MENTAL HEALTH CRISES Should Not Involve Law Enforcement

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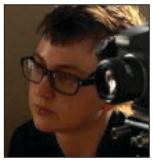

When a person is diagnosed with an illness, whether it is—for example—diabetes or chronic obstructive pulmonary disease, the diagnosis comes from a doctor, usually a trained, very well-credentialed doctor who specializes in making this specific diagnosis and treating the illness. In the case of an emergency, when a person with diabetes or a heart attack is in crisis, 911 is called and an emergency medical team is dispatched. Depending on the list of symptoms described during the 911 call, a preliminary diagnosis is made. Typically, a team of compassionate, patient medical professionals arrive on the scene to provide the necessary crisis intervention, and the patient is brought directly to a hospital. Once in a hospital, the patient is seen by a medical professional for further assessment and treatment as needed; however, when a 911 call is initiated to address a mental health crisis, far too often the odds that a well-trained social worker or other mental health provider will be dispatched as a first responder are slim to none.

As social workers in the mental health fields, we should advocate for individuals with serious and persistent mental illness, (SMPI) to have mental health professionals, instead of law enforcement, respond when they are in crisis. To move in this direction, we could begin by replacing law enforcement as first responders with mental health professionals. The period between a psychotic crisis and the eventual care is critical (National Alliance on Mental Illness, 2016). "During early psychosis or a first episode is the most important time to connect with the right treatment. Doing so can be life-changing and radically alter a person's future" (NAMI, 2016). If the first responder is not a mental health professional, not only is treatment delayed but the crisis can be intensified. As in any medical emergency, early intervention, diagnosis, and treatment render the best hope for recovery (NAMI, 2016). A mental health provider as a first responder is trained to assess and provide appropriate and compassionate crisis intervention—and can determine the next course of action, whether that be the emergency room, other needed services, or a solution that is applicable in the moment with no further resources needed.

According to the Southern Poverty Law Center (SPLC, 2020), over the past four decades, the rate of incarceration in the United States, based on the sheer number of prisoners per capita, has more than quadrupled. The number of persons incarcerated in this country is unprecedented in world history. Moreover, the risk of being killed during a police encounter is 16 times higher for individuals with untreated mental illness (Fuller et al., 2015). This grave danger means that it is imperative to reduce these interactions with law enforcement completely. Equally concerning are the vast racial disparities in our society that stigmatize and target young black men for arrest at a young age, unfairly punishes communities of color, burdens taxpayers, and exacts a tremendous social cost. The SPLC argues that African American men who were unable to finish high school are more likely to be behind bars than employed (2020). Thus, it behooves us, as social justice advocates, to engage in evidence-based practice aimed at reducing the social and economic impact of mass incarceration on vulnerable communities. According to a 2015 report by the Office of Research and Public Affairs and the Treatment Advocacy Center, in as many as one in two fatal law enforcement encounters, the victim suffered from a severe psychiatric problem (Fuller et al., 2015). Furthermore, if the individual with a psychiatric-related disorder is black, a member of the LGBTQ+ community, or an immigrant, that fatality risk increases exponentially (King, 2019). Reassessing how law enforcement officials are trained to engage and assess mental illness and mental health is a crucial, practical way to begin to reduce the trauma and fatalities that populate the news cycle (Fuller et al., 2015). Removing law enforcement from 911 crisis calls for individuals with SMPI is imperative to saving lives and securing appropriate health care.

Shifting the responsibility from the police to a licensed social worker could make all the difference. In fact, the period known as "deinstitutionalization" is a key turning point for the criminalizing of persons living with mental illness. In 1963, President John F. Kennedy signed the Community Mental Health Centers Construction Act to create a mental health center for every 125,000 to 250,000 people domestically (Amadeo, 2019). This effort was meant to inspire confidence in the removal of people with SPMI from permanent institutions, which had many inhumane practices. By 1977, only 650 of these centers were built. By 2004, almost 16 percent, or approximately 320,000, of people serving time in jails and prisons were severely mentally ill (Amadeo, 2019). During this same period, there were only 100,000 psychiatric beds in all private and public hospitals combined (Amadeo, 2019). Between 2015 and 2016, police shot and killed 2,000

people in the United States, and 25 percent of them had a documented severe mental illness (Frankham, 2018). It is important to review the latest research and practice in forensic social work to learn how to integrate socio-legal knowledge when working with diverse populations in a range of criminal justice settings (Maschi & Leibowitz, 2018). There is no evidence that the United States has higher rates of mental illness among its populations. The standard for most industrialized countries is to have a mental health expert travel with the police to a mental health crisis call (Frankham, 2018). In New York City, public advocate Jumaane Williams proposed a new emergency number, separate from 911, specifically for mental health crisis calls (Smith, 2019). This is crucial, as 79 percent of the New York City Police officers have not been trained as mental health crisis interventionists (Smith, 2019).

