



Police and the Mental Health System

Sergeant Joel R. Sanders
Urbana Police Department
Crisis Intervention Team (CIT) Coordinator
Crisis Negotiations Asst. Team Leader
(217)384-2320
sanderjr@urbanaininois.us

Agenda



- Decreased Services
- Increased contacts
- Limited options
- Hopeful solutions

Decreased Services



- In the last four years state funding for mental health has been cut by \$101 million dollars
- Mental health facilities are closing
- Mental health provider jobs are being eliminated
- Police officers are forced to perform the role of a social worker

Increased Contacts



Year	Number Urbana Police Contacts
2012	325
2011	163
2010	159
2009	157
2008	151
2007	186

Limited Options



Only Three Viable Options

- Hospitalization
- Jail
- Do Nothing

Hospital



- Involuntary commitments require a diagnosis be psychological in nature, not behavioral
- Individuals with behavioral issues often leave the hospital before the officer finishes the report
- The hospital is typically a short delay between contacts and not a solution

Jail



- Mental illness may manifest in criminal action and is not a free pass to commit crime
- Determining the causation of the criminal behavior is difficult. Officers look to a disposition most likely to protect society and/or the individual.
- Even when it can be determined the criminal behavior is caused by a psychological issue, an arrest may still be required.

Do Nothing



- Currently having a civilian crisis worker respond to the scene is not practical
- Leaving subject on scene does not solve the problem, does not protect society or the subject
- With no other options we end up back at jail or the hospital

Solutions



- Train police to recognize mental illness
- Seek changes to current laws
- Develop additional options for police response
 - Make civilian crisis response practical
 - Develop a Community Resource Center