

Email Correspondence

From: [REDACTED]
Sent: Wednesday, January 13, 2016 11:48 AM
To: CustodyOpCommission; [REDACTED]; O'Neal, Molly; Kapp, J.J;
jrosen@da.sccgov.org
Subject: Where Police Violence Encounters Mental Illness - NYTimes.com

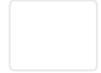
http://mobile.nytimes.com/2016/01/13/opinion/where-police-violence-encounters-mental-illness.html?emc=edit_ty_20160113&nl=opinion&nlid=73730885&_r=0&referer=

Sent from my iPhone

[Start Download](#)



Convert Any File to a PDF. Get The Free FromDoctoPdf Tool



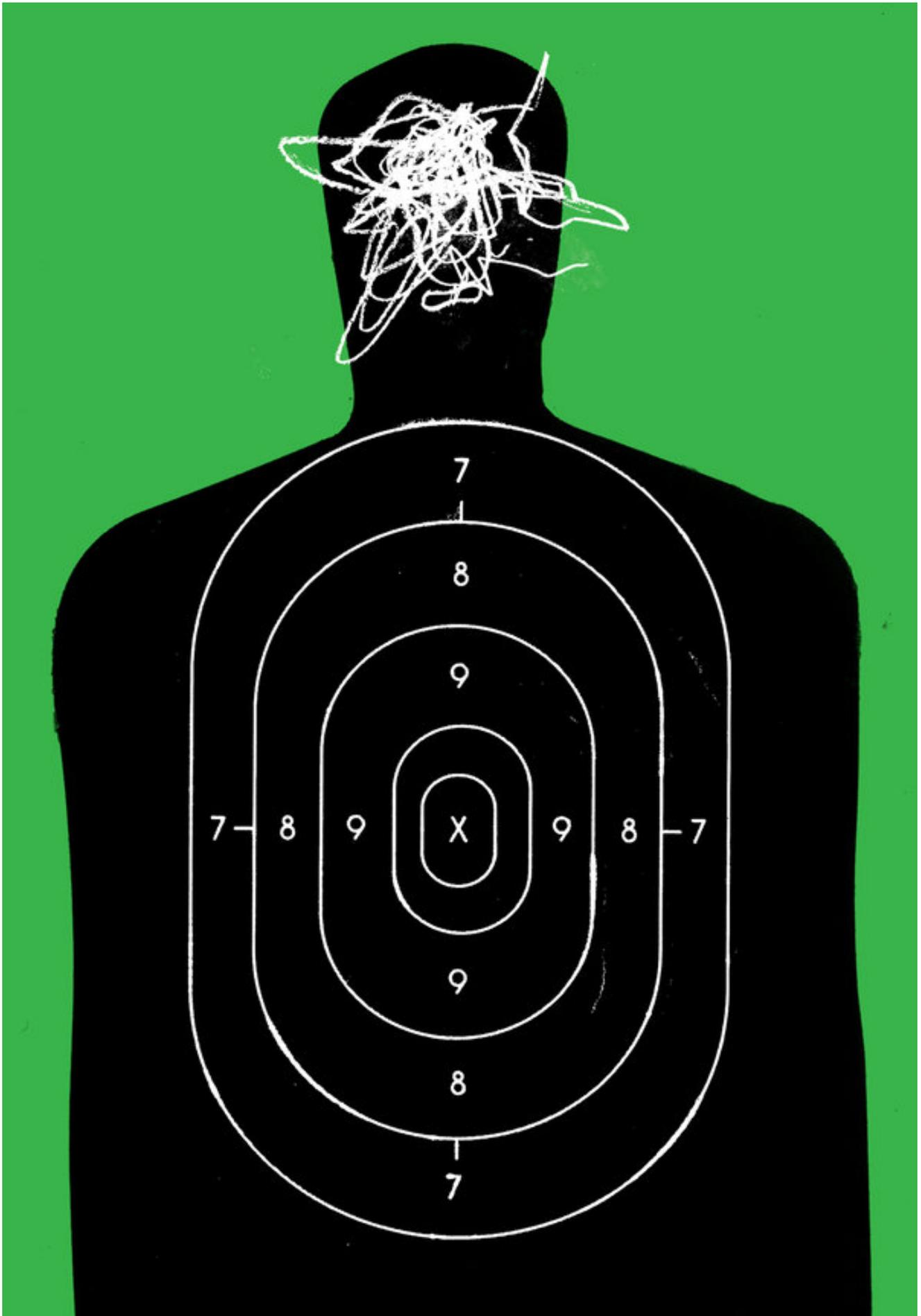
Opinion

[SUBSCRIBE](#) | [LOG IN](#)

OP-ED CONTRIBUTOR

Where Police Violence Encounters Mental Illness





YAREK WASZUL

By MATTHEW EPPERSON

JANUARY 13, 2016

NEARLY 20 years ago, I was a social worker in a county jail where I first began to understand just how frequently the police deal with people with mental illnesses. Run-ins with the police were a regular occurrence for many of my clients, with officers often knowing them by name. They were overwhelmingly poor, and poor people with mental illnesses are also likely to experience homelessness and [substance abuse](#) — issues that place them at increased risk of police contact and incarceration.

