The paper below was initially presented in the wake of the killing of Deborah Danner, which, sadly, drew striking similarities to the circumstances of Eleanor Bumpurs' death many years earlier. It is re-presented here to promote inclusion in the present discourse on redesigning systems of public safety. The impact on elders, Black elders in particular, and on people struggling with mental illness must be addressed.

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Policing People with Mental Health Challenges: Do the Means Measure Up to the Needs?

A Person-Centered Clinical Perspective

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"I smile rarely but I am surviving." - Deborah Danner

Introduction

On October 29, 1984, Ms. Eleanor Bumpurs, a 66 year old Black, woman was shot dead by the police during an eviction proceeding in the Bronx.ⁱ Thirty-two years later, on October 18 2016, another Black elder, Ms. Deborah Danner, another 66 year old Black woman, and a Bronxite, was also shot dead by police who were called to her apartment by neighbors.ⁱⁱIn both cases, the police were acquitted. Both women were known to have struggled with mental illness. Ms. Danner, who was employed, left behind a stunning essay that is not only highly insightful and instructive of the challenges of living with mental illness and the almost prophetic fear of dying as she did.

Encounters between Mentally III, Older Black Women and the Police

Deborah Danner left clear and important, insights into the experience of having a serious mental illness, insights that are salient to encounters with the police. She describes it as being like the "Sword of Damocles" - a sense of impending doom hanging over one.

"We are all aware of the all too frequent news stories about the mentally ill who come up against law enforcement instead of mental health professionals and end up dead."

In her essay "Living with Schizophrenia" she describes her illness as a "curse" but she says it's "not fatal". Here she was, obviously, incorrect. She goes on to talk about the "complete loss of control" one experiences, specifying control of emotions, instincts, and common sense even intellect. What she's really referring to is loss of judgement.

Ms. Danner shared how she was always vigilant, acknowledging that she does not always realize when she is not well. Despite her apparent strong motivation to care for herself, she speaks of the tremendous burden of mental illness. At the time of her writing, she'd had 10 hospitalizations. Some of those were the result of the police taking her to the hospital. So the system works, sometime. She expressed worry about whether her medication would continue to be effective. Would she or anyone else notice if she should become symptomatic again? She ultimately questioned whether she was "worthy of respect and deserving of a normal, happy life." Ms. Danner spoke of trying to differentiate what she heard from hallucinations. This is reality Testing. She spoke of being suicidal at times, wanting to end her life of such burden. She spoke of stigma – professionals tend to focus on the impact of stigma on access, help-seeking behavior. She reminded us of the other consequences of stigma:

- Isolation "without company or succor," i.e. a helping hand when in need
- The feeling of living on 'the periphery of life'
- Having people close to her mistrust her recovery
- Having clinicians believing her caregivers, over her
- All of this is hurtful.

Ms. Danner understood that the mentally ill person who becomes violent is actually in the minority. People with mental illness are far more likely to become victims of violence than perpetrators. She understood that people who are mentally ill "who come up against law enforcement instead of mental health professionals [may] end up dead." Eleanor Bumpurs is another example. Killed by the police during an eviction from her New York City Housing apartment due to just over \$82.00 in rent arrears.

So what should we do?

- Invest in community treatment. People with Mental Illness need treatment. It is not only appropriate and humane, but far less costly to provide treatment in the community rather than hospitalization or incarceration.
- Those with mental illness who are incarcerated need a system that can truly "take over" their mental health treatment.
- Invest in prevention and early detection vets returning from combat, child bullies, adult children of depressed parents, bereaved elders, etc.
- Workers typically have health insurance that covers mental health care, including private mental health care, but many are unaware of this benefit.

The Community

Encounters with the police happen in a context in which the community often serves as witness. Witnessing violent or lethal encounters —i.e. community violence - can be traumatic. But witnessing can also be a powerful force for constraint. Witnessing erratic behavior or

annoying behavior can prompt an invocation to cease violent behavior. When the violence precedes, the community is left with feeling responsible for negative encounters which they precipitate. For example, Deborah Danner's neighbors, as did the police, new that she suffered from mental illness. Her erratic behavior prompted a call. Or was it the noise? Whichever, But she ended up killed.

