The Impact of Mental Illness on Law Enforcement Resources

survey data from a graduate thesis for the
Naval Postgraduate School Center for Homeland Defense and Security

by
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with a forward by
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EXECUTIVE SUMMARY

Law enforcement service calls involving mental illness are increasingly diverting resources away from public safety by requiring officers to spend significant amounts of time transporting and staying with acutely ill individuals in hospital emergency rooms, law enforcement executives report in a nationwide survey. The calls are a significant factor in officer casualties, officials say.

"The Impact of Mental Illness on Law Enforcement Resources" was developed from an online survey of more than 2,400 senior law enforcement officials from every state, most of them with 20 years of experience or more in their field. The 2011 survey was conducted in conjunction with a thesis project for the Naval Postgraduate School's Center for Homeland Defense and Security.

Key findings:

- **State laws that make it possible for people in psychiatric crisis to be hospitalized involuntarily in an emergency are poorly understood or perceived as too complicated to use.** Even in states where laws permit involuntary treatment on broader grounds, respondents believe the greatest obstacle to referring individuals for evaluation or treatment to be the requirement of "dangerous to self or others." (See p. 5)

- **Mental illness is seen as a significant factor in the injury or death of on-duty law enforcement officers.** More than 60% of the respondents believe that officer casualties are resulting from incidents that involve someone with a severe mental illness. (See p. 8)

- **The transportation and hospital security demands associated with incidents involving severe mental illness are perceived as "a major consumer of law enforcement resources nationally," requiring an increasing amount of time and manpower.** Among other indicators, routine larceny, traffic accident reports and domestic disputes all were reported to consume less officer time than calls involving mental illness. (See pp. 9-13)

- **Officials see growing numbers of mentally ill persons in the general population, in jails and prisons, and among the homeless over their careers.** They also report increased calls resulting from suicide and suicide attempts. (See p. 15-17)

FORWARD

I applaud Chief of Police Michael Biasotti for undertaking this useful survey of his fellow police officers and sheriff's deputies, and the Treatment Advocacy Center is very pleased to give the results wide circulation. The survey, conducted as part of Chief Biasotti's graduate thesis for the Naval Postgraduate School in Monterey, California, represents yet another link between the work of the Treatment Advocacy Center and that of law enforcement.

I found three aspects of "The Impact of Mental Illness on Law Enforcement Resources" especially interesting.

First, Chief Biasotti sought information comparing the time spent by police on mental illness-related calls than spent on traffic accidents, larcenies or domestic dispute-related calls. The mental illness-related calls take by far the most police time.

Second, Chief Biasotti sought information on whether injuries or deaths of police officers are believed to result from encounters with individuals in psychiatric crisis. In sampling that has not been conducted before, respondents report the link to be significant.

And third, Chief Biasotti sought information regarding the problems encountered by police officers in getting assistance for mentally ill individuals. The answers reinforce the Treatment Advocacy Center's main messages: the number of psychiatric beds is grossly inadequate, state civil commitment laws are often inadequate, and – even when adequate – they are insufficiently used.

Police officers, sheriff's deputies, and corrections personnel have become our nation's frontline mental health workers. It isn't supposed to be this way. As the only national nonprofit that focuses exclusively on treatment for the most severe mental illnesses, we are proud to partner with law enforcement officials like Chief Biasotti to shine a light on this deeply troubling state of affairs

We need to restore sanity to the system so that mentally ill individuals will once again be treated by mental health professionals, thereby freeing up law enforcement officials to do the jobs they were trained to do.

E. Fuller Torrey, M.D.
Founder and Member of the Board, Treatment Advocacy Center
Executive Director, Stanley Medical Research Institute

PUBLISHER'S NOTE

There is no shortage of anecdotal reporting these days about law enforcement agencies overwhelmed by the demands of dealing with untreated severe mental illness, but official tracking of those impacts has been scarce or non-existent.

"The Impact of Mental Illness on Law Enforcement Resources" was a nationwide online survey authored and conducted in 2011 by Chief of Police Michael Biasotti of New Windsor, New York, to address that void.

The results provide the first quantifiable information about the perceptions of the senior law enforcement officials whose departments increasingly form the front line of mental health treatment in this country. Although the responses were not solicited using random sampling techniques, the consistency of police and sheriff perceptions across state lines and among population centers of varying sizes provides valuable insight into the impacts of not treating severe mental illness and suggests several areas where policy reform or improved training could improve individual outcomes and public safety.

Conducted as part of a graduate thesis project for the Naval Postgraduate School's Center for Homeland Defense and Security (September 2011), the survey solicited responses from law enforcement executives through the New York State Association of Chiefs of Police, the International Association of Chiefs of Police and the New York State Sheriffs' Association (NYSSA). Voluntary participation produced 2,406 responses to 22 questions from officials in every state. National data and analysis of 12 questions are excerpted here and presented with charts or tables developed by the author.

The survey originally was incorporated in Chief Biasotti's "Management of the Severely Mentally Ill and Its Effects on Homeland Security," which won the Naval Postgraduate School's "Outstanding Thesis Award" for superior contribution to homeland security research and scholarship in September 2011. To learn more about Chief Biasotti, see About the Author (page 20).

The Treatment Advocacy Center is the only national nonprofit dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

The Treatment Advocacy Center
December 2011

A link to the complete text of the thesis, including all the questions, analyses and the survey methodology, may be found online in the Reports/Studies/Backgrounders section of the Treatment Advocacy Center website. For a summary of the survey methodology, see p. 19.

12 Questions from

The Impact of Mental Illness on Law Enforcement Resources
Survey Data and Analysis

QUESTION A: "What obstacles affect the ability of law enforcement to make referrals for persons with mental illness—check all that apply." (See page 5.)

