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Rural Law Enforcement should be allocated more resources to provide Mental Health services

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ABSTRACT

Rural law enforcement has very few options when trying to assist a mental health patient, also known as a consumer. A consumer who resides in a rural area in Texas has significant health care needs but experiences several obstacles in getting services. These obstacles include a lack of accessible services due to geographical distances, a general scarcity of resources, the absence of a human services infrastructure, and little to no service providers. Additionally, the rural law enforcement agencies should be allocated or given access to more resources to provide mental health services to consumers. Without support services outside the law enforcement agency, the consumer will not get treatment and will not start the healing process. A mental health officer responding to a crisis is only the beginning of the journey that the consumer is about to take. If rural agencies had access to a Mobile Outreach Team or had mental health clinics in their area, they could request further assistance with helping the consumer. This would help the consumer heal and become a productive citizen again. If the consumer does not get additional assistance, they further deteriorate and enter a crisis, which then requires law enforcement intervention that could lead to criminal charges or psychiatric commitment.

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INTRODUCTION

Mental health services are a very important aspect in the twenty-first century society with law enforcement and citizens alike not wanting the mentally ill incarcerated within the prison system. Law enforcement agencies have been encouraged to provide officers with crisis intervention training (CIT) so that trained officers can mitigate crisis situations involving the mentally ill. Officers assigned to a crisis intervention team are trained and expected to de-escalate situations with the mentally ill and communicate effectively to someone in crisis. They focus on reducing unnecessary arrests and reduce unneeded uses of force. With CIT officers' ability to appropriately intervene for consumers they will divert them from entering the criminal justice system, more appropriately placing them into mental health treatment services (Lord, Bjerregaard, Blevins, & Whisman, 2011). CIT officers tend to be more committed to helping the consumer than acting in the typical law enforcement role of enforcing and executing charges for criminal incidents that violate the law.

At the minimum, a CIT officer must complete 40 hours of specialized mental health and cardiopulmonary resuscitation training as outlined by the Texas Commission on Law Enforcement (TCOLE) (Texas Administrative Code Rule 221.11, Mental Health Officer Proficiency, 2010). Many agencies provide more specialized intense training than is required by TCOLE and this additional training is usually in collaboration with the local mental health providers in their agency's area. Working together helps the mental health staff understand how the mental health officer functions on the streets helping consumers. The mental health officer also experiences the day-to-day activities of the health workers at the clinic (Hipple & Hipple, 1976). This type of training is considered

the “gold-standard” model of training for CIT officers (Strassle, 2019). The collaboration is with any local private or state psychiatric facilities as well as with any clinics or mobile outreach teams from the state-run local mental health authorities.

Patients who receive mental health services or treatment are commonly referred to as “consumers” by the mental health medical community. The additional training officers receive helps the crisis intervention officer learn where they can transport a consumer for mental commitment and admission into a psychiatric facility to receive inpatient psychiatric care. Not all contact with individuals results in the need for or even meet the requirements for committing a consumer to a psychiatric facility. People that are in crisis but have not reached the level of becoming an immediate danger to themselves or others can be referred to outpatient care or transported to a mental health clinic for care. Many times, the mental health officer can make a report and send in a referral to the local mental health authority so that a mobile crisis outreach team member can assist the person to get them into outpatient care. The mobile outreach team member can provide a wide variety of assistance like transportation, medication delivery, and appointment arrangements for patients who perhaps do not have transportation. However, in rural areas, hospitals, psychiatric facilities, outpatient clinics and mobile outreach teams do not exist. The state of Texas has 254 counties and according to the Texas Health and Human Services, of those 254 counties, 172 are classified as rural counties (Texas Department of Health and Human Services, 2020). So, someone struggling from a mental crisis in a rural area, is at a severe disadvantage. Without these normative resources found in urban areas, the officer has no resources or limited resources to even help the person. Of the rural counties in Texas 75% of them lack a psychiatrist and 60% of them are designated as mental health professional

shortage areas (Weaver et al., 2013). This results in the consumer not receiving any treatment, and ultimately, returning into another crisis situation that is usually escalated each time, sometimes resulting in the consumer attempting suicide, or harming themselves or someone else. When this occurs, the rural deputy only has two choices available to them: mental commitment or filing a criminal charge and therefore having to incarcerate the consumer into jail. In a rural sheriff's office, there may only be one to two officers on duty per shift. The commitment process takes several hours with the patient, whereas placing the person in jail only takes a short time. In order to provide the mentally ill and all citizens adequate mental health assistance in the rural areas of Texas, rural law enforcement agencies should be allocated or given access to more resources.

