

Survey: Law Enforcement Overburdened by Failure of Mental Health Departments

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A new nationwide survey of 2,406 senior law enforcement officials (75% of whom were officers longer than 20 years) documents police and sheriffs are being tremendously overburdened with the "unintended consequences of a policy change that in effect "removed the daily care of our nation's severely mentally ill population from the medical community and [placed it with the criminal justice system.](#)" This policy change has caused a spike in the frequency of arrests of severely mentally ill persons...(and) has become a major consumer of law enforcement resources nationwide.

The survey, "[Management of the Severely Mentally Ill and its Effects on Homeland Security](#)" by [Michael C. Biasotti](#), vice president, New York State Chiefs of Police while at the Naval Postgraduate School, calls for implementation of [Assisted Outpatient Treatment](#) (AOT) laws as a way to improve care for people with mental illness, conserve law enforcement resources, and keep patients and public safer. (See list of 115 law enforcement officers [who died during altercations with people with mental illness](#) who were left untreated.)

AOT allows courts to order a subset of severely mentally ill individuals who have a past history of [dangerous behavior, arrest, incarceration](#) or multiple hospitalizations to accept treatment as a condition of living in the community.

According to the survey:

- 84.28 percent (or 1,866) of the law enforcement respondents said there been an increase in the mentally ill population over the length of their career.
- 63.03 percent (n=1,391) of respondents reported the amount of time that their department spends on calls for service involving individuals with mental illness increased (during their career). An additional 17.72 percent reported that the time spent had substantially increased, totaling 70.7 percent (n=1,782) of respondents reporting an increase.
- 56% said the increase in calls is due to the inability to refer mentally ill to treatment and 61% said more persons with mental illness are being released to the community.
- The officers claimed that mental illness related calls take significantly longer than larceny, domestic dispute, traffic, and other calls.

The need for the law enforcement community to run a shadow mental health system is putting an unsustainable drain on law enforcement resources and diverting them from other important security tasks. Quotes from officers surveyed put the statistics in human perspective:

"The biggest problem does not lie with law enforcement. The problem is found when citizens can't get assistance due to the "danger" requirement. When they have nowhere else to turn they call the police to handle the issue. This takes a large amount of time to then pull strings to try and get help for the citizens."

"Catch and release attitude of MH professionals, i.e., anti-suicide contracts, promise not to do it again, etc."

"Our jurisdiction is extremely rural. If a person requires in-patient treatment, then it is a four-hour drive to the hospital, and our ambulance service will not transport. Given that most evaluations take 2 hours at a minimum that leaves an officer out of service for a minimum of 10 hours. Because we have only 8 officers including the Chief, it also means calling someone in on their days off to make the transport."

"Police seem to be the only resource that is mandated to be trained and deal with these individuals in the field, usually because there is a disturbance that prompts the call for these individuals. However, EMS, local hospitals, etc, are not required the same level of participation in the de-escalation of a mental event as the police are."

We can get them to the psych unit, but the Drs let them go due to the "dangerous to self or others" criteria."

"The whole process is too long. It Takes too long to have the patient evaluated. Takes too long to have the committal paper file with the court. Takes too long to find a facility. Takes too long to have the paper obtained once a judge signs it. Then when the individual makes it to the next facility we get to go through the same thing and length of time on the other end. On average it takes approx 10 hours. With a small department we have 2 or 3 people working. Basically one of my officers is tied up in this process and I have another officer at time working without backup."

"The problems are not so much the obstacles but rather when we get them to the hospital we have to sit with them, depending on the incident that occurred, and we have a limited amount of officers on duty. And once they are committed, there is a matter of time before they are released and we end of dealing with them again in another situation."

"In the past, if an officer could articulate to the crisis counselor that a mental subject was a danger to him or others then they would respond and make arrangements for bed space. Now, they rarely come out unless it is an uncontrolled violent person. In some cases, a crisis counselor has asked to speak to the mental subject over the officer's cell phone and "diagnosed" the mental subject based on that short phone conversation. The problem here is that the officer has made observations and noted the comments made by the mental subject. Most officers would not ever release a dangerous person despite whatever diagnosis is made over the phone. So, the mental subject either gets arrested or goes to a local hospital for evaluation. This wastes resources and takes more of the officer's time--all in the name of protecting one's self from liability."

Read the [full report](#) at [Mental Illness Policy Org](#) or read a summary of [California results](#).

Related news: An [investigation by the Department of Justice of the Seattle police department](#) that "found that an estimated 70 percent of use-of-force incidents by Seattle police involve people with mental illnesses or who are impaired by drugs or alcohol."

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