

Fixing Our Broken Mental Health System

By Rep. Tim Murphy (R-PA)

It is no secret the first call made in response to a mental health crisis is typically to the local police station. More often than not, a mentally ill individual refuses to go to the hospital for an evaluation when needed and having nowhere else to turn, the family calls 911 for help from law enforcement. Intervening in the midst of a psychotic break is always a difficult situation. The facts reveal just how perilous: the number of justifiable homicides resulting from attacks on police officers increased by 67% over the past 2 decades, with nearly half of those attacks committed by an individual with a mental illness, many of whom were not receiving proper treatment at the time of the attack. Our antiquated mental health system has been turning police officers into mental health crisis workers in blue.

Starting in 2013, as chairman of the House Oversight and Investigations Subcommittee, I have been conducting an investigation into the federal programs and policies aimed at helping those with serious mental illness. What I found was a mental health system that is a disorganized disgrace and spends billions of dollars on hundreds of programs with no meaningful outcomes. And, the situation is getting worse each year. In Pennsylvania alone the number of prisoners with a serious mental illness has quadrupled in the last two years. It now exceeds 4,000 inmates, approximately 9% of the total inmate population and that includes more than 25% of all female inmates.

Chief (Ret.) Michael Biasotti, former President of the New York Association of Chiefs of Police stated during testimony before my committee that: “We have two mental health systems today, serving two mutually exclusive populations: Community programs serve those who seek and accept treatment. Those who refuse, or are too sick to seek treatment voluntarily, become a law enforcement responsibility...Mental health officials seem unwilling to recognize or take responsibility for this second more symptomatic group.”

That is why I introduced the bipartisan Helping Families in Mental Health Crisis Act (H.R. 2646), which has 180 cosponsors and has been endorsed by every major mental health organization in the country. My bill provides seed funding for Assisted Outpatient Treatment (AOT) programs, which allow courts to order people with serious mental illness and prior history of arrest, violence or needless hospitalizations, to stay in mandated and monitored treatment as a condition of living in the community. AOT is a proven tool that has shown dramatic reductions in the need for police intervention. After enrollment in AOT, 55% fewer recipients engaged in suicide attempts or physical harm to self; 47% fewer physically harmed others; 83% fewer experienced arrest; 87% fewer experienced incarceration.

In addition to the lack of options like AOT, there is a nationwide shortage of over 100,000 psychiatric hospital beds. In 1955 there were 558,000 inpatient psychiatric beds in the U.S., today there are fewer than 45,000. As a result, officers who take someone in for an emergency evaluation often are forced to wait hours in the ER only to find out the doctors won't admit the person, or if admitted, they're stabilized and then sent back out to the streets the next day. My bill slightly modifies Medicaid to make it more affordable for states to increase the number of hospital beds and get more people the necessary inpatient treatment they need.

The bill also creates an interagency coordinating committee that would include, among others, a judge, a law enforcement officer, and corrections officer. This committee would make recommendations to Congress and to the White House on programs that they see as being most effective in helping those with a serious mental illness. By giving those on the front lines a seat at the table over bureaucrats in Washington means we will no longer ignore the criminal justice implications of their decisions.

The Helping Families in Mental Health Crisis Act includes numerous other provisions to address the criminalization of mental illness, including training to first responders on how to de-escalate incidents involving mental illness. This is important because a study of Pennsylvania police departments found that 47% of respondents do not believe that they are “qualified to manage persons with mental illness.”

H.R. 2646 will help keep patients, the public, and police officers safe. It will force the mental health system to come to terms that there is a group of people with serious mental illness in this country who need treatment and that treatment starts by devoting the necessary resources to the most seriously ill, and protect members of our society and Police from bearing the weight of the consequences that failing to provide treatment will bring. Please visit my website at Murphy.House.Gov/HelpingFamiliesInMentalHealthCrisisAct114 to learn more.