POSITION

Consumers who reside in rural areas in Texas have significant health care needs but experience several obstacles in getting services, which are a lack of accessible services due to geographical distances, a general scarcity of resources, the absence of a human services infrastructure, and little to no service providers. For this reason, rural law enforcement agencies should be allocated or given access to more resources to provide mental health services to consumers. Without support services outside the law enforcement agency, the consumer will not get treatment and thus will not start the healing process. The consumer receiving these necessary treatments to keep them from returning to a mental health crisis will keep law enforcement from having to again respond and possibly have a negative encounter with the consumer. A mental health officer responding to a crisis is only the beginning of the journey that the consumer is

about to take (embark). The overall lack of availability and absence of specialty mental health services in rural counties has caused patients to receive treatment outside of their communities (Levin & Hanson, 2001). Rural counties are unable to meet the needs of the mental health community, which results in inadequate care and lack of services (Myers, 2018). There is an increased shortage of mental health doctors, licensed mental social workers, and mental health providers because they are more likely to practice in urban areas. Due to these needed medical services mostly being in urban areas, consumers are not being provided these challenging mental health services in these rural areas of the country (Myers, 2018). Rural consumers do not have accessibility, often have to travel great distances to obtain services, are rarely insured for mental health services, and are unwilling to realize when a mental illness is present (Myers, 2018). If there is no treatment after an initial contact with a person in crisis, then this would be like buying a bus ticket, but never actually getting on the bus. Consumers with mental health issues will eventually have increased encounters with law enforcement, resulting in injuries to officers and consumers, more use of force against the consumer and repeat calls that end up in an arrest if they do not receive mental health treatment (Browning, Van Hasselt Tucker & Vecchi, 2011). Consumers are commonly arrested and prosecuted because hospital services are unavailable or it is too difficult to commit the consumer (Browning, Van Hasselt Tucker & Vecchi, 2011). There needs to be outreach for the consumer that the law enforcement officer can contact and refer the patient to. The need for referral and not commitment would be in the instance the patient did not meet the criteria for commitment to a psychiatric facility. Currently the emergency criteria for committing a person quickly to a psychiatric hospital in Texas requires a peace officer to take custody of the consumer and transport to a

psychiatric hospital for admittance for treatment. The peace officer must have reason to believe that the person has mental illness; and there is a substantial risk of serious harm to them or others unless they are immediately restrained. A substantial risk of serious harm to a consumer or other people can be demonstrated by the consumer's behavior or evidence of severe emotional distress. This behavior must be deteriorating the mental condition of the consumer to the extent that the consumer must be committed and not free to leave the psychiatric hospital (Texas Health and Safety Code Chapter 574. Court-Ordered Mental Health Services). Even after a peace officer comes into contact with a consumer who has reached the crisis requirements of the Texas Health and Safety Code there are still some steps the officer must have done before even being able to take the consumer to a psychiatric hospital to receive treatment. If the consumer is an indigent person, meaning that they have no insurance or money, then the consumer must be evaluated by the local mental health authority prior to going to the hospital so that the mental health authority will approve the bed space and transfer the funds to the psychiatric hospital for the care of the consumer. This process causes the consumer to be in the custody of the peace officer for some time. The stress of the consumer not being free to go and having an armed peace officer telling them what to do is not good for the consumer. The on call mental health crisis professional must be contacted by the peace officer and present his finding and why he believes this consumer need to be committed. The on-call crisis worker then responds to the peace officers office or some safe place where the worker can do their own evaluation of the consumer. If the case worker agrees with the findings of the peace officer, they will contact the psychiatric hospital and inquire if there is bed space available and release the funds to pay for the space. This process can be extremely stressful for the

consumer and the peace officer if the consumer is combative and actively suicidal. The peace officer has to continually attempt to deescalate the consumer and protect the consumer for themselves.

Additional resources like mobile outreach teams and local clinics will greatly assist the law enforcement agency. These resources are known to reduce the repeated calls to a mentally ill patient in turn reducing the injury-related medical costs to law enforcement and the consumer, as well as lawsuit costs related to the incidents (Jines, 2016). If the consumer receives proper treatment for their mental illness, they can remain productive, which eliminates criminal justice costs and hospitals (Jines, 2016). The mobile outreach team is a licensed mental health worker who will come out to the location or residence of the individual to provide counseling or assistance to the consumer. Mental health clinics can provide intense mental health treatment to the consumer. Having a clinic in the rural county will also assist the consumer from needing to travel great distances for treatment.

COUNTER ARGUMENTS

Opponents of increasing local mental health resources would have the local mental health officer take the consumer to the nearest emergency room and place the consumer into their care, or have the consumer visit their local primary care physician. They argue that there are already enough resources/funding allocated to these means, and it is therefore unnecessary to divert further money to the issue. Primary care providers often encounter consumers initially seeking mental health services in rural counties prior to the consumer entering a crisis (Goranson, 2010). There are little to no psychiatric facilities in most rural areas, and crisis situations that result in relying upon

primary care physicians and subsequent emergency rooms as secondary options are simply the status quo that lends no adequate help to consumers nor alleviates pressure upon officers.