The community can also help if properly educated about options such as:

- Mobile Crisis Teams are all over the City operating out of Psychiatry Departments can be called upon to go to the home to evaluate or follow clients and can effect a transfer to the hospital for further evaluation if needed. There are over twenty Mobile Crisis Teams in NYC including several designated for children.
- 1 888 NYC WELL (Formerly *Lifenet*), Provides telephone counseling 24 hours per day, 7 days per week. Every New Yorker should know this number.
- Even before things get to this point, there are other options.
- Thrive NYC is designed to train over 250,000 New Yorkers in in Mental Health 1st Aid. It encourages and empowers lay people with better understanding of the nature of mental illness and ability recognize when and how to refer for help.
- Assisted Outpatient Treatment (AOT) were developed pursuant to Kendra's Law.
 Programs provide court-remanded treatment for adults in need of supervision to live safely in the community, who have a history of lack of compliance with treatment, frequent hospitalizations.
- Assertive Community Treatment (ACT) brings full, ongoing mental health clinic treatment services to the home.

The Justice System as Context

The Justice system owes the community information: Eleanor Bumpurs was killed in 1984 and Deborah Danner was killed - in almost mirror image circumstances in 2016. How many other Black elders were victimized or killed by the police? The community deserves a regular report, widely published, accessible to lay community that reveals the Incidence, of use of physical force by the police correlated with demographic data: race/ethnicity, age, gender, and location. There is dissension regarding what constitutes excessive vs. necessary force – this should be resolved in dialogue with the community.

Mobilizing the Community

Despite the limitations one may observe in the mental health and the justice systems, it is also true that the community needs to be viewed as more of a resource.

Ongoing community education in helps to reduce the pervasive stigma associated with having a mental health problem or receiving mental health services. Ms. Danner expressed the fact that this stigma not only impacts help-seeking but self-concept and self-esteem.

The Citywide Behavioral Health Coalition for Black Elders, Inc. sponsors an excellent community education seminar annually for elders and their families which addresses a variety of issues and services relevant to Black elders' mental health. NYC Thrive, mentioned above, is also an excellent program open to the lay community.

Deborah Danner described her church as a primary source of acceptance and support. Faith-based programs can be very effective in reducing stigma, increasing access to mental health services and providing support to people struggling with mental illness. Programs such as *Community Conversations on Mental Health, led by* Dr. Sidney Hankerson, principal investigator, is an NIMH funded program that works with faith-based organizations — in this case a Catholic Church, St. Charles Borromeo and a protestant Church - to address depression within the community. Most importantly, the approach is one of partnering with the community rather than leading the community. In its initial gathering, the project convened 300 people to come out and openly discuss their concerns re mental health. Dr. Martha Adams Sullivan spoke about the impact of lethal use of force on Black elders suffering from mental illness and offered policy recommendations. The NYC First Lady, Chirlane McCray spoke candidly to the group about mental health issues in her own family.

The community needs to be empowered in relation to the police as well. The community needs to know:

- What is the protocol for handling a mentally ill person?
- How often do encounters with the mentally ill persons occur?
- How often do they result in arrest, injury, death?
- Demographic data should address race/ethnicity, gender, age and other demographic data to establish trends, publicized widely to hold the NYPD accountable to the community and
 - Make clear communities' differential exposure to police violence.

Conclusion

The prevalence and impact of mental illness is significant. Approximately one in five adults will experience mental illness in a given year. Only forty-four percent of those with a mental health condition received mental health care. Suicide is the tenth leading cause of death in the US and the second leading cause of death for people age 12-24. Individuals with serious mental illness have a lifespan that averages 25 years shorter due to increased risk of chronic medical conditions.

It behooves communities to invest in mental accessible, culturally appropriate and developmentally appropriate care for citizens, take steps to reduce stigma and educate residents regarding mental illness and the treatment programs available. It is also prudent to hold local police departments accountable to the community by routinely publicizing the

incidence of use of force in encounters with residents, particularly those who suffer from mental illness.

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Dr. Sullivan holds a master's degree from the *Silberman School of Social Work* of *Hunter College at CUNY* where she also earned a doctor of social welfare degree from the *CUNY Graduate School*. She holds a Master of Theology degree from *St. Joseph's Seminary*, Dunwoody, NY. As a past president of the NYC Chapter of NASW, Dr. Sullivan spearheaded the Social Work Equity Project including the published report: *Worse Than You Think. The Dimensions of Poverty in NYC: What Social Workers See*.

¹ New York Times online, November 27, 1984, Section B, Page 27.

ii New York Daily News, http://www.nydailynews.com/new-york/nyc-crime/nypd-acquitted-deborah-danner-death-article-1.3822467

iii https://www.nimh.nih.gov/health/statistics/index.shtml