

Mental Health and Law Enforcement
Encounters:
A Review of Current Problem and
Recommendations



Prepared by the Georgia Association of Chiefs of Police
Mental Health Ad Hoc Committee to Address Mental
Health Issues in Law Enforcement

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COMMITTEE MEMBERS

Frank Hooper Committee Chair	Chief of Police • City of Gainesville Police Department • 118 Jesse Jewell Parkway • Gainesville, GA 30501 • (770) 534-5252 • fhooper@gainesville.org
Mark Welsh Committee Co-Chair	Chief of Police • City of Elberton Police Department • 209 Elbert Street • Elberton, GA 30635 • (706) 213-3131 • mwelsh@cityofelberton.net
Alan Adams	Director • Georgia Department of Corrections • Room 952 • East Tower • 2 MLK Jr. Drive • Atlanta, GA 30334 • (404) 463-1667 • adamsa00@dcor.state.ga.us
Jonathan Blackmon	Northwest Georgia Regional Hospital • State Hospital Department • 1305 Redmond Circle • Rome, Georgia 30165 • (706) 295-6136 (office) • (404) 798-2726 (Cell) • jdblackmon@dhr.state.ga.us
David R. Bores	Major • Cherokee County Sheriff's Office • 498 Chattin Drive • Canton, GA 30115 • (678) 493-4130 • drbores@cherokeega.com
Kenneth Bramlett	Director • Georgia Department of Human Resources • 2 Peachtree Street, NW • Suite 30.450 • Atlanta, GA 30303-3142 • (404) 463-2480 • kbramlett@dhr.ga.gov
Jim DeGroot	Director of State Mental Health / Mental Retardation • Georgia Department of Corrections • 2 MLK Jr. Drive • East Tower • Room 952 • Atlanta, GA 30334 • (404) 651-6483 • degroj00@dcor.state.ga.us
Eric Gattiker	Captain • University of Georgia Police Department • 286 Oconee Street • Suite 100 • Athens, GA 30602 • (706) 542-0095 • egattiker@police.uga.edu
Jimmy Williamson	Chief of Police • University of Georgia Police Department • 286 Oconee Street, Suite 100 • Athens, GA 30602 • (706) 542-1032 • jwilliamson@police.uga.edu

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PREFACE

In recent years, Georgia law enforcement officers have experienced an increase in the number encounters with persons who have mental health issues. Because of limited access to mental health services, law enforcement officials often witness individuals' behavior degenerate into criminal violations that require an arrest to be made. These behaviors have manifested themselves in a variety of behaviors including domestic disturbances, assaults, alcohol/drug violations, and homicides. As a result, many of these persons have been funneled into the criminal justice system and incarcerated in municipal, county, and state detention and correctional facilities for behavior that could have been prevented if the individual had access to adequate mental health services.

In some cases, officers have been required to use physical force to affect an arrest of these individuals. Unfortunately, in some instances officers have been forced to use deadly force to defend themselves. These dangerous encounters are a threat to the police, mental health consumers, and public. In addition, these instances are emotionally challenging for officers and require they face lengthy investigations, scrutiny, and criticism.

In an effort to address these issues, the Georgia Association of Chiefs of Police authorized an Ad Hoc Committee to study the impact of persons with mental health issues on Georgia law enforcement agencies. The Committee was asked to review and report on the:

- Magnitude the of the problem;
- Problems within the system;
- Contributing factors;
- Recommend potential solutions/action items along with needed legislation;
- Model policy recommendations; and
- Training for command and line staff.

Public Safety Director Dwayne Orrick
City of Cordele
2007 / 2008 GACP President

INTRODUCTION

The National Institute of Mental Health estimates that about 1 in 4 adults over the age of 18 suffer from some form of a diagnosable mental disorder.¹ In addition, approximately 6% of the population in the United States suffers from a serious mental illness.² Health care is expensive, and not everyone can afford treatment or is not covered by an insurance plan to assist in offsetting the costs. Individuals who go without the necessary care often find themselves routed through the criminal justice system where local jails and state prisons become the primary caregiver to many with a mental illness. In Georgia, 16% of prison inmates suffer from mental illness.³ Between 1999 and 2006, the number of Georgia Department of Corrections inmates receiving care for mental illness increased by 73%.⁴

Mental Illness impacts every class and every community. A recent report compiled at the University of Georgia reports that between May 2006 and May 2007, Counseling and Psychiatric Services (CAPS) provided 17,357 student contacts to include phone contacts, clinical telephone and in-person contacts, and contacts with others on behalf of students.⁵ While not all of these contacts were for serious mental disorders, figures captured by CAPS are significant in that 334 students reported having thoughts of suicide and 13 students reported thoughts of wanting to harm others.⁶ Such thoughts must be taken seriously and addressed, especially in light of violence seen on both secondary and post-secondary campuses.