Primary care and emergency rooms provide inadequate and ineffective mental health services. Mental health issues often vary and require individual, case-by-case analysis. With current procedures, underdiagnosis, misdiagnosis, and undertreatment have become persistent issues with primary physicians, who most often lack the training and time needed for more specialized mental health care (Goranson, 2010). Problems exist with receiving adequate mental health care in emergency rooms (ER's) as well. Patients must deal with extended wait times as a result of standardized ER admission procedures, and this only further exacerbates anxieties and sometimes results in patients leaving or becoming more agitated. Some emergency room personnel do not consider patients with mental health issues to be an ER priority and fail to seek specialized consultation, and the consumer receives inadequate care (Goranson, 2010). Integrating mental health specialists into ER personnel and forming specific triage programs has proven to increase both efficiency and effectiveness, as well as foster stronger community-based services. However, these kinds of solutions are unlikely in areas where funds are much more limited (Goranson, 2010).

Opponents of increasing local mental health resources would have the local mental health officer take the consumer to jail on a criminal charge so that the consumer could get treatment in the jail. The United States of America's jails intake over two million consumers each year who have different levels of mental illness (Myers, 2018). Rural county jails are not set up to handle the exhausting task of monitoring and taking care of consumers who are inmates with serious mental health issues. Jails

typically only provide services they are required to provide in accordance with the state jail commission. Rural county jails have limited funds and personnel so providing quality mental health services are avoided to fund other state mandated activities. Counties have higher priorities, such as infrastructure, law enforcement outside the jail, and roads. Jails have historically not been seen as a priority until a serious incident occurs within the jail that the media focuses on for headline news (Myers, 2018). Most rural jails lack the amount of funding needed to provide mental health as well as the difficulty of the availability of health and mental care resources for the consumer in jail.

RECOMMENDATION

Rural law enforcement agencies should be allocated or given access to more resources to provide mental health services to consumers. The implementation of a mobile outreach team who can better provide a higher quality of mental health treatment to the consumer would benefit not only the consumer, but the county and all the law enforcement in that area. The mobile outreach team performs several functions that the rural law enforcement does not have the time or the training to perform. Team members are licensed mental social workers with extensive training in mental health and social work. Team members perform a wide range of tasks for the consumer. Mobile outreach teams would communicate with officers, gaining insight of the consumers in their area and receiving referral for assistance with consumers they are coming into contact with in the field. The faster the consumer gets mental health care, the less likely that consumer will end up confined in the county jail. They schedule therapy sessions and communicate with the consumer to assist them in getting to the appointment and remembering it. They problem solve to ensure the consumer follows up with what is

needed for them to heal and become a productive member of society. They asset law enforcement in the commitment of the consumer once law enforcement has come into contact with a consumer who is in crisis and is in need of immediate emergency commitment. The mobile outreach team can provide an assessment of the consumer for the local mental health authority to assist in speeding up the process of commitment. They can also follow up with the consumer about the treatment they are receiving and assist them by collaborating with their medical or mental health provider they are using to receive that care. The mobile outreach team can also assist the consumer with avoiding an unnecessary trip to the emergency room when the situation is not a medical issue and is instead a mental health issue. They can provide the consumer an appointment with the local mental health clinic thus avoiding an expensive emergency room visit. By having the mobile outreach team providing support services, treatments and integrated crisis response along with crisis stabilization will help prevent further consumer crisis situations.

Local mental health clinics are another solution to help with treatment of consumers in rural counties. They serve to prevent the consumer from having to travel long distances to obtain treatment, which would be very beneficial for the consumer as well. Mental health patients due to their disorder have a hard time keeping jobs and thus not having the money to travel in a vehicle. With the combination of the mental health clinics and the mobile outreach team, they can work together to help alleviate unnecessary cost onto the consumer. Mental health patients with anxiety are greatly at a disadvantage with operating a motor vehicle. Their disorder causes them to sometimes have a panic attack while operating the vehicle and they become dangerous to themselves and the other drivers on the road at the time. Again, with the combination

of the clinics working in combination with the mobile outreach teams they can contact them to assist in the transportation of the consumer to the clinic. This would greatly relieve the consumer of unnecessary anxiety of how to get to the clinic's appointments so that the clinic staff can focus on the issue that the consumer is having. Clinics have the availability to have a psychiatrist on staff who can make suggestions and prescribe the proper amount of medication. It is imperative that the consumer take their prescribed medications on time in accordance with the psychiatrist’s instruction. The clinics along with the mobile outreach team can follow up to ensure the consumer continues to take the medications and not stop which could result in the consumer going back into a crisis situation. Clinics that would be flexible to take in a consumer that law enforcement has had contact with in a noticeably short time will help prevent further law enforcement intervention. The less time a consumer must come in contact with law enforcement is less stress on that consumer and allows the officer to be available for other enforcement actions. Less interaction with law enforcement also means it is less likely the consumer will be arrested and confined in jail. The goal is to have a collaboration between the law enforcement mental health deputy, the mobile outreach team and the clinics to provide services to save lives and help the consumer heal so that they can again become a productive person in society.

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