QUESTION B: "If there is an increase in your jurisdiction regarding calls for service involving individuals with mental illness, what do you attribute the increase in calls to?" (See page 7.)

QUESTION C: "In your estimation, what percentage of people who have injured or killed police officers in the line of duty was experiencing mental illness at the time of the incident?" (See page 8.)

QUESTION D: "Rank the following typical calls (routine larceny report, domestic incident report, traffic accident, mentally ill individual) for service as to the amount of time commitment required." (See page 9.)

QUESTION E: "What is the average amount of time your officers spend with a mentally ill person, from the onset of the call for service, inclusive of transportation and time in the hospital or mental health facility, waiting for a mental health patient to undergo the initial psychiatric evaluation?" (See page 10.)

QUESTION F: "How many officers are typically dispatched for a call involving a *non-violent* mentally ill person?" (See page 11.)

QUESTION G: "How many officers are typically dispatched for a call involving a *violent* mentally ill person?" (See page 12.)

QUESTION H: "From your observations, has there been an increase in the number of mentally ill detainees/prisoners requiring more direct supervision over the length of your career?" (See page 13.)

QUESTION I: "How has the amount of time that your department spends on calls for service involving individuals with mental illness changed over the length of your career?" (See page 14.)

QUESTION J: "From your observations has there been an increase in the mentally ill population over the length of your career?" (See page 15.)
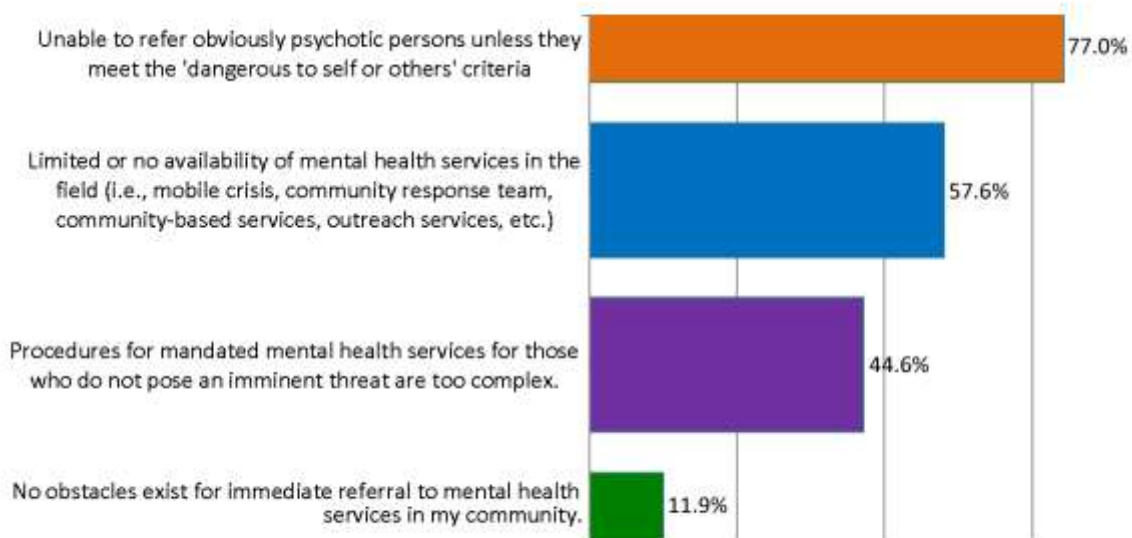
QUESTION K: "In your estimation, what percentage of your homeless population appears to be mentally ill?**"** (See page 15.)

QUESTION L: "From your observations, has there been an increase in suicides and suicide attempts in your jurisdiction over the length of your career?" (See page 16.)

QUESTION A: "What obstacles affect the ability of law enforcement to make referrals for persons with mental illness—check all that apply."

FIGURE 1:

What obstacles affect the ability of law enforcement to make referrals for persons with mental illness
- check all that apply.

Obstacle	Percentage
Unable to refer obviously psychotic persons unless they meet the 'dangerous to self or others' criteria	77.0%
Limited or no availability of mental health services in the field (i.e., mobile crisis, community response team, community-based services, outreach services, etc.)	57.6%
Procedures for mandated mental health services for those who do not pose an imminent threat are too complex.	44.6%
No obstacles exist for immediate referral to mental health services in my community.	11.9%

BIASOTTI: A vast majority of the responses … centered on the "dangerous to self or others" criteria that are present in all states statutes. Such statutes allow police agencies to place a mentally ill individual involuntarily with a facility for emergency psychiatric evaluation. Many states statutes employ the additional criteria of "imminently" dangerousness to self or others. The mere fact that an individual is psychotic (i.e., experiencing auditory or visual hallucinations, imagining threats to self or others, otherwise unable to distinguish reality from illusion, unable to meet basic human requirements for food or shelter, etc.) is typically seen as failing to meet the "dangerousness" or "imminently dangerous" standard.

As a result, the vast majority of individuals in the early stages of psychiatric crisis or in a non-violent psychiatric crisis are required to deteriorate to a point at which they are notably dangerous or until they enter the criminal justice system as a result of anti-social behavior, which may include acts of violence and/or self-harm, crimes against property, misdemeanors such as vagrancy, or any of a variety of other chargeable offenses. Because immediate family members most commonly call for emergency services to intervene in a psychiatric emergency and are typically rebuffed pending the development of danger, family members are often at risk of becoming victims of violence, and the individual in crisis is left at risk of self-harm.

RESPONDENT COMMENTS:

ABOUT DANGEROUSNESS:

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.

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

Although referrals are easily made, the voluntary involvement of the mental health patient is necessary. If they are not voluntary, and not a danger to themselves there is little that can be done with them.