It is not known whether the increase in inmates being treated for mental illness is due to an actual increase in incidence of mental illness or to better identification. Regardless, the massive influx of prisoners into state penal institutions, the decrease in state psychiatric hospital beds and the Department of Human Resources' policy that state psychiatric hospital care is the least intrusive option for the individual has forced many in need of care to remain incarcerated or be released back onto the street with only a limited supply of medication.

As a result, law enforcement officers are increasingly in contact with the mentally ill. The Criminal Justice / Mental Health Consensus Project cites the following statistical information regarding police contacts and the mentally ill.

In the police departments of U.S. cities with a population greater than 100,000, approximately 7 percent of all police contacts, both investigations and complaints, involve a person believed to have a mental illness.

Of 331 people with severe mental disorders who were hospitalized, 20 percent reported being arrested or picked up by police for a crime some time in the four months prior to their hospital admission – most commonly for alcohol, drug, or public disorder crimes.

A study of a special unit of a major metropolitan police department mandated to respond to incidents involving ‘emotionally disturbed persons’ estimated that 5 percent of the dispatches per year involve a person with a mental illness.

During the year 2000, law enforcement officers in Florida transported more than 40,000 people with mental illness for involuntary 72 hour psychiatric examinations.⁷

Law enforcement officers in Georgia routinely encounter persons who show signs of mental illness. The problem is that state and local resources are overtaxed resulting in little to no options available to law enforcement for a meaningful disposition of such encounters. Lack of officer training, lack of available resources or not knowing what resources are available often force an officer to arrest when other treatment is needed.

The Georgia Association of Chiefs of Police (GACP) realizes encounters with the mentally ill are reoccurring and the need exists to direct the mentally ill to the appropriate care. The GACP created the Mental Health Ad Hoc Committee in the summer of 2007. Initially, the goal of the committee was to address a broad range of mental health issues facing law enforcement in Georgia. However, events evolved while work on this committee was being undertaken that required the committee to refocus and further define its purpose. At the present time, problems with the mental health system are receiving needed attention by state officials, legislators and the Governor. For example, HB 535 passed the House and Senate and is awaiting the Governor’s signature. HB 535 will establish an ombudsman who will ensure, among other duties, that standards are met within state psychiatric hospitals. Other commissions or task forces currently addressing mental health have been identified. The Department of Human Resources, responsible for providing state care, enacted policies that should address the issues many law enforcement agencies face when dealing with the mentally ill in their communities.

It is the goal of the GACP Mental Health Ad Hoc Committee to address issues facing law enforcement through recommendations and in identifying available resources that will assist in daily activities. By recognizing the importance of actions taken by other entities in addressing mental health concerns, the GACP Mental Health Ad Hoc Committee has narrowed its original focus so as not to duplicate but to support important work that is already underway. The complexity of mental health affects all walks of life and cannot be simplified into a one size fits all solution. Hopefully the work of the GACP Mental Health Ad Hoc Committee will be one step toward current and a continued process that assists not only law enforcement needs but the needs of the patients who are the unfortunate victims.

PROBLEMS

The GACP Mental Health Ad Hoc Committee was established in response to a wide range of problems observed by the Georgia Association of Chiefs of Police. Problems as reported by police chiefs from across the state include:

- Severe inconsistency in how mental health cases are handled throughout the state. It varies greatly from jurisdiction to jurisdiction.
- Extraordinarily long times being spent by law enforcement having patients committed and transported to emergency receiving facilities or approved treatment centers.
- Refusal of mental health providers to accept patients at all or without law enforcement being required to stay with them until an examination is completed. Law Enforcement is told they must stay at the facility, against their will, until the examination concludes.
- Patients are constantly being returned to the community without any meaningful disposition being made in their case. A revolving door so to speak, with the community and the patient suffering the consequences of this failure as a result. This non treatment posture has resulted in the death of patients.
- Lack of a statutory requirement or refusal to comply with existing statutory requirements on how patients are to be admitted for treatment. A need exists for a quality standard admittance procedure that is followed state wide.
- No money to support mental treatment locally.
- Lack of political support for dealing with the mental health system and its problems.
- Mental health patients becoming wards of the criminal justice system due to the fact that mental health systems cannot or will not provide treatment or care for these patients. While these patients may have violated the laws of the state, they are becoming members of a secondary mental health system which are the county jails and state prison system.

