

PREPARING TO MEET THE NEEDS OF THE MENTALLY ILL BY DEVELOPING
PARTNERSHIPS BETWEEN LAW ENFORCEMENT AND SOCIAL SERVICE
ORGANIZATIONS

Article

By
Lieutenant Edward M. Belcher
Stockton Police Department

Command College Class 32

Sacramento, California
June 2002

Introduction

Every family is impacted with mental illness in a variety of levels. It is an illness many families refuse to admit to or go to great lengths to conceal. It is an illness that costs businesses billions of dollars, yet the media pays little attention to it. Every day we hear of great strides in research for finding a cure for cancer or AIDS, but developing a cure for mental illness has been a slow process. Mental illness can range from mild forms of depression and anxiety attacks to those who are declared as developmentally disabled.

The State of California Department of Developmental Services recently reported that 167,000 children and adults are designated in the latter category.¹ This includes people with cerebral palsy, mental retardation, severe epilepsy, and autism. Most of these people live at home or in a small residential treatment facility. Police officers continue to learn new techniques to assist people afflicted with mental illness and problems that impact their lives. Social service organizations work with line officers to assist those living in the community affected by mental illness. This association between law enforcement and social service organizations has worked effectively in its limited capacity, but there exists a need to enhance this concept. Hence the topic of this paper and issue for the project: How will partnerships between law enforcement and social service organizations impact services to the mentally ill in medium size cities by 2007?

For this paper, the focus will be on mental health patients who are currently receiving treatment or have not been assessed as having a mental illness, but are living on their own in the community. Many of these individuals are homeless and are suffering from a mental disorder. They have available resources to them, yet are not able to get

connected. Some are outpatients who have neglected taking their prescription and are having trouble coping in the community. Others are juveniles living at home with their families who are engaging in criminal activity, and the families do not recognize that their child has a mental disorder that is causing the inappropriate behavior.

This paper will examine how mental health, if not treated appropriately, has a direct effect on the quality of life in the surrounding community. Some of the issues examined housing placement, available resources, specialized response teams, and forced treatment. The information provided will help establish a strategic plan or develop a policy for a medium size police department. Law enforcement agencies could use this information with some modification to fit their needs.

Currently officers who respond to a call involving an irrational person who is creating a disturbance have three choices: 1) transports that person to a mental health facility; 2) arrest the person; or 3) resolve the matter informally. Officers essentially become street corner psychiatrists without the proper training in conducting in-field assessments. Police reluctantly make psychiatric referrals or initiate hospitalization when absent criminal charges. Some departments are more open-minded to changes in providing assistance to the mentally ill and continually search for new ideas. In order to develop new solutions, it becomes important to consider a more futuristic attitude than the current approach police departments employ. This study's purpose is to develop a strategy, different from the conventional response, in providing quality service to the mentally ill.

Some of the current trends that affect the quality of life and services to the mentally ill are:

- Availability of low cost housing for mentally ill outpatients.
- Number of mental health patients victimized
- Level of law enforcement involvement with social services responding to mental health issues.
- Availability of training for law enforcement & social service organizations regarding mental health issues

The simplest way to affect a change within an organization is to look at other similar programs involving the same stakeholders. The leadership needed to promote the transformation is already in place and networking with other organizations identified as stakeholders. The department managers will share the responsibility in creating the change within their respective departments. The managers recognize this need for change, now that there is an urgent need to develop new methods of response to mental health issues. Naturally, the leadership in law enforcement and mental health would take the lead to create change. An endorsement from the political leaders is also essential to gain budgetary support.

This leadership collaborative will help design a representation of Law Enforcement, Social Services, and Health Services to develop a cooperative. San Joaquin County has a program called TriNet. Located in the City of Stockton, their current focus is to increase communication and collaboration between the three groups in relation to

elder abuse/dependent abuse. This concept could be expanded to include issues related to the mentally ill. Ultimately they could include a team of social workers, health service workers, and members of law enforcement to respond immediately to resolve appropriate mental health client situations.

