

Should police respond to mental health calls?



Protestors in Rochester on September 5th following the death of Daniel Prude at the hands of the Rochester Police Department. | Preston Ehrler/SOPA Images/Shutterstock

The death of Daniel Prude in Rochester has prompted calls to reimagine mental health crisis response.

Eight years before Daniel Prude – a Black man experiencing a mental health crisis – died after being detained by police in Rochester, Hawa Bah watched a similar situation play out with her own son, Mohamed, in New York City. In 2012, Hawa Bah, a Guinean immigrant, called 911 for an ambulance to help her son, who had been acting erratically. New York City Police Department officers arrived at his apartment and eventually shot Mohamed Bah eight times, killing him. Police said Mohamed Bah lunged at one officer with a knife. To this day, Hawa Bah questions why police were

dispatched to respond to her call for help for her son.

“The NYPD should not be the first response to mental health crises,” Hawa Bah told City & State this week. Following a long court battle, she was awarded nearly \$2 million after the city was found liable in the wrongful death of her son. “We don’t want to see another Black or brown child die like the way they killed Mohamed – eight times (shot) in his own home for no reason,” she said.

People with an untreated mental illness are 16 times more likely to be killed during a police encounter than other people stopped or approached by police, according to the Treatment Advocacy Center, a mental health nonprofit. That risk is compounded for people of color, with Black and brown men being 2 1/2 times more likely to die in a police encounter than white men, and Black adults being more likely to report persistent signs of emotional distress than white adults. Today, as Rochester grapples with efforts to overhaul its approach to policing - including calls to reform its mental health crisis response - Bah and other advocates for police reform continue to make those same calls in New York City.

For years, mental health and police reform advocates have questioned the role that police play in responding to individuals experiencing mental health crises. Recent cases of individuals in crisis dying during a police encounter include not just Bah and Prude, but Saheed Vassell, Deborah Danner and others. And while some cities have made efforts to adjust their responses to mental health crises, some critics said the only way to really help people in crisis was to remove police from the equation as much as possible. Now, advocates for police reform are making those calls again - both in Rochester and New York City. "Having a police officer to help de-escalate a crisis when someone's having a mental health concern is like having a plumber do open heart surgery," said Carla Rabinowitz, advocacy coordinator at the mental health nonprofit Community Access.

In the past week, as Rochester's police department saw a massive upheaval with the resignation of its top brass, advocates for police reform and some local legislators put the reimagining of mental health crisis response on their agenda. Rochester Mayor Lovely Warren promised to move the city's crisis intervention team from the police department to the city Department of Recreation and Youth Services, double the availability of mental health professionals to respond to those crises and work with the

city Commission on Racial and Structural Equity to envision how police respond to mental health crises.

Monroe County legislators proposed expanding the county's Forensic Intervention Team, which pairs mental health clinicians with law enforcement to respond to mental health behavioral calls. Meanwhile, some police reform advocates have been pushing for the passage of Daniel's Law, which would create a task force with trained medical personnel to focus on de-escalating mental health crises.

While the details of reenvisioning mental health crisis response in Rochester take shape, it's worth looking at similar efforts that have been made in New York City - efforts that some said fail to adequately remove law enforcement from responding to mental health crises.

In response to similar cases of people experiencing a mental health crisis being killed by police in New York City, Mayor Bill de Blasio's administration proposed or undertook measures to incorporate trained mental health professionals in responding to these calls. In New York City, a person who is experiencing a mental health crisis - or someone who seeks help for another person experiencing such a crisis - might call either 911 for assistance or NYC Well, the city's mental health crisis hotline. On NYC Well's website, a "know who to call" page directs people to call 911 in the case of an emergency.

But despite the creation of NYC Well as a 24/7 resource, calls to 911 reporting people in emotional distress have only continued to rise in recent years. In 2015, New York City undertook a new effort to train police in crisis intervention - a four-day course aimed at providing de-escalation skills and other mental health training. By the end of 2019, nearly 16,000 of the department's roughly 36,000 uniformed officers had received the training, according to the city.

Critics said that training isn't an adequate solution. "What we know for a fact is that police have no business responding to people in emotional distress," said Joo-Hyun Kang, executive director of the advocacy coalition Communities United for Police Reform. "It's not about whether individual police officers can be trained, it's about the purpose of policing (being) completely at odds with the broader public health issue and the reality that someone who might be in crisis is going to need either care in the moment or just need somebody to talk to."