Recognizing this issue is not isolated strictly to police and that overlap exists between both police and sheriff's department interactions, it was determined that representation would be needed from sheriff's departments to gain a more encompassing law enforcement perspective on this issue. To add to the problems already mentioned, additional problems as seen by Georgia sheriff's departments include:

- Lack of suitable placement of the mentally ill or suicidal inmates that are scheduled for release. Inmates with no formal charges against them often have to be released back into the community. Unfortunate instances exist whereby a released inmate attempts to overtake a civilian staff member outside the facility or steps out into traffic and is stuck by an oncoming vehicle.
- If the regional hospital servicing a particular county is out of bed space, a patient with a 1013 will need to be transported to another receiving hospital. Two deputies may spend an entire shift on patient transport and placement.
- Inmates incompetent to stand trial and who are remanded to the custody of the Georgia Department of Human Resources remain in jail due to lack of bed space. Average length of stay at one county jail is 5 months. The sheriff's department becomes the primary mental health care provider.

CONCURRENT INITIATIVES

Two other initiatives are currently ongoing in the State of Georgia that address the important issues associated with mental health. The first is the Mental Health Service Delivery Commission, created by executive order issued by Governor Sonny Perdue. According to the Executive Order, the commission “shall make a report to the General Assembly and the Office of the Governor on or before June 2, 2008, as to the progress of the Commission in identifying the challenges in the State’s deliverance of mental health services; developing an organizational plan for coordinating the State’s various systems and the financial and staffing needs of these systems to assure a safe and secure system of services; and anticipated and proposed implementation of action.”⁸ Publicized issues that are to be addressed by the commission include “perceived or actual lack of sufficient funding, inadequate staffing and service delivery systems, overcrowding, treatment practices that unnecessarily separate consumers from their families, and the need for ongoing and effective advocacy on behalf of those children and adults living and receiving behavioral health services.”⁹

The second initiative is the Chief Justice-Led Task Force to Promote Criminal Justice / Mental Health Collaboration. This grant money supported task force, coordinated through the Judge’s Criminal Justice / Mental Health Leadership Initiative, selected Georgia as one of only a few states to establish statewide teams to address criminal justice / mental health issues. Chief Justice Leah Ward Sears charged the task force to “review the systemic problems that cause people with mental illness to be arrested and incarcerated in disproportionate numbers and to identify solutions to these problems”.¹⁰

RECOMMENDATIONS OF COMMITTEE

LEGISLATION

Propose legislation that would require mandatory reporting by mental health professionals when patient expresses feelings or thoughts of harming others or in committing actions opposed to public safety.

Propose legislation that allows law enforcement to obtain mental health records. Committals, both voluntary and involuntary, should be available for review. Process would be similar to that of criminal history information, whereby history information can be obtained as necessary for the investigation of criminal or suspected criminal activity. Understanding both the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA) establish rules regarding dissemination of such information; the GACP Mental Health Ad Hoc Committee feels a study group may be necessary to research federal restrictions to any future proposed legislation.

POLICY

Require Georgia law enforcement agencies to have in place a policy when interacting with mentally ill persons. Sample policy can be included and distributed by the GACP and maintained on the GACP web page (see Resource Guide).

INTAKE SCREENING

Create consistency in the mental illness screening process used by jail intake across the state. Many jails do screen for mental illness, but the screening processes vary. A uniform screening process with proven validity is needed to ensure persons incarcerated receive the needed mental health care (see Resource Guide).

MENTAL HEALTH COURTS

With only six mental health courts in the state to address “nuisance crimes” committed by persons with a mental illness, work needs to continue in partnership with the Administrative Office of the Courts to promote further expansion of these courts into all geographical locations of the state. An application has been submitted by the Administrative Office of the Courts to receive funds under the BJA Justice and Mental Health Collaboration Program. Funding, if approved, will establish an additional Mental Health Court serving Georgia Judicial District 9. The GACP must continue and support this and future initiatives aimed at diverting the mentally ill from state correctional facilities and county jails. Mental Health Courts have proven to be a successful alternative to incarceration and diverts offenders to available resources.