ABOUT LIMITED RESOURCES:

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.
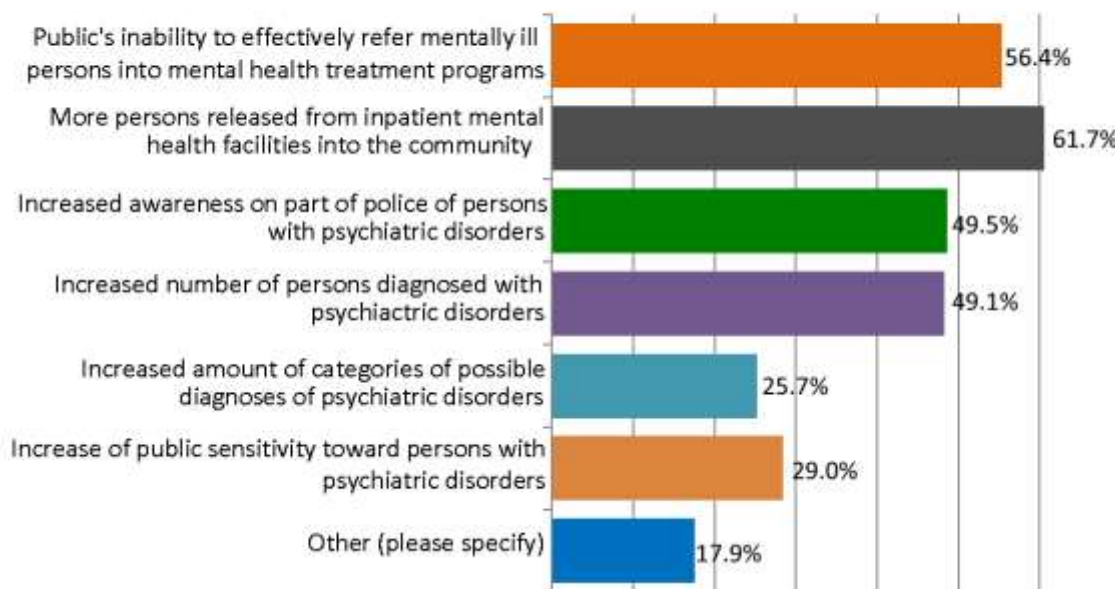
ABOUT THE COMPLEXITY OF PROCEDURES:

"Lots of services are available but no single point of contact for 'admission' into the system. Requires law enforcement to understand the variety of services available to be able to plug the mentally ill person into the system."

QUESTION B: "If there is an increase in your jurisdiction regarding calls for service involving individuals with mental illness, what do you attribute the increase in calls to?"

FIGURE 2:

If there is an increase in your jurisdiction regarding calls for service involving individuals with mental illness, what do you attribute the increase in calls to?

Category	Percentage
Public's inability to effectively refer mentally ill persons into mental health treatment programs	56.4%
More persons released from inpatient mental health facilities into the community	61.7%
Increased awareness on part of police of persons with psychiatric disorders	49.5%
Increased number of persons diagnosed with psychiactric disorders	49.1%
Increased amount of categories of possible diagnoses of psychiatric disorders	25.7%
Increase of public sensitivity toward persons with psychiatric disorders	29.0%
Other (please specify)	17.9%

BIASOTTI: The fact that more than half the respondents believe increased service calls stem from the inability to get acutely ill people into the hospital and/or to keep them there until they are stable enough to rejoin the community is a powerful indication of the effect that untreated mental illness is having on law enforcement resources and operations.

RESPONDENT COMMENTS:

The system is broke. When you bring a Mental Health Patient to the Hospital and they beat the ambulance home, something is wrong!
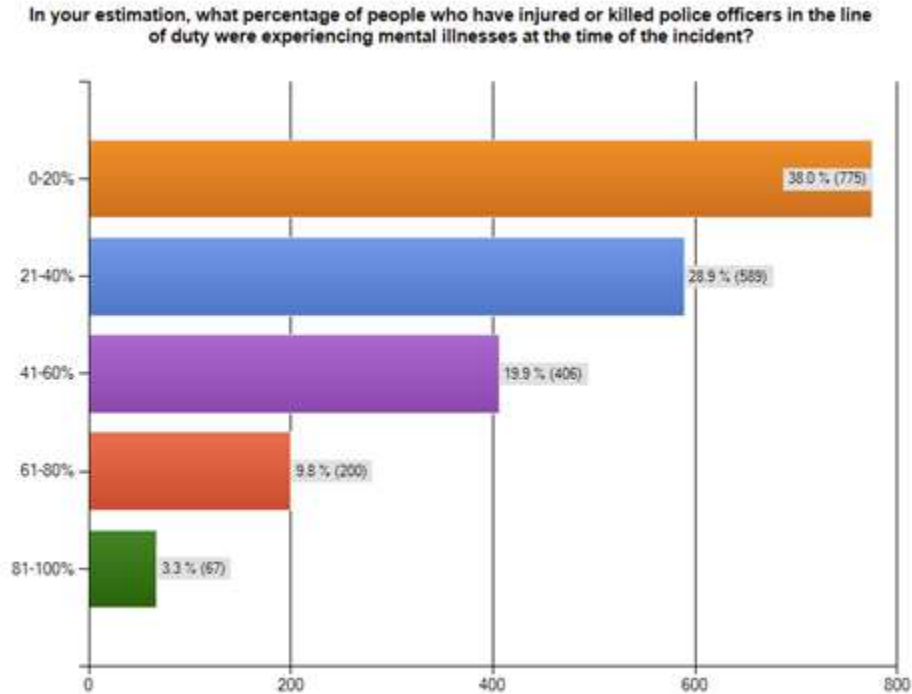
Patients who have no medication or refuse to take prescribed medications, resulting in increased incidents of inappropriate behavior that requires police interventions.