In order to formulate a strategic plan, the following three-prong approach is recommended: 1) front line/first responder certified training program; 2) agreements and protocols of cooperation between law enforcement, mental health services, health services, and other social organizations to establish mutual assistance between agencies; and 3) the creation of a response component to a crisis scene by a MD/PHD Psychiatrist to assist the on-scene incident commanders. This should include incorporating resources that make translation services available for those who are unable to speak the English language.

Police officers should receive adequate training in recognizing, communicating and interacting with the mentally ill. This training for patrol officers will enhance the officers' ability as first responders to become liaisons to the formal mental health system. Officers should use the least intrusive and restrictive alternative whenever possible when a mentally ill person commits a misdemeanor. Officers should consider placement in a mental health facility pending the district attorney's review of the case. This is consistent with the recommendations of the American Bar Association.²

The stakeholders must come to an agreement by continuing the goals of TriNet. Part of this should include agreements between the agencies in responding to the needs of the mentally ill. This should include transportation, hospitalization, housing, and developing policy and memorandum of understanding between the stakeholders. This

should include a political commitment between the elected officials of the local, county, and state agencies involved in the care of the mentally ill. Law Enforcement, Mental Health, and Health Services should continue their collaboration and communication between the agencies in order to identify problems and develop solutions in services to the clients.

This should assist in preventing duplication of services and locating funding sources to provide the necessary services. This may include sponsoring legislation similar to Kenda's Law. This was legislation passed in New York State, which established a new standard for court ordered treatment for outpatients who refuse to take their medication and follow treatment.³

The final component is the establishment of a response team. Most of the calls officers with critical intervention training respond to can be resolved in a relatively short time. In cases where the individual holds himself hostage with no other danger present, officers should work in a team concept with mental health, especially with a trained psychiatrist with 24-hour response capability. As part of this component, officers and social service workers should train in critical intervention together. Mental health counselors, health services, and social service organizations that include non-profits can be incorporated into the police department's problem oriented policing problems to solve mental health related issues.

The response to the issues will move from a reactive state to a proactive state by identifying the problems and developing solutions before they occur. As mentioned earlier, an important part of this component is the availability of a translator for non-English speaking patients.

The change process has already started, as the community and the stakeholders recognize a sense of urgency in relation to the issues the elderly and disabled currently experience. The mentally ill have similar issues. A guiding coalition is already in place. TriNet is currently working together exchanging information with the same stakeholders. With the exception of forced assessment and treatment of the mentally ill, the vision and strategy of TriNet in response to the needs of the elderly and the disabled are the same, with the vision needed to assist the mentally ill.

Finally, there is a need for an assessment of the program on a continuing basis. This will allow the stakeholders to have a continuing look at the program to see if any adjustments are needed to make the program more effective. Completed goals and measurable objectives can be evaluated. This evaluation component should be completed quarterly, accompanied with a year-end report listing the accomplishments. The year-end report should include officers' responses to mental health calls for service to the pre-program period compared to after the program was initiated.⁴

There will be a need to locate financial support to budget the program. The program could run in conjunction with the TriNet program, using some of their funding. The majority of the funding could be raised through Federal and State of California grants. As mentioned earlier, President Bush just authorized one billion dollars towards programs, which help the homeless, the majority of which have mental health issues.⁵

The initial intent of this project was to link law enforcement and social service organizations together to address the growing need to respond to the calls generated by the mentally ill. Since the passage of the Lanterman, Petris, Short Act, the treatment of the mentally ill has moved from confinement to the community. The problem is the

community has grown increasingly concerned about having the mentally ill in their neighborhoods. A recent letter to the editor from a citizen noted that their once quiet neighborhood was now filled with the mentally ill loitering at all hours of the day and night. The police are weekly visitors.⁶ The police are usually the first responders to their calls, as they are available twenty four hours a day and have the ability to restrain and transport those who need to be involuntary restrained.

