

We're not doctors, we're cops

Police survey indicates law enforcement's frustrations

By DJ Jaffe

A new nationwide survey of 2,406 senior law enforcement officials, 75 percent 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 who serves as the vice president of the New York State Chiefs of Police Association, 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.

The Assisted Outpatient Treatment laws allow 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 (1,866) of the law enforcement respondents said there had been an increase in the mentally ill population over the length of their career.
- 63.03 percent (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 (1,782) of respondents reporting an increase.
- 56 percent said the increase in calls is due to the

inability to refer the mentally ill to treatment and 61 percent 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 is 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."

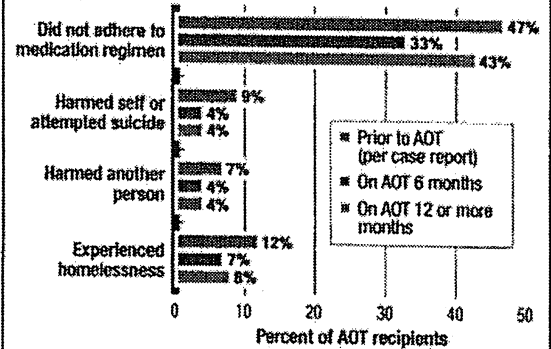
"Catch and release attitude of MH professionals, i.e., anti-suicide contracts, promise not to do it again, etc."

"Our jurisdiction is extremely rural. If a person requires inpatient treatment, then it is a four-hour drive to the hospital, and our ambulance service will not transport. Given that most evaluations take two hours at a minimum that leaves an officer out of service for a minimum of ten hours. Because we have only eight 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

Assisted Outpatient Treatment Yields Results Over Long Term

The chart shows adverse events or behaviors for 5,634 individuals prior to and during ordered assisted outpatient treatment (AOT) from 1999 to 2007. Percentages are unadjusted and based on case manager reports at six-month intervals.



Source: Child and Adolescent Integrated Reporting System and AOT Evaluation database; New York State Assisted Outpatient Treatment Program Evaluation

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 doctors 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 filed 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

er 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 up 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 himself 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." You can read the full report at MentalIllnessPolicyOrg.

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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 times working without backup."

"The problems are not so much the obstacles but rath-

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