Our jail system provides more bed space for mentally ill subjects than the local state services. Law enforcement (including our enforcement operations) recognize the potential for individuals to access these services if the subject is booked for a crime, particularly when other treatment resources are unavailable.

QUESTION C: "In your estimation, what percentage of people who have injured or killed police officers in the line of duty was experiencing mental illness at the time of the incident?"

FIGURE 3:

In your estimation, what percentage of people who have injured or killed police officers in the line of duty were experiencing mental illnesses at the time of the incident?

Range	Percentage (Count)
0-20%	38.0 % (775)
21-40%	28.9 % (589)
41-60%	19.9 % (406)
61-80%	9.8 % (200)
81-100%	3.3 % (67)

BIASOTTI: More than 60% of the respondents believe that at least 1 in 5 individuals who have injured or killed an on-duty law enforcement officer was experiencing psychiatric crisis at the time. It is notable that more than 10% of the respondents believe mental illness is involved at least half the time.

QUESTION D: "Rank the following typical calls (routine larceny report, domestic incident report, traffic accident, mentally ill individual) for service as to the amount of time commitment required."
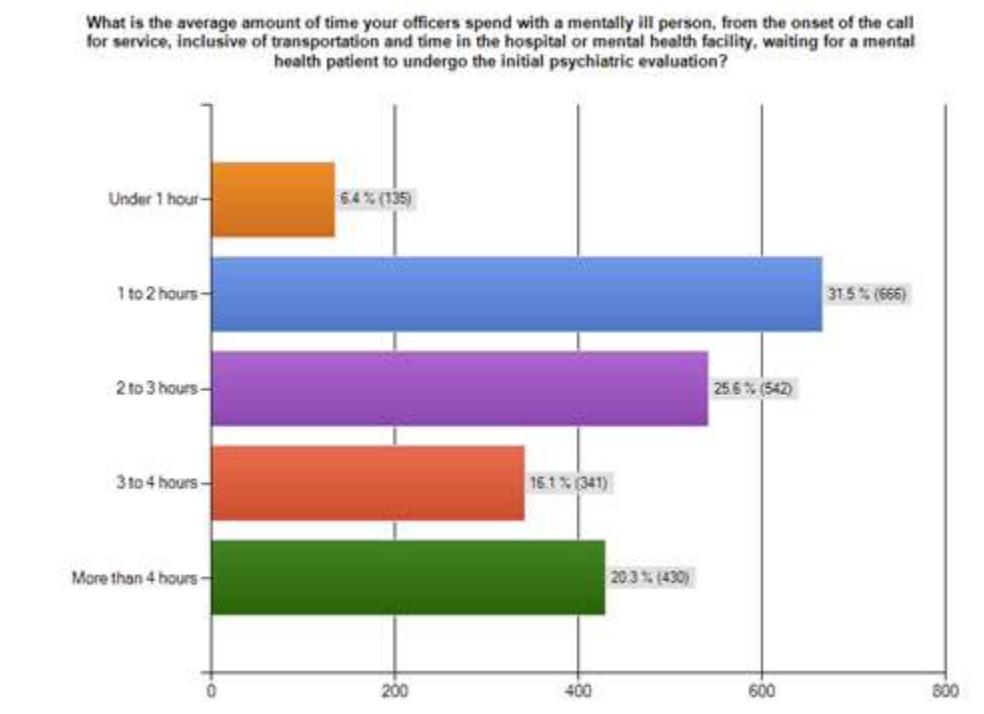
FIGURE 4: Perceived time required for typical calls to law enforcement

ATTRIBUTE	MINIMAL TIME		ROUTINE TIME		SUBSTANTIAL TIME		EXTENSIVE TIME	
	n	%	N	%	N	%	n	%
Routine Larceny Rpt.	528	25.19%	1421	67.79%	133	6.34%	14	0.67%
Domestic Dispute	61	2.9%	833	39.57%	1144	52.54%	107	5.08%
Traffic Accident	225	10.76%	1552	74.22%	295	14.11%	19	0.91%
Mentally Ill Person	121	5.83%	412	19.85%	977	47.08%	565	27.232%

BIASOTTI: The respondents' responses to this question clearly indicate that our mentally ill population is a major consumer of law enforcement resources nationally, at a minimum among the law enforcement calls for service types contained within the question. The survey results to this question rate both domestic disputes and calls involving mental illness as high in consumption of police department resources, with mental illness clearly the most within the extensive time consumption category by a large margin…. (M)ental illness has a significant presence in many incidents of domestic disturbances and domestic violence, which would tend to even further increase the representation of mental illness within the results of this question. Further research is warranted to determine to what extent mental illness is represented within domestic disturbance calls for service.

QUESTION E: "What is the average amount of time your officers spend with a mentally ill person, from the onset of the call for service, inclusive of transportation and time in the hospital or mental health facility, waiting for a mental health patient to undergo the initial psychiatric evaluation?"

FIGURE 5:

What is the average amount of time your officers spend with a mentally ill person, from the onset of the call for service, inclusive of transportation and time in the hospital or mental health facility, waiting for a mental health patient to undergo the initial psychiatric evaluation?

Category	Percentage (count)
Under 1 hour	6.4 % (135)
1 to 2 hours	31.5 % (666)
2 to 3 hours	25.6 % (542)
3 to 4 hours	16.1 % (341)
More than 4 hours	20.3 % (430)

BIASOTTI: Many of the write-in responses to the open-ended questions indicate that limited bed space and great distances to the nearest mental health facility, as causative factors greatly increasing the consumption of man-hours.