The police may not be adequately prepared to take on the tasks as infield evaluators of individuals with mental health problems. Officers receive minimal training to properly recognize the underlying mental health issue that causes a person to become erratic. The officers determine the subject is not a danger to the public or to themselves. The officer leaves with the issues unresolved. Sometimes this may lead to a criminal arrest, where the subject is booked into the jail system.

The idea of developing a Psychological Emergency Response Team would generate a working relationship between mental health, law enforcement, and health services. Specially trained officers will work and train with mental health workers and respond to calls involving a mental illness crisis. These teams will help avoid unnecessary incarceration and violent encounters. They help locate essential services in the community, arrange for transportation to clinics, locate affordable safe housing, and ensure follow-up contacts when necessary. These tools assure the public of an effective, human response to emergencies involving the mentally ill. Political leadership is needed to continually look at the Lanterman, Petris Short Act to see what new legislation is needed to enhance the process. Thirty years of experience since the implementation of the legislative changes produced needed corrections in the treatment process and stronger

attention to oversight safeguards of the patients' civil rights. The goal is to have the least restrictive treatment for the mentally ill in the community, while protecting the community at the same time. The long-term benefit is a reduced need for police involvement and less need for police resources.

ENDNOTES

- ¹ “A System Divided,” *Sacramento Bee*, 25 February 2001, sec. A, p.1.
- ² American Bar Association, Criminal Justice Standards Committee, “Criminal Justice Mental Health Standards,” Washington D.C. *American Bar Association*, 1996.
- ³ New York State Office of Mental Health, “Kendra’s Law,” *New York State Office of Mental Health*, 1999, Internet
http://www.omh.state.ny.us/omhweb/Kendra_web/KHome.htm
Accessed: November 22, 2001.
- ⁴ Tom Esensten, *Strategic Planning*, (Sacramento: California Commission on Peace Officers Standards and Training, 2001).
- ⁵ Senator Tom Daschle, Building on Success *Health Wire*, 3(2). Internet,
http://aft.org/publications/healthwire/mar_apr01/page3arts.html.
Accessed: May 16, 2001.
- ⁶ Alan Petit, “Letters to the Editor,” *Stockton Record*, 03 December 2001.

BIBLIOGRAPHY

American Bar Association, *Criminal Justice Mental Health Standards*, Washington D.C.: American Bar Association, Criminal Justice Standards Committee, 1986.

Daschle, Tom, "Building on Success," *Health Wire*, Internet,
http://aft.org/publications/healthwire/mar_apr01/page3arts.html.
Accessed: May 16, 2001.

Esensten, Tom, *Strategic Planning*, California Commission on Peace Officers Standards and Training, October 2001.

New York State Office of Mental Health, "Kendra's Law," *New York State Office of Mental Health*, 1999, Internet.
http://www.omh.state.ny.us/omhweb/Kendra_web/KHome.htm
Accessed: November 22, 2001.

Pettit, Alan, "Letters to the Editor", *Stockton Record*, December 3, 2001 sec. A, p. 5.

Wiegand, Steve, "A System Divided," *Sacramento Bee*, February 25, 2001, sec. A, p. 1.

¹ “A System Divided,” *Sacramento Bee*, 25 February 2001, sec. A, p.1.

² American Bar Association, Criminal Justice Standards Committee, “Criminal Justice Mental Health Standards,” Washington D.C. *American Bar Association*, 1996.

³ New York State Office of Mental Health, “Kendra’s Law,” *New York State Office of Mental Health*, 1999, Internet
http://www.omh.state.ny.us/omhweb/Kendra_web/KHome.htm
Accessed: November 22, 2001.

⁴ Tom Esenstein, *Strategic Planning*, (Sacramento:California Commission on Peace Officers Standards and Training, 2001).

⁵ Senator Tom Daschle, Building on Success *Health Wire*, 3(2). Internet
http://aft.org/publications/healthwire/mar_apr01/page3arts.html
Accessed: May 16, 2001.

⁶ Alan Petit, “Letters to the Editor,” *Stockton Record*, 03 December 2001.