All too often, those interactions can end in violence and death, as was the case with 19-year-old Quintonio LeGrier, who was shot and killed by a Chicago police officer last month. Responding to a 911 call made by Mr. LeGrier's father, officers found Mr. LeGrier wielding a baseball bat, and one officer quickly opened fire.

This was not Mr. LeGrier's first encounter with law enforcement. He'd had several confrontations with the police at the university he'd attended in recent months — at least one of these incidents involved officers' guns being drawn. His experience bears a striking resemblance to that of one of my former clients who was a college student in the late 1990s and who had several tense exchanges with the police as his symptoms worsened.

What's remarkable is that, even about 20 years later, the police remain the primary responders to [mental health](#) crises like these. According to data compiled by The Washington Post, of nearly 1,000 people shot and killed by police officers in the United States in 2015, [25 percent displayed signs of mental illness](#). And about 14 percent of individuals in American jails and prisons have a serious mental illness, which means that, for most officers, interacting with individuals with mental illness is an almost daily occurrence.

There are two simultaneous national crises — one of police violence and the other of inadequate mental health treatment — and we are making a mistake if we focus blame only on the police. They have become, by default, the way in which our society chooses to deal with people with mental illness in crisis, particularly in poor and minority communities. We need also to address the declining state of mental health services across the country.

Right now, we are moving in the opposite direction. Between 2009 and 2011, Mr. LeGrier's home state, Illinois, [eliminated more than \\$113 million](#) in community mental health treatment services. In Chicago, the number of public mental health clinics was [cut in half](#) — to 6 from 12 — in 2012 as a cost-saving measure. Illinois's path follows the [national trend of funding cuts for mental health services](#). And of

course these cutbacks primarily affect people living in poverty, who are [already at heightened risk](#) of suffering from mental illnesses.

ADVERTISEMENT

So that leaves the police as our de facto front line. To date, the dominant police model has been the Crisis Intervention Team (C.I.T.), which provides training on responding to mental health emergencies. [Current research is as yet inconclusive](#) on whether this training actually reduces the use of force, and police departments struggle with training and dispatching trained officers to the right calls. About 15 percent of Chicago police officers are C.I.T. trained, while experts recommend training for at least 25 percent.

But training alone will not solve the problem of police violence against people with mental illnesses. A few cities, [like San Antonio](#), have made strides in building a better system by integrating mental health services with law enforcement. We need to invest more broadly in a mental health crisis system to work in conjunction with the police.

For example, in domestic disturbance cases like Mr. LeGrier's, a triage mental health worker could quickly gather pertinent information, assess risk of harm and engage family members as part of a coordinated effort. A crisis team could respond to the call, with police assistance if needed, to determine the safest and most clinically appropriate disposition. A responsive system would have suitable support available, such as a triage center or respite beds to provide urgent services, which would offer a clinically driven alternative to the more typical choices of jail, the emergency room or the morgue.

Sign Up for the Opinion Today New letter

Every weekday, get thought-provoking commentary from Op-Ed columnist, The Times editorial board and contributing writers from around the world.

Receive occasional updates and special offers for The New York Times's products and services.

[SEE SAMPLE](#) | [PRIVACY POLICY](#)

This is tricky terrain — even promising new approaches won't completely eliminate fraught interactions between the police and people with mental illnesses, or the chance of violence on either side. But they provide a wider and more fitting array of responses that could go a long way to averting future violence or incarceration. They certainly would have helped many of the clients I worked with in jail.

We also need to wrestle with our own complicated attitude toward people with mental illness. Mr. LeGrier's death is a rare case of national attention being paid to a person with mental illness being gunned down by the police, perhaps because a bystander, Bettie Jones, was also killed. Just 10 days after the shooting of Michael Brown in Ferguson, Mo., and only a few miles away, a young man with mental illness named Kajieme Powell was fatally shot by the police in St. Louis. Mr. Brown's death incited widespread protests, but despite the fact that Mr. Powell's shooting was actually [captured on video](#), his senseless death went largely unnoticed.

If we are to prevent future tragedies, then we should be ready to invest in a more responsive mental-health system and relieve the police of the burden of being the primary, and often sole, responders. For the sake of individuals like Quintonio LeGrier, Kajieme Powell and many of the clients I've served, I hope we are.

[Matthew Epperson](#) is an assistant professor at the University of Chicago School of Social Service Administration.

Follow The New York Times Opinion section on [Facebook](#) and [Twitter](#), and sign up for the [Opinion Today newsletter](#).