RESPONDENT COMMENTS:

> *Mentally ill people must first be transported to a local Hospital approximately twenty miles away. The Officer must wait and then make contact with a mental health provider, and then transport that person between one hundred and two hundred miles. The Officer must then wait for the person to be interviewed and then admitted. It is an all-day thing.*
>
> *Transports of the subject can be from 30 min. to 6 hrs. Note we are a 4 Officer department with only one on duty at a time.*

QUESTION F: "How many officers are typically dispatched for a call involving a *non-violent* mentally ill person?"

FIGURE 6:

How many officers are typically dispatched for a call involving a NON-VIOLENT mentally ill person?

1	27.4 % (579)
2	71.5 % (1510)
3	0.9 % (18)
4 or more	0.3 % (6)
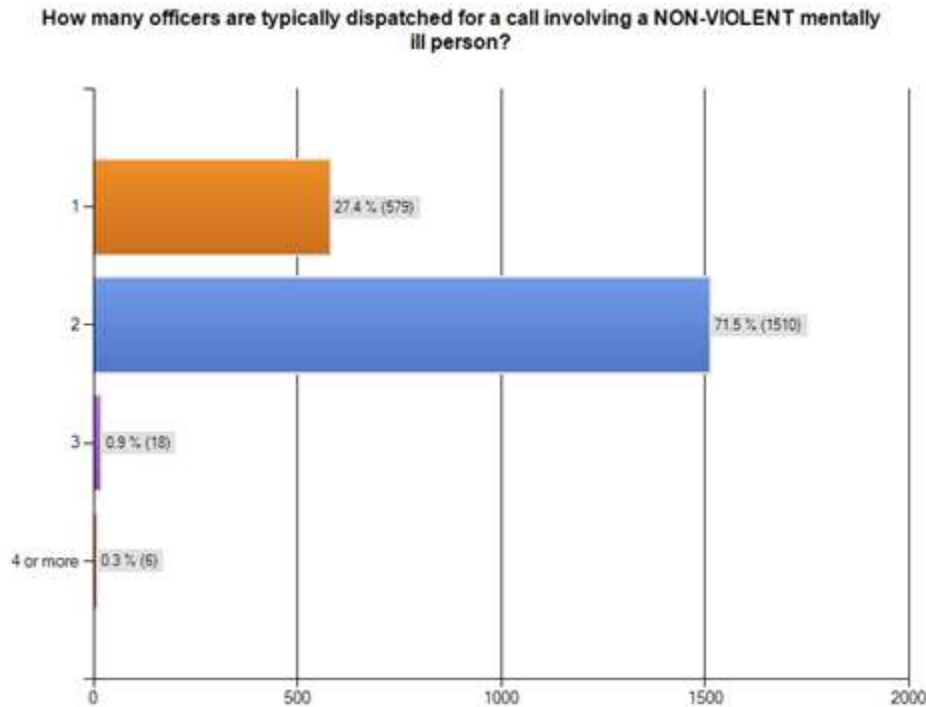
BIASOTTI: Often the report that the person involved in an incident requiring police interaction is mentally ill, generates the response of additional officers, usually as a safety precaution for both the officer and the mentally ill person, and based upon the likely unpredictability of the mentally ill persons actions.

RESPONDENT COMMENTS:

> *Officers simply can't leave a mentally ill person once they determine that a crime has not been committed. They must stay until resources become available to the person. If they simply leave, the mentally ill person may, once again, threaten to harm themselves or again do the act that got the police called in the first place.*

> *Hospital security is minimal which increases amount of officer time at ER for MHL Section 9 transfers. Safety of staff is a concern when no security is available.*

QUESTION G: "How many officers are typically dispatched for a call involving a *violent* mentally ill person?"

FIGURE 7:

How many officers are typically dispatched for a call involving a VIOLENT mentally ill person?
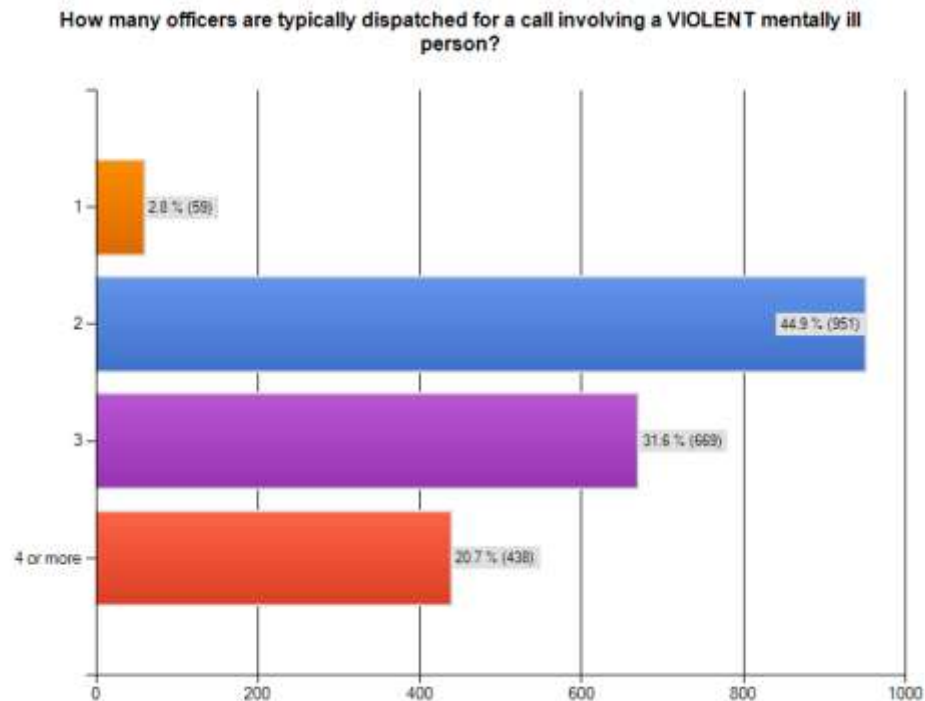
BIASOTTI: This response indicates a heightened level of concern on the part of the police officer that the mentally ill person has a greater propensity to return to the acts which caused the initial notification of the police department, and is most likely based upon the unpredictability of the actions of a mentally ill person.

