

October, 2015

Law Enforcement, Mental Illness, and Police Transports

John Gonzales
Sergeant, Albuquerque Police Department

People living with mental illness have high rates of contact with law enforcement (1). Albuquerque, NM is no exception, which has led to their starting a Crisis Intervention Team (CIT) Program. As part of the city's commitment to people living with mental illness, the Albuquerque Police Department (APD) has employed a psychiatrist since 2007, which has augmented their CIT program (2). In 2015, APD hired two master level clinicians to work with the psychiatrist. These three clinicians are able to write "pick-up orders" which allow police to take people living with mental illness to the hospital against their will for an evaluation if they are at risk of danger to themselves or others.

Many jurisdictions have learned that a service model which promotes psychiatric triage can streamline police encounters with people living with mental illness and improve access to mental health services (3). There is evidence that suggests that strong collaborations between mental health providers and police can lead to reduced and efficient hospitalizations, efficient use of resources, and reduced arrests and jail time (4). Despite a consensus that CIT programs can be effective, there are still major questions about what ingredients would make up an ideal CIT program (5).

The Albuquerque Police Department employs a psychiatrist and other clinicians who work alongside mental health detectives. Up front this is a significant expense for the city. There are also advantages to having a doctor

and other clinicians within the Crisis Intervention Team program. One such advantage is efficient hospitalization rates, meaning when the detectives working with a doctor take a person living with mental illness to the hospital, there will likely be an admission.

Efficient hospital admission rates can help avoid unnecessary transports. The APD's psychiatrist tracks field contacts made each month with people living with mental illnesses. These records are put into a spreadsheet and submitted to the Crisis Intervention Unit Sergeant. One of the variables tracked is the number of "Pick-up" orders (certificates for evaluation) and hospital transports that the doctor initiates each month. These pick-up orders obligate the police to take a person to a hospital, and in turn obligate the hospital to conduct a psychiatric evaluation, which may or may not lead to an inpatient hospitalization. The psychiatrist's records were reviewed from October 2014 - October 2015; during this time, 15% of people evaluated by the psychiatrist in the field were brought to the hospital, and of those, 89% were admitted. The people evaluated in the field who don't need hospitalization are provided follow up and resources.

Having efficient hospital admission rates reduces the potential trauma associated with hospital transports, which include handcuffing the person living with mental illness. Other benefits of efficient hospital admissions are reduced burden on the emergency room staff, reduce need to call field officers for transport, better rapport with consumers, and increases in collaboration with providers and the community as a whole. The process also allows the doctor to guide and teach the detectives about mental illness and the subtleties of psychiatric hospital admissions. Overall, having a psychiatrist and other clinicians in a mental health unit can be beneficial to the police department, the community, and the patients who come into contact with law enforcement.

References:

1. Livingston JD, et al (2014) *Perceptions and experiences of people with mental illness regarding their interaction with police*. International Journal of Law and Psychiatry 37 (2014) 334-340
2. Rosenbaum N. (2010) *Street Level Psychiatry - A psychiatrist's role with the Albuquerque Police Department's Crisis Outreach and Support Team*. Journal of Police Crisis Negotiations. 2010; 10(1-10):175-181. 10. 1080/15332581003757040
3. Kesic D., Thoma S. (2014) *Do prior histories of violence and mental disorders impact on violent behavior during encounters with police?* International Journal of Law and Psychiatry 37 (2014) 409 - 414
4. [El-Mallakh PL](#), [Kiran K](#), [El-Mallakh RS](#). (2014) *Costs and savings associated with implementation of a police crisis intervention team*. South Med J. 2014 Jun;107(6):391-5. doi: 10.14423/01.SMJ.0000450721.14787.7d.
5. Cross B, et al. (2014) *An agenda for advancing research on crisis intervention teams for mental health emergencies*. Psychiatric Services Vol 65 no. 4