Emergency Communications Center (ECC) personnel perceptions of the percentage of contacts in Albuquerque, NM that involve people living with mental illness.

March 2018
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There is no consensus of the percentage of law enforcement calls that involve people living with mental illnesses. This lack of information is due to various reasons. 1) It is hard to define mental illness, especially when trying to tease apart mental illness and substance use. 2) Law enforcement agencies historically focus their data collection on crime and crime prevention, not mental health. 3) Calls that clearly involve mental health are often not coded as mental health calls.

Despite limited information and difficulty with data collection, some estimates show that in the United States, between 3 - 10% of all police calls involve people living with significant mental illnesses (1-4).

Albuquerque has approximately 560,000 residents. The police department has approximately 400 uniformed patrol officers who actively take dispatched calls for service. The Albuquerque Police Department (APD) took over 555,000 calls in 2016 (5). If we estimate that 5% of those calls had mental health as a driving component, there would have been over 27,750 mental health contacts.

The Albuquerque Police Department (APD) is not often dispatched for calls that are coded solely as “mental illness” because not enough information is known before a call is taken, how call codes are generated, or there may be a criminal matter that trumps a code of mental illness. Additionally, the APD routinely conducts welfare checks, investigates suspicious persons, and deals with disturbances; unfortunately, people living with mental illnesses sometimes cause these types of calls.

An online survey was given to all of the Emergency Communications Center personnel and completed by 33% of the personnel. Emergency Communication Center personnel consists of National Crime Information Center (NCIC) Operators, 911 call takers, dispatchers, shift
supervisors, and record and data collectors. The results of this survey show very high levels of estimated contact between law enforcement and people living with a mental illness.

**APD ECC survey of perceived contacts with people living with mental illness.**

(Average years of service of survey respondents is 9 years)

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>In your estimate, what percentage of your calls involves mental illness as the primary factor for causing the situation?</td>
<td>33%</td>
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<td>In your opinion, if a call involves mental illness, but is not classified as a 10-40 or 43-1 call, what is the most common dispatch?</td>
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<tr>
<td>Suspicious Person:</td>
<td>35.9%</td>
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<tr>
<td>Disturbance:</td>
<td>53.85%</td>
</tr>
<tr>
<td>Domestic Dispute:</td>
<td>5.13%</td>
</tr>
<tr>
<td>Other</td>
<td>5.13%</td>
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</tbody>
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*10-40 is a dispatch code for mental health and 43-1 is a dispatch code for suicide.*

The numbers reported appear much higher than expected, and almost certainly higher than what may actually exist. These numbers may be inflated for many reasons – mental health calls are often time consuming, difficult to manage, and outside the realm of traditional policing. Nearly a third of those surveyed believed that 40% or more of all their calls were generated because of a person living with mental illness. Whether these numbers are inflated or not, clearly mental illness calls consume a lot of law enforcement time and energy. These
perceptions reinforce the notion that communities may want to allocate more resources to help divert mental illness away from law enforcement and towards health care.

A similar survey (6) was given to 15% of uniformed patrol officer over two years ago, which generate the same perception of percentage, 33%, of calls involving mental illness as the primary factor for causing the situation. This is a unique finding that both ends of the law enforcement services are experiencing the same perception, despite their various levels or training and experience.

References: