Mental Illness Impacts Law Enforcement Resources
A LOSE – LOSE SITUATION

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In recent months advocates from NAMI (National Alliance on Mental Illness) have met with officials from the Fayette County Public Advocacy Office; both sides bemoaning the ever enlarging number of individuals with severe mental illness coursing through the criminal justice system. The court system and the jails are undoubtedly becoming the default mental health system in an unrecognized and misunderstood crisis. Police officers, sheriff's deputies, and corrections personnel have become our nation's frontline mental health workers. A recently released study, *"The Impact of Mental Illness on Law Enforcement Resources"* (M.C. Biasotti, 2011) included a **nationwide survey of 2400 senior level law enforcement personnel** from across the United States. The study and the survey confirm reports that law enforcement service calls involving mental illness are increasingly diverting resources away from public safety by requiring officers to spend increasing amounts of time responding to, transporting and staying with acutely ill individuals in hospital emergency rooms. This is not a new headline for those involved on the frontline but there has never been specific research related to the impact of law enforcement becoming the societal default system for mental health crises. The list below reflects some major findings of the study by Michael C. Biasotti, Chief of Police, New Windsor, New York. The additional comments are made as an attempt to shed light on what is happening locally and the significant global issues impacting the severely mentally ill in our state and our nation.

- **State laws that make it possible for people in psychiatric crisis to be hospitalized involuntarily in an emergency are poorly understood or perceived as too complicated to use.**

Even in states where laws permit involuntary treatment on broader grounds, respondents believe the greatest obstacle to referring individuals for evaluation or treatment to be the requirement of "dangerous to self or others." The complex and often reported issue plays out in a detrimental way for all concerned. Biasotti reports, "*As a result, the vast majority of individuals in the early stages of psychiatric crisis or in a nonviolent psychiatric crisis are required to deteriorate to a point at which they are notably dangerous or until they enter the criminal justice system as a result of anti-social behavior, which may include acts of violence and/or self-harm, crimes against property, misdemeanors such as vagrancy, or any of a variety of other chargeable offenses. Because immediate family members most commonly call for emergency services to intervene in a psychiatric emergency and are typically rebuffed pending the development of danger, family members are often at risk of becoming victims of violence, and the individual in crisis is left at risk of self-harm."* A person may be so ill that they cannot comprehend, communicate, eat, dress appropriately for conditions or attend to their own hygiene - even toileting – but they may not qualify for hospitalization because "they are not a **danger** to themselves or others". Perhaps, instead of focusing narrowly on the dangerousness as admission criteria, we could look more at the part that says "or could benefit from treatment". Perhaps we look at competency, i.e., is this person **able** to survive **without being able** to comprehend the need for assistance, food, shelter, clothing… treatment? In the nation-wide survey 77% of respondents said they had been unable to refer obviously psychotic persons to hospital treatment unless they met the dangerousness criteria. Having witnessed this myself, and knowing that hospitals must follow the law; it is clear that the current language, literally applied, ties everyone's hands. NAMI has long advocated for mental health courts and removal of the 'dangerousness' criteria, seeing it as a criminalization and stigmatization of a biologically based brain disease.

- **Mental illness is seen as a significant factor in the injury or death of on duty law enforcement officers.** More than 60% of the respondents believe that officer injuries and casualties are resulting from incidents that involve someone with a severe mental illness.

This was an alarming statistic in the report; of the officers surveyed, 60% stated that the calls involving severely mentally ill citizens are a significant factor in officer injuries and casualties. In Fayette County three cases in which a first responder was killed involved a situation with someone who was severely mentally ill. Both Fayette County and Kentucky have been responsive to the issue, in that we have participated in C.I.T. (Crisis Intervention Training, the Memphis Model), which educates law enforcement personnel in interacting with persons with severe mental illness and has, by everyone's account, saved injuries and lives. The model focuses on safety for all and understanding. There has also been positive, ongoing collaboration with NAMI, local law enforcement agencies and our Community Mental Health Center, Bluegrass, to keep the lines of communication open and to work together on forging solutions. This is a tall order when resources are scarce and options require system transformation – such as mental health courts or statutory language revisions / reinterpretations.