RESPONDENTS:

> *Back in the 1970s, when we dealt with a mentally ill person, we generally did not fear bodily injury with weapons. Now we do, and I believe the public, and the families of the mentally ill, fear this also and that is why they call the police to handle what would not have been a police matter 35 years ago.*

QUESTION H: "From your observations, has there been an increase in the number of mentally ill detainees/prisoners requiring more direct supervision over the length of your career?"
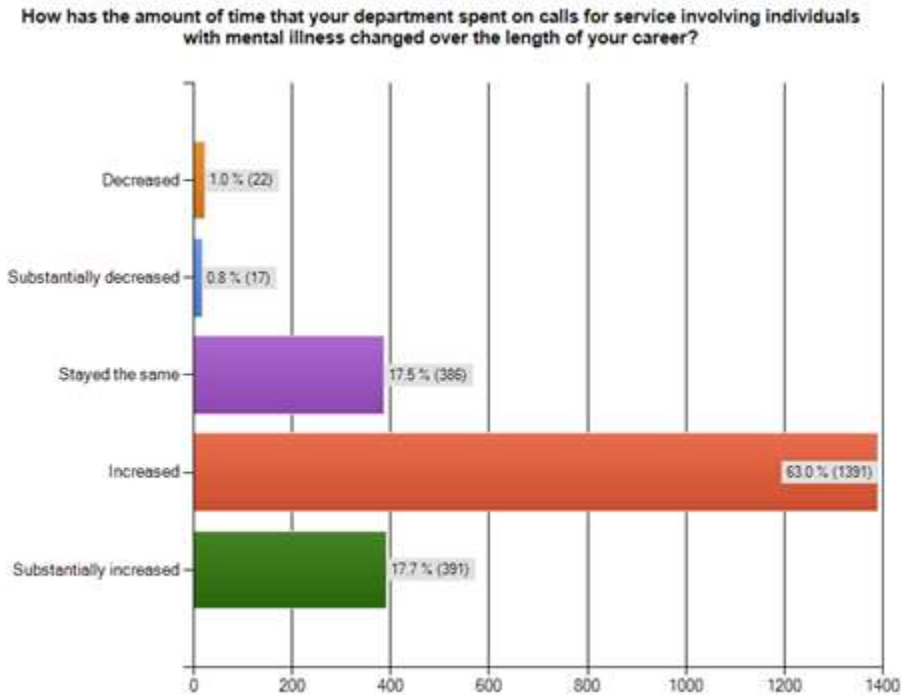
FIGURE 8:

From your observations, has there been an increase in the number of mentally ill detainees/prisoners requiring more direct supervision over the length of your career?

- Yes — 75.6 % (1667)
- No — 7.5 % (166)
- Has remained the same — 16.8 % (371)
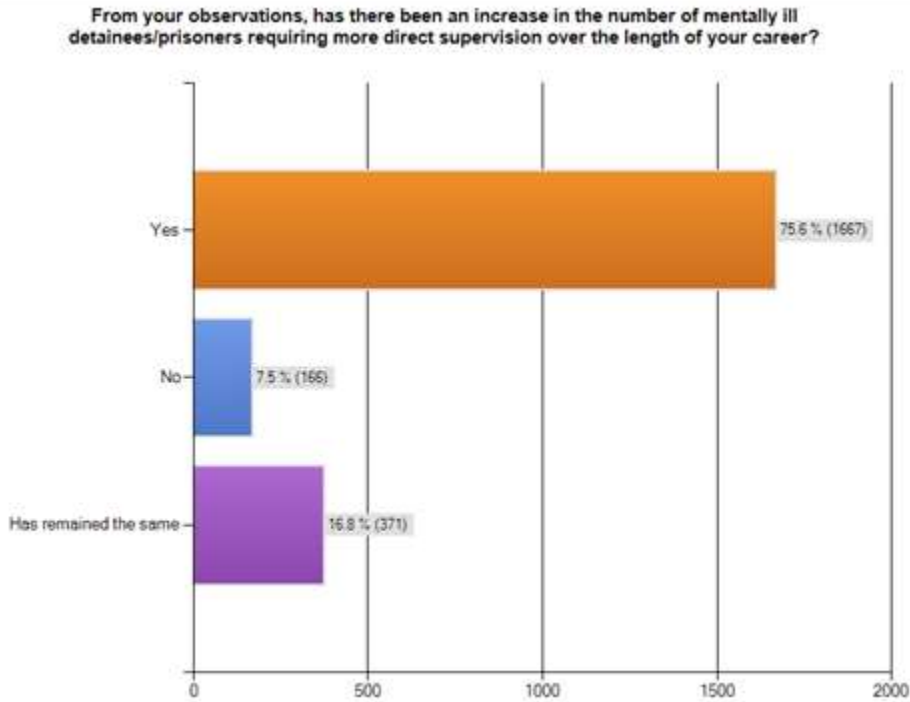
BIASOTTI: Due to the unpredictable actions of mentally ill detainees, additional resources are required to ensure their safety while in custody. This response indicates a heightened level of concern on the part of the police

