

Police Have a New Tool in Their Arsenal: Mental-Health Professionals

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Police departments nationwide have started teaming up officers with therapists in situations involving the mentally ill, largely in the hope of avoiding the type of incident that recently landed [a New York Police Department sergeant on trial for murder](#).

The move to create what some departments call “co-response teams” of officers and clinicians has been adopted or expanded in recent years in Salt Lake City, Houston, Los Angeles and elsewhere. Officials in these cities say clinicians can bring meaningful insight to delicate situations, and can help prevent mentally ill people from harming themselves or others.

“Cops are kind of just triage units when it comes to community problems, while social workers actually want to solve the problems,” said Detective Cooper Landvatter of the Salt Lake City Police Department. In 2016, the department began partnering with a therapist, Jessica Waters, who goes on patrol with Detective Landvatter to help the mentally ill.

Difficulties raised by incidents involving the mentally ill took center stage last month in a New York City murder trial.

NYPD Sgt. Hugh Barry was acquitted of all charges in the 2016 fatal shooting of Deborah Danner, a 66-year-old woman with paranoid schizophrenia. A judge found Sgt. Barry was justified in shooting Ms. Danner in her Bronx apartment. Sgt. Barry testified that she was attempting to swing a baseball bat at his head and he feared for his life when he shot her twice.

Police were called to Ms. Danner’s home after she was found screaming in the hallway of her building. Since the 1990s, police had responded to incidents at Ms. Danner’s apartment at least 10 times, according to the her sister’s testimony.

But some mental-health advocates, including those who consult with the NYPD on their mental-health training, said a mental-health professional could have helped de-escalate the situation. One medic testified during the trial that his partner had started a dialogue and calmed Ms. Danner before Sgt. Barry and other officers rushed into her bedroom.

“If a trained professional had been on the scene, Deborah Danner would be alive today,” said Carla Rabinowitz, advocacy coordinator of Community Access, a New York City organization that advocates for the mentally ill.

NYPD Commissioner James O’Neill has said the department “failed” in its response to Ms. Danner. In March of 2016, seven months before the Danner incident, the NYPD launched its own program with officers and mental-health professionals. The department gathers tips from clinics and shelters about people exhibiting violent signs and sends a team of two officers and a clinician to help them before they are in a crisis, said Susan Herman, deputy commissioner of collaborative policing.

While Mr. O’Neill recently said he would like to see the teams respond directly to emergencies, the department

has no concrete plans to do so yet. Clinicians have communication skills, but “they’re not necessarily experts at dealing with people who might be armed or have violent tendencies,” Ms. Herman said.

Other departments deploy teams directly to respond to 911 emergency calls. In Salt Lake City, Detective Landvatter said he would clear a scene before Ms. Waters, the therapist, started a dialogue with the subject. In the last two years, Salt Lake City paired detectives with therapists, the LAPD increased the number of their teams from eight to 17 after pressure from the community and Houston expanded from nine to 12 teams.

Funding for the teams come from a variety of sources, including police budgets and municipal health departments.

Clinicians add a number of assets to interactions with the mentally ill, including social skills, access to medical records unavailable to police, and connections to housing and social services, police and health officials note.

Police officers, who say they can get several calls involving the same mentally ill person in one day, welcomed the idea of partners who could provide them with longer-term solutions.

“When we show up on a call our goal is to get everything resolved as quickly as possible, have it all tied up with the bow and send it off with the report and move on to the next one,” Detective Landvatter said.

Last month in Houston, Police Officer Kyndall Griffin and Kisha Lorio, a therapist, were on patrol together when they received a report about a delusional man repeatedly banging his head on a wall. While they drove to the location, Ms. Lorio accessed records on her computer and found that the man suffered from bipolar disorder and schizophrenia and had a history of drug abuse.

Officer Griffin left the patrol car first and, knowing the man’s medical background, calmly asked him if he was taking medication. After he made sure the man wasn’t armed, he called for Ms. Lorio, who was able to have

a longer conversation with the man, who was then willing to go a hospital.

“Clinicians will look people in the eye more,” said Officer Rebecca Skillern, senior training instructor in the Houston Police Department’s mental-health division. “Where officers are going to be watching their hands. Eyes can’t hurt us but their hands can.”

In Salt Lake City, Ms. Waters and Detective Landvatter keep a list of the top-50 people involved in disturbances concerning the mentally ill. When they aren’t responding to emergencies, they often will follow up with people on this list to see if they can get them therapy or housing services.

Both the police and clinicians say blending the professions’ different skills and cultures takes some adjustment.

“It’s kind of seen of like rainbows and butterflies coming into a police department,” Ms. Waters said. “It’s been a huge cultural adjustment for all of us because officers are like, ‘Hey, if they’re breaking the law, they’re breaking the law.’ ”