TRAINING

At the present time, Crisis Intervention Training (CIT) is offered as a 40 hour course approved by the Georgia Peace Officer Standards and Training Council. Statistics have shown that police encounters with the mentally ill occur frequently and that incarceration is not always the best solution in handling encounters with the mentally ill. It is incumbent that all officers understand signs of mental illness, how to proceed with an encounter and be familiar with available state and local resources. The GACP Mental Health Ad Hoc Committee recommends CIT training shifts as a volunteer course to mandated academy training (See Resource Guide).

LAW ENFORCEMENT / MENTAL HEALTH COMMITTEE

Create an ongoing committee with representation from professional law enforcement organizations, to include the Georgia Association of Chiefs of Police, the Georgia Sheriff’s Association and the Georgia Department of Human Resources. Regularly scheduled meetings build relationships between agencies that are important in addressing issues as they arise. A committee allows for a team approach in solving problems. Representatives can be familiarized with incidents experienced by law enforcement officer’s interactions with mentally ill citizens in their communities. Incidents involving possible breaches of policy or the need for additional policy can be investigated further. Meetings will also allow for information exchange which helps lead to a more successful

resolution of future incidents and in building professional relationships with others who may assist with certain problems as they are encountered. Based on discussions that took place on the GACP Mental Health Ad Hoc Committee, problems being experienced were not known across disciplines. A joint approach in problem solving is needed when addressing a complex issue.

ONLINE COMPLAINT PROCESS

Work with the Georgia Department of Human Resources in establishing an online complaint mechanism. Occurrences involving inefficiencies in the placement of mentally ill who are in law enforcement custody can be forwarded to DHR for review and feedback.

CONCLUSION

Problems experienced by Georgia law enforcement obviously are the result of a much larger issue. Georgia's population has increased by 51% since 1990.¹¹ However, the state prison population has increased by 209% in roughly the same time period.¹² With more and more of the incarcerated exhibiting signs of mental illness, many of the less serious offenders are cycled back onto the street due to a lack of resources. State hospitals have limited bed space and cannot accommodate all in need of treatment. The result is and will continue to be an increase in police, mentally ill encounters on the street.

During the past year, increased attention has been placed on mental health services, procedures and oversight. With this increased attention, state law enforcement will have a greater impact supporting existing publicized initiatives rather than focusing solely on addressing problems experienced by front line officers. Actions to include the creation of standardized hospital admittance policies, the creation of additional mental health courts and specialized training are positive indicators that various organizations are working hard to better assist Georgia citizens who have a mental illness. While not all of the current initiatives focus directly at law enforcement, law enforcement will benefit equally the same. The GACP Mental Health Ad Hoc Committee to Address Mental Health Issues in Law Enforcement believes the committee's efforts in identifying issues facing law enforcement, identifying recommendations and in providing current available resources, found in this paper's resource section, are equally important and reinforces the benefits of multiple disciplines joining together for a common goal.

¹ The Numbers Count: Mental Disorders in America. *National Institute of Mental Health*, <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>

² Ibid

³ Minutes from the Chief Justice-Led Task Force to Promote Criminal Justice / Mental Health Collaboration, June 26, 2007

⁴ Simmons, Andria, Prisons See More Inmates Requiring Mental Health Care, *Gwinnettdaily post.com*, July 20, 2006.

⁵ Evaluation of Psychological Services Protocols, Committee Report, September 2007, http://www.uga.edu/EPSP_Report.pdf

⁶ Ibid

⁷ Fact Sheet: Law Enforcement and People with Mental Illness, http://consensusproject.org/resources/factsheets/factsheet_law

⁸ Governor Perdue Issues Executive Order to Create Mental Health Commission, August 9, 2007; <http://www.gov.state.ga.us/press/2007/press1505.shtml>

⁹ Ibid

¹⁰ Minutes from the Chief Justice-Led Task Force to Promote Criminal Justice / Mental Health Collaboration, June 26, 2007

¹¹ Georgia JAHMA Pilot Project, May 6, 2008

¹² Ibid