QUESTION I: "How has the amount of time that your department spends on calls for service involving individuals with mental illness changed over the length of your career?"
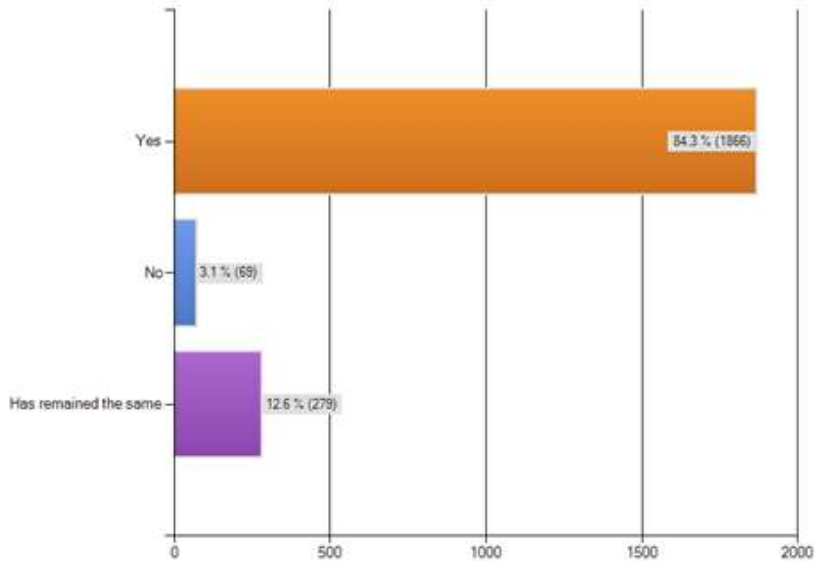
FIGURE 9:

How has the amount of time that your department spent on calls for service involving individuals with mental illness changed over the length of your career?

- Decreased — 1.0 % (22)
- Substantially decreased — 0.8 % (17)
- Stayed the same — 17.5 % (386)
- Increased — 63.0 % (1391)
- Substantially increased — 17.7 % (391)

BIASOTTI: The overwhelming response to this question reflects the severity caused by the unintended consequences of deinstitutionalization.

QUESTION J: "From your observations has there been an increase in the mentally ill population over the length of your career?"
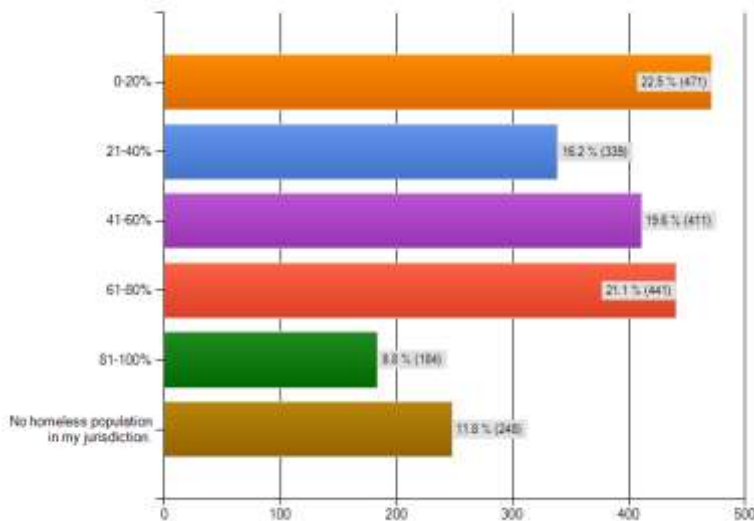
FIGURE 10:

From your observations has there been an increase in the mentally ill population over the length of your career?

Yes	84.3 % (1866)
No	3.1 % (69)
Has remained the same	12.6 % (279)

QUESTION K: In your estimation, what percentage of your homeless population appears to be mentally ill?

FIGURE 11:

In your estimation, what percentage of your homeless population appears to be mentally ill?

0-20%	22.5 % (477)
21-40%	16.2 % (339)
41-60%	19.6 % (411)
61-80%	21.1 % (441)
81-100%	8.8 % (184)
No homeless population in my jurisdiction	11.8 % (248)

QUESTION L: "From your observations, has there been an increase in suicides and suicide attempts in your jurisdiction over the length of your career?"

FIGURE 12:

From your observations, has there been an increase in suicides and suicide attempts in your jurisdiction over the length of your career?
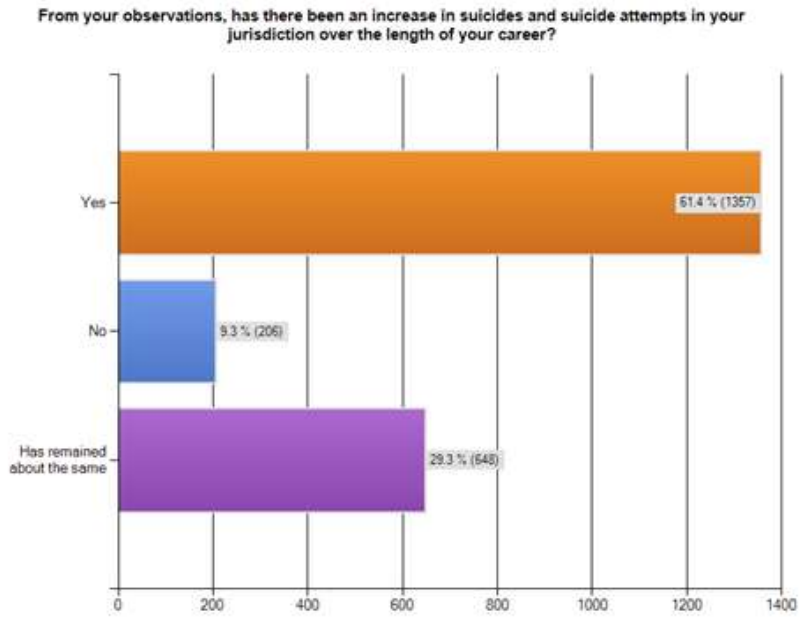
DISCUSSION

Senior law enforcement respondents to "The Impact of Mental Illness on Law Enforcement Resources" overwhelmingly believe that issues arising from untreated severe mental illness are substantial and have grown over the course of their careers. The demands specific to service calls involving the severely mentally ill population – especially transportation and hospital security, which can drastically reduce manpower for other police calls in small jurisdictions – are widely perceived to be a major consumer of law enforcement resources nationwide.