- **The transportation and hospital security demands associated with incidents involving severe mental illness are perceived as "a major consumer of law enforcement resources nationally," requiring an increasing amount of time and manpower.** Among other indicators in the survey, routine larceny, traffic accident reports and domestic disputes all were reported to consume less officer time than calls involving mental illness.

In Fayette County, our state/local psychiatric hospital, Eastern State Hospital, serves 50 counties. There are numerous runs from small and rural areas that used to routinely take many hours of law enforcement time away from their service area. In the survey 63% of officers reported that they spend more and more time with mentally ill individuals due to limited hospital bed space and the distance they have to travel to access treatment. In order to be responsive to law enforcement and patient needs Eastern State Hospital has implemented a triage center which is respective of police officers' down time and seeks to minimize the amount of time an officer has to spend in the process of evaluating someone for admission. We need to continue to research efficient and effective ways to triage patients who present in mental health crises in general hospital emergency rooms. Across the nation, there have been numerous reports of patients who actually die while waiting for care and some patients waiting over 24 hours for care.

- **Officials see growing numbers of mentally ill persons in the general population, in jails and prisons, and among the homeless over their careers.** They also report increased calls resulting from suicide and suicide attempts.

The problem is - we have a problem pile up. The number of psychiatric beds and services nationwide is grossly inadequate, state civil commitment laws are often inadequate, and – even when adequate – they are insufficiently understood and rarely interpreted or used as broadly and humanely as possible. In many places care does not happen because there is NO hospital (closed) and the community based services no longer or never existed due to budget cuts or unfunded mandates. In Kentucky, for the last several years, we have been appreciative that Governor Steve Beshear has spared mental health from direct budget cuts, knowing that any cuts would have been final- blow, annihilating cuts. The truth is that the many preceding years of no

increase in funding has created a huge deficit which we are not close to recovering from. Currently, on the heels of all the years of deficient funding, managed care has been introduced for behavioral health. This has high potential to destabilize the community mental health centers and has already had adverse impact on the patients they treat due to medication access and service barriers. All of these things work in tandem to perpetuate the illness/recidivism cycle. When people are severely mentally ill behavior can run the gambit from odd to life threatening. In this survey alone, suicide and suicidal behavior was estimated to have increased 61.4% across the span of 20 years, the average length of the respondents' careers. This does not include the newly released figures on suicides in returning and active military personnel reported in a number of sources, including the LA Times, which confirmed a reported increase of 80% since the start of the Iraq War and during the reporting period from 2004-2008. Many of these cases end up in small home-town America with local law enforcement and community agencies overwhelmed and bearing the brunt of trying to assist veterans and their families. The Veterans Administration has admitted being overrun with needs, facing returning vets after 10 years and two wars.

With insufficient funding, the erosion of the community based services and the implications of managed care we are literally "closing up shop", leaving nowhere for mentally ill individuals to go except jail. Would we allocate the treatment of individuals with Alzheimer's, Cancer or Heart Disease to the criminal justice system? We need to explore the interface of the criminal justice system and the care for the severely and persistently mentally ill. We have seen jail populations and funding to the criminal justice side expand to care for the influx of incarcerated mentally ill; while we have never – since deinstitutionalization - allocated sufficient funding to enhance community mental health services and make them available to keep mentally ill individuals **out of the criminal justice system in the first place**. We must begin to return the care of our severely mentally ill citizens to the appropriate provider of those services… a comprehensive, well funded system of care that includes community based services and hospitals to address the **entire continuum of care** from acute need for inpatient treatment to recovery services such as housing and supported employment. We need to restore sanity to the system so that mentally ill individuals will once again be treated by mental health professionals not law enforcement officials.

Quote Chief M.C. BIASOTTI:
'The overwhelming response to these survey questions reflects the severity of conditions caused by the unintended consequences of deinstitutionalization.'