
7. *Criminal Justice Abstracts*



Risk of Bias Assessment





FINDINGS

Results

- Three studies of Crisis Intervention Teams (CIT)
 - Four counties in Georgia (Compton et al. 2014)
 - Ohio (Teller et al. 2006)
 - Illinois (Watson et al. 2011)
- One study of a Mobile Crisis Program
 - Georgia (Scott 2000)

Results

- **CIT vs. Non-CIT trained officers**
 - Compton et al. (2014)
- **Pre vs. Post CIT**
 - Teller et al. (2006)
- **CIT vs. newly introduced CIT**
 - Watson et al. (2011)
- **Mobile crisis vs 911 call psych emergencies**
 - Scott (2000)

Outcomes of Studies: Arrests

Arrests:

- Four of four studies examined this outcome
- Only one of four studies found a significant difference in favor of CIT
 - CIT: 13% vs. Non-CIT: 24% ($p < 0.01$)

Bottom Line: Current evidence for decreased arrests not strong

Outcomes of Studies: Referrals

Referrals to mental health services:

- Three of four studies found significant differences in favor of the intervention
 - CIT: 40% vs. Non-CIT: 29% ($p < 0.03$)
 - CIT: 33% vs. Non-CIT: 27% ($p = 0.001$)
 - CIT more likely to refer than Non-CIT ($p < 0.05$)
- One of four studies found increase in voluntary psychiatric hospitalization
 - Mobile crisis: 64% vs. No Mobile crisis: 33% ($p < 0.01$)

Bottom Line: Both models seem to lead to more referrals

Outcomes of Studies: Resolution

Resolution:

- Three of four studies looked at this outcome
- Only one of three studies found a significant difference
 - CIT: 44% vs. Non-CIT: 56% ($p < 0.001$)

Bottom Line: Need more information

Limitations

- Although we searched seven databases and found about 2,500 potential references, the search only included published peer-reviewed studies
- There may be other studies that have not been published or peer-reviewed that could contribute to the overall assessment.

Summary of Findings

- The studies were of moderate and high risk of bias because it is difficult to avoid risk of bias in these types of studies
 - One way of addressing it is to clearly describe the context and the intervention
 - Describe the population included in the study and the larger population from which it was drawn

Conclusions

- So far, the knowledge base indicates that there is evidence that CIT and mobile crisis increase access to mental health services
- Things to consider:
 - Availability of mental health services and strength of linkages between police and services (Watson et al. 2011)
 - Earlier intervention to prevent police contact (e.g., Neighborhood Outreach Scheme (NOS) (Earl et al. 2015))



QUESTIONS?

Contact: csdewa@ucdavis.edu