Among the most critical policy changes suggested by the survey data is the dire need for better training of law enforcement agencies about criteria for intervention when individuals are in acute psychiatric crisis. The prevalent misconception that – without dangerousness – emergency hospitalization and other interventions are unavailable directly contributes to the deterioration of mental health in affected individuals. Such deterioration leaves those individuals, their family members and the public at risk for violent acts that treatment could prevent.

It is imperative that first responders are knowledgeable about the statutory options available to them in dealing with this vulnerable population and the means of exercising them. This need is dually critical in those states where existing law would allow commitment of individuals with untreated mental illness to an assisted outpatient treatment (AOT) program without the necessity of meeting "dangerous" or "imminently dangerous" standards.

Additionally, federal agencies such as the Department of Justice that track crime, police shootings and other law enforcement activities need to add mental illness to their statistical monitoring. Better identification of the role that mental illness is playing in law enforcement operations would make the need to reduce its impacts on public and police safety more inescapable.

METHODOLOGY

The literature review found no previously published surveys eliciting the perceptions of law enforcement administrators into the unintended consequences of deinstitutionalization. Hence, "The Impact of the Mentally Ill Population on Law Enforcement Resources Survey" was developed with 22 questions, all of which were intended for response senior administrative law enforcement personnel.

The survey contained several types of multiple choice questions, with options ranging from yes/no/remained-the-same, to decreased/substantially decreased/stayed-the-same/increased/substantially increased and minimal time/ routine time/substantial time/extensive time. Several questions allowed for an area within which to make comments. Five demographic questions were asked to elicit demographic information including career length, type of jurisdiction and state of location, number of sworn personnel in the agency and approximate population served.

The survey itself was conducted using SurveyMonkey software. Anonymity was assured, and no Internet provider or e-mail addresses were captured by the author. The only identifiers of any type were responses to the aforementioned demographic questions.

"The Impact of Mental Illness on Law Enforcement Resources" sought the input of law enforcement executives nationwide by soliciting their participation through their respective professional associations, including the New York State Association of Chiefs of Police (NYACOP), of which the author is a member; the International Association of Chiefs of Police (IACP); State Association of Chiefs of Police Division (SACOP); and New York State Sheriffs' Association (NYSSA). The inclusion of sheriffs was deemed important because sheriff's departments are the sole law enforcement agencies in some jurisdictional regions. All of the associations through which the survey was circulated are comprised of senior administrative members of law enforcement agencies.

It should be noted that not all police chiefs or sheriffs are members of the professional organizations that agreed to distribute the survey via their member e-mail list. It should also be noted that not all members of the professional associations polled are necessarily police chiefs or sheriffs; these associations also have as members, senior command staff of police departments and sheriffs' offices. As such, results likely include departments with multiple responses from varying members of the command staff. Because of the anonymous and voluntary nature of the survey and distribution via professional associations, the number of law enforcement officials who actually received an invitation to participation in the survey is unknown.

The survey was designed as a tool with which to gauge and identify areas of law enforcement resource consumption directly related to involvement with severely mentally ill persons. It also sought senior law enforcement personnel's perceptions nationwide as to issues of concern that may be contributing to the problem, such as the growth of the issue over the length of the officer's career and the representation of the mentally ill among the homeless population within their communities. Most importantly, the survey was designed to provide useful information as policy planners seek to improve upon the problem as it exists today.

Several survey questions were designed to elicit information about executive law enforcement experience in terms of duration. The vast majority, 75.3 percent (or 1,593) respondents, reported careers of more than 20 years. An additional 14.1 percent (or 299) respondents

reported careers in excess of 16 years. This pool of respondents' longevity provided the survey with perspectives that span more than two decades of hands-on interaction with the subject. Questions from the original survey not incorporated in this report:

- ➢ "I agree to participate in the survey; Yes/No."
- ➢ "What percentage of your officers' time is spent dealing with the mentally ill?"
- ➢ "From your observations what percentage of your department's time is spent on calls for service or other activities involving individuals with mental illness?"
- ➢ "When your department does transport an individual with mental illness to a hospital or mental health facility for evaluation, how many officers are required to accompany the individual?
- ➢ "How long have you been a police officer?"
- ➢ "Which best describes your agency jurisdiction?"
- ➢ "In which state are you located?"
- ➢ "Please provide the number of sworn personnel within your agency."
- ➢ "Please provide approximate population served by your department."

The full text of "Management of the Severely Mentally Ill and Its Effects on Homeland Security" including "The Impact of Mental Illness on Law Enforcement Resources" is linked from the Reports/Studies/Backgrounders page of About Us on the Treatment Advocacy Center website.

ABOUT THE AUTHOR

Michael Biasotti is the chief of police for the Town of New Windsor, New York, and first vice president of the New York State Association of Chiefs of Police. He serves on the board of both the New York State Law Enforcement Accreditation Council and New York's Executive Committee on Counter Terrorism. He graduated summa cum laude with a Bachelor of Sciences Degree from Mercy College in criminal justice.

The author of the survey is a recent honors graduate with a Master of Arts degree in Security Studies, Homeland Defense and Security from the U.S. Naval Postgraduate School's Center for Homeland Defense and Security in Monterey, California. He served as class president and was awarded both the Curtis "Butch" Straub Achievement Award for combined thesis, grades and classroom leadership as well as the class Outstanding Thesis Award.

Chief Biasotti has been a police officer for 34 years and New Windsor chief of police since 2004.