In 2018, the mayor convened a task force on crisis prevention and response to recommend better approaches for responding to individuals in crisis – and preventing those situations altogether. The next year, the city announced a series of new investments, including expanding the number of mental health responders and "mobile crisis teams" – groups of trained mental health counselors, clinicians and peers that can respond to calls to NYC Well within 48 hours. The investments also included adding new "co-response teams" to two high-need precincts in Harlem and the Bronx. The teams pair two police officers with a mental health clinician to respond to emergency 911 mental health calls.

Representatives for de Blasio did not respond to a request for comment on this story before publication time.

And while the idea of co-response teams got closer to what police reform and mental health advocates had been asking for, some said it didn't go far enough because it would still dispatch police officers to the scene. Rabinowitz and Community Access are a part of the Correct Crisis Intervention Today NYC coalition, which is advocating for the creation of mental health teams that can respond to emergency calls. The proposal would pilot dispatching teams entirely composed of nonpolice professionals – a peer trained as a crisis counselor and one emergency medical technician – to respond to emergency mental health crisis calls. The pilot would be in two police precincts with high numbers of

"emotional health crisis" calls in Manhattan and Brooklyn, and would create a new non-911 emergency number for mental health crisis calls in particular. Altogether, a five-year pilot was estimated to cost between \$3.5 million and \$4 million annually.

Rabinowitz said that this peer-driven model was crucial because it allowed someone with a "lived experience" to relate to the person. "What the peer de-escalator can do is say, 'Hey man, I see you're watching a show, what show are you watching?' 'Hey man, I heard your landlord called, what kind of relationship do you have?' 'Ma'am, do you want a sandwich, do you want a bottle of water?' 'Listen, I've been there,'" Rabinowitz said, offering up numerous hypothetical interactions between a peer counselor and an individual experiencing a crisis. "The peer kneels down. There are de-escalations that can happen, and we don't believe the police can do that."

This proposal was not unlike a program in the roughly 170,000-person city of Eugene, Oregon, which many pointed to as the unofficial gold standard of mental health crisis response. Known as Cahoots (Crisis Assistance Helping Out On The Streets), this program dispatches a mental health crisis worker and an emergency medical technician to respond to mental health crisis calls.

New York City Public Advocate Jumaane Williams expressed interest in using a similar approach in the city. In a 2019 report, Williams suggested measures to change how the city responds to these calls. Recommendations included increasing funding for NYC Well's mobile crisis teams, creating a nonpolice number for individuals in crisis to receive urgent mental health care and researching models for responding to mental health crises that don't involve the police.

Williams said this week that the city should look to an approach that would remove police from responding to these situations – at least as the initial response. "For a long time, there's just been utter resistance on the administration's thinking on that," he told

City & State. “So there are hybrid models, or maybe we try something that’s in addition to police. There is a refusal to adopt the notion that at least at initial contact, police shouldn’t be the ones responding.”

Asked about the nonpolice response model earlier this year, a spokesperson for the Mayor’s Office of ThriveNYC told Gothamist that they were always open to hearing additional ideas from advocates.

For these kinds of alternative models to work, however, mental health advocates said that New York City needs not just a change in who responds to mental health calls, but an expansion of resources made available to those experiencing mental health issues. Responding to individuals in mental health crisis by hospitalizing them can not only be traumatizing and needlessly expensive, but the wrong treatment option in some cases, some said. Williams’ report addresses this problem too, calling for the city to fund more short-term care centers, mental health urgent care centers, and drop-in centers and safe havens for those with mental health concerns.

Ayesha Delany-Brumsey, director of behavioral health at The Council of State Governments Justice Center and former director of behavioral health research and programming at the New York City Mayor’s

Office of Criminal Justice, said the solution was likely not going to be a one-size-fits-all approach. “Like most complex issues, you’re going to need different responses in different situations,” she said. “I do think that the majority of crises can be handled by a health professional – whether that’s a social worker or a peer counselor or crisis counselor.”

With both the city and state governments grappling with major budget crises – not to mention the coronavirus pandemic itself – any major efforts to reimagine police involvement in mental health crisis response may not come anytime soon. But some are hopeful the movement will gain ground, especially after a summer of substantial police reforms were passed by the city and state.

Ira Burnim, legal director for the Judge David L. Bazelon Center for Mental Health Law, a legal advocacy organization on behalf of people with mental disabilities, suggested that as communities reconsider the role that police play in our society, mental health crisis response should be a part of that consideration. “If you’re looking at (an) overreliance on the police, this is definitely part of the puzzle,” he said.