Stockholm, Sweden, developed an ambulance specifically for mental health care in 2015. Within the first year, this ambulance was requested 1,580 times, successfully responding 1,254 times. One key contributor to its success is the absence of police, because the presence of police often causes a patient in crisis to react negatively out of fear of incarceration (Samuel, 2019). The ambulance comes fully equipped with comfortable seating, no stretcher, two mental health clinicians, and one paramedic. The team primarily sees patients at risk of suicide and those having a psychotic episode. Having "experts available boosts the quality of care, avoids needless escalation by law enforcement, and minimizes the stigma attached to people with mental illness" (Samuel, 2019). Imagine referring a person to a compassionate social worker to help deescalate and assess a situation and to refer that person to a mental health provider, instead of risking a lifelong criminal record, in and out of prisons. NASW's *Code of Ethics* compels us to value dignity and self-work, a more compassion model of tackling health inequities through best practices, of which forensic social work espouses (Bullock et al., 2018).

Too many killings by law enforcement encounters involve a person with a serious mental illness (Fuller et al., 2015). Research demonstrates that many of these police killings could have been easily avoided. The mere presence of a weapon can have a large negative effect on the likelihood that a police officer will fatally shoot the civilian involved (Saleh et al., 2018).

If a person with a severe and persistent mental illness is managing their illness, like any other medical condition, the chances of interacting with law enforcement should be drastically reduced, thereby saving hundreds or thousands of lives annually and keeping people out of unnecessary incarceration.

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REFERENCES

Amadeo, K. (2019, June 25). Deinstitutionalization, its causes, effects, pros and cons: How deinstitutionalization in the 1970s affects you today. *The Balance.* www.thebalance.com/deinstitutionalization-3306067

Bullock, K., Hall, J. K., & Fitzpatrick, D. C. (2018). Thinking outside the box: Tackling health inequities through forensic social work practice. In T. Maschi and G. S. Leibowitz (Eds.), *Forensic social work: Psychosocial and legal issues across diverse populations and settings* (pp. 97-110). Springer.

Frankham, E. (2018). Mental illness affects police fatal shootings. *American Sociological Association, 17*(2), 70-72.

Fuller, D., Lamb, R., Biasotti, M., & Snook, J. (2015, December). Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters. *The Office of Research and Public Affairs: The Treatment Advocacy Center.* www.treatmentadvocacycenter.org/key-issues/criminalization-ofmental-illness/2976-peoplewith-untreated-mental-illness-16-times-more-likely-to-bekilled-by-law-enforcement

King, S. (2019, September 29). If you are black and in a mental health crisis, 911 can be a death sentence. *The Intercept.* https://theintercept.com/2019/09/29/police-shootings-mental-health/

Maschi, T., & Leibowitz, G. S. (2018). *Forensic social work: Psychosocial and legal issues across diverse populations and settings.* Springer.

Saleh, A. Z., Appelbaum, P., Liu, X., Stroup, T. S., & Wall, M. (2018). Deaths of people with mental illness during interactions with law enforcement. *International Journal of Law and Psychiatry, 58*, 110-116.

Samuel, S. (2019, July 1). Calling the cops on someone with mental illness can go terribly wrong. Here's a better idea. *Vox.* www.vox.com/future-perfect/2019/7/1/20677523/mental-healthpolice-cahoots-oregonoakland-sweden

Smith, G. B. (2019, September 26). Public advocate leapfrogs mayor with mental illness emergency response proposal. *The City.* www.thevillager.com/2019/09/public-advocateleapfrogs-mayor-with-mental-illness-emergency-responseproposal

Southern Poverty Law Center. (2020). *Criminal justice reform.* www.splcenter.org/issues/mass-incarceration