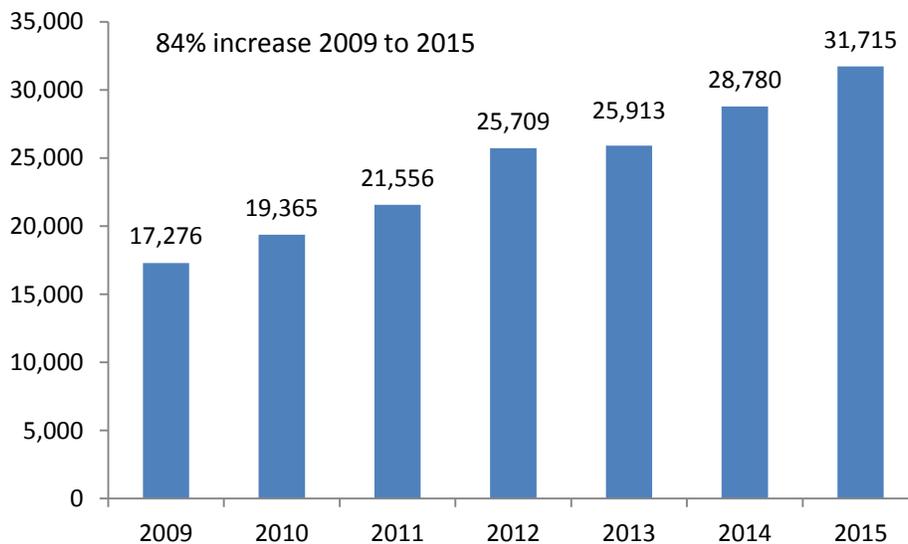


**MENTAL HEALTH CALLS FOR SERVICE TO LAW ENFORCEMENT CONTINUE TO INCREASE –
POSSIBLE REASONS AND POSSIBLE SOLUTIONS FROM THE FIELD**

According to the County of San Diego Health and Human Services Agency, around 1 in 4 San Diego County adults face a mental health challenge and 1 in 5 children have some degree of emotional or behavioral difficulties. Because of the stigma often associated with getting help, and confounding factors, such as self-medicating with alcohol and other drugs, individuals with mental health issues may come to the attention of local law enforcement, either directly because of behaviors associated with the illness or through criminal acts.

To better understand how mental health-related calls for service (CFS) affect local law enforcement’s workloads, and what changes have occurred over time, data were compiled by the San Diego County Sheriff’s Department, in partnership with other local law enforcement agencies, and reviewed by SANDAG. In addition, each of the departments was surveyed regarding perception on reasons for possible increases, correlates, and ideas that may deserve more attention to alleviate the situation. As Figure 1 shows, the number of CFS has increased consecutively since 2009, with the six-year change to 2015 representing an 84 percent increase, even though the region’s population has only increased 5 percent.¹ While the number of Psychiatric Emergency Response Teams (PERT)² has increased during this time period, these calls still require a great deal of officer and deputy resources due to the need in some jurisdictions for two sworn staff to respond, additional time required to assess the situation, and the time required to transport and supervise an individual to a licensed facility to be evaluated. It should be noted that these statistics do not reflect CFS for other reasons which were later determined to be related to an underlying mental health issue in some way.

**Figure 1
NUMBER OF MENTAL HEALTH-RELATED CALLS FOR SERVICE, SAN DIEGO REGION**



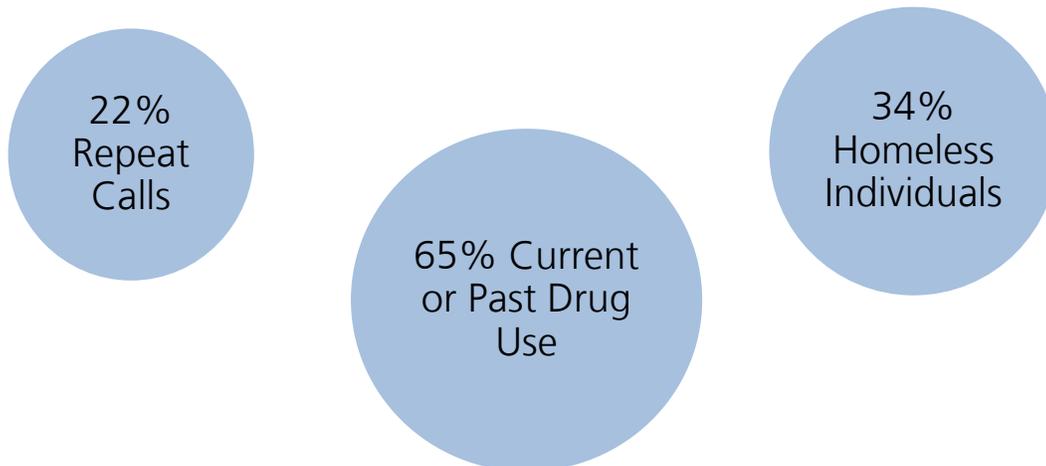
¹ It should be noted that statistics for 2009 were not available for the City of El Cajon. For the years 2010-2015, El Cajon’s statistics represented four percent of the total calls.

² PERT, which pairs a licensed mental health clinician with uniformed law enforcement officers/deputies, provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement requests for emergency assistance.

When law enforcement representatives were asked what they perceived to be behind these increases, respondents referred to increased drug use, greater awareness of mental health issues, more individuals with mental health issues and no stable residence, fewer programs, fewer sessions authorized under public or private sectors, limited number of providers who accept Medi-Cal, more individuals with post-traumatic stress disorder, and legislative changes that resulted in the release of some individuals who may have been otherwise incarcerated and are now not taking medication for their issues as prescribed.

As Figure 2 shows, when further queried regarding their perception of how many of these calls involved the same individuals,³ the average was 22 percent (range 2% to 35%); similarly, when asked how many of the calls involved homeless individuals, the average estimate was 34 percent (range 6% to 80%), and when asked how often drugs were involved (either current or in the past), the average was 65 percent (range 40% to 90%).

Figure 2
AVERAGE ESTIMATES REGARDING HOW MANY MENTAL HEALTH CALLS FOR SERVICE INVOLVE REPEAT CALLS, HOMELESS INDIVIDUALS, AND DRUG USE



Finally, when asked for their thoughts on what was needed to improve how mental health issues could be addressed in the San Diego Region, law enforcement shared a variety of responses that included having greater PERT availability, more intensive case management services available to assist those with persistent severe mental illness, expanded psychiatric departments in hospital emergency departments, increasing the number of programs and beds for those with mental health needs (including walk-in clinics), providing law enforcement with more training, improving the intake process at local facilities, making it easier for family members to get conservatorships or medical information from doctors, providing additional services for co-occurring disorders, ensuring quicker access to psychiatric evaluations for medication and quicker access to follow-up psychiatric visits in the community following discharge from hospitalization, and increased regional information sharing and collaboration.

If you or someone you know is facing a mental health crisis or has an ongoing diagnosis, resources are available by contacting San Diego County's Crisis Line (888-724-7240), 2-1-1, and on-line at www.up2sd.org and www.toughtimesd.org.

³ It should be emphasized that these percentages reflect estimates and not data compiled for documentation or research purposes. In addition, all the responses were averaged with equal weight to each jurisdiction regardless of the size of the population served.