

# National Alliance on Mental Illness

## Voiceover

00:00

This is *The Beat*—a podcast series that keeps you in the know about the latest community policing topics facing our nation.

## Kimberly Nath

00:09

Hello and welcome. My name is Kimberly Nath and, on behalf of the COPS Office, I would like to introduce two people with NAMI, the National Alliance on Mental Illness: Ron Honberg, Director of Policy and Legal Affairs and Laura Usher, CIT Program Manager. NAMI is a non-profit organization devoted to addressing the stigma of mental illness to ensure the decrease of barriers to treatment and recovery. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Ron and Laura, thank you so much for joining me.

## Ron Honberg

00:43

Our pleasure.

## Laura Usher

00:43

Thank you, Kimberly.

## Nath

00:45

Can you tell me a little about NAMI and your work there?

## Usher

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Sure. So as you said, NAMI is the nation's largest grassroots organization dedicated to building better lives for people living with mental illnesses and their families. We do a lot of different work. We kind of try to approach that from every angle. So we do education programs for individuals and for families and for community members. We do support groups, we do legislative advocacy. And we build partnerships at the local and the state and the federal level with all sorts of partners: law enforcement, mental health provider agencies, community groups, faith groups. You know, we try to reach out as much as possible to the community to help build awareness about mental illness and help to improve lives for people.

## Nath

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Great. And, Ron, your role is?

## Honberg

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I'm the director of our policy team. We do work at the federal level as Laura said. We do a lot of work at the state and local levels too on a range of issues, mental health issues. But over the years, we've been very, very involved in working with law enforcement and with other professionals in the criminal justice system because they've really had to bear such a burden of responding to people with mental illness in crisis who don't get timely mental health treatment.

## Nath

02:05

Exactly.

## Honberg

02:05

And we've really always appreciated, though, the kind of partnerships that we've had with law enforcement around the country. They've been some of our strongest allies.

## Nath

02:13

Speaking of that, given that police are often the first responders when a person is in psychiatric distress, what do you think that law enforcement could do differently to decrease the problematic interactions with people living with mental illness?

## Usher

02:27

Well the first thing that they could do is create some strong partnerships at the local level with their mental health provider agencies, with their hospitals, and with their local NAMI affiliates. Because usually there are solutions to these problems but it's a systemic problem. Everyone around the country is experiencing this. And the only successful approach we've seen is really a strong partnership at the local level. We would also really encourage police to take some time to personally interact with people who live with mental illness. Take time to talk to them and find out about their stories and what works for them in a crisis and what doesn't. We find that when police do have that interaction, a lightbulb kind of goes off in their minds and they realize that these are folks who really need help and that police are in a great position to help them and that can really make a big difference in their life in the long term.

And the last thing that I would encourage law enforcement agencies to do is to look at crisis intervention teams. This is really an approach that brings together law enforcement, mental health provider agencies, and local NAMI affiliates to kind of problem solve around how to respond to mental illness crisis in the community and what kind of training to provide to officers so that they're better equipped to respond to these situations safely and humanely. And we've found that CIT, Crisis Intervention Teams, is very successful. There are 2,800 programs around the country and these programs are really helping to reduce the use of force in these interactions, they're helping to reduce the number of arrests

and increase the number of people who are getting successfully referred to mental health services rather than going to jail.

## **Honberg**

*04:06*

Police—just to add something very quickly—police who've actually been through this training actually say that it not only helps them respond to people with mental illness, it helps them respond to a whole bunch of situations that may be unpredictable and difficult to deal with and that they feel safe in their jobs and far more confident in their jobs as a consequence.

## **Nath**

*04:28*

I know you've done a lot of work around trying to address the stigma surrounding individuals living with mental illness. Could you tell us about some of the difficulties or obstacles that people living with mental illness are facing right now and how you're working to help destigmatize mental illness?

## **Honberg**

*04:43*

Well you know there are really two types of obstacles that people with mental illness face. Some are attitudinal. You know, we've made progress in educating the community about mental illnesses and destigmatizing these illnesses but we still have a long way to go. We still don't talk about mental illness in the same way we talk about heart disease, cancer, diabetes, etc. So, much work has been done but still needs to be done to better sensitize communities and people about mental illnesses.

And people with scary sounding diagnoses like schizophrenia and bipolar disorder are people like everyone else and they can and oftentimes do recover if they get the kind of services and supports that they need.

The other types of barriers that people encounter are systemic. You know, mental health systems that really frequently wait until people are in acute crisis before they respond. If we had a system for responding to heart attacks in this country that waited until somebody fell over with an acute heart attack, there'd be a lot more people dying. But that's how our mental health system works. We don't think about prevention, we don't think about early intervention. We wait until a crisis occurs. That's when it's most difficult to respond. And then we don't provide services after the crisis is alleviated. So that's what we need to do and that's frankly why the police have had to assume such a burden.

## **Usher**

*06:04*

And I would say on the how we are responding or how we are trying to break down the stigma of some of these barriers, again we're doing a lot of public awareness, you know everything from PSAs and education programs, we're doing a lot of public awareness. We do a lot of partnering as I said, I think before, not just with law enforcement but with community groups, with faith organizations, with multicultural communities.

## **Honberg**

*06:29*

Schools. Right.

## **Usher**

*06:31*

Schools, just trying to reach as many people as possible so that they learn about mental illness and they learn about some of the resources that we have available to help them.

## **Honberg**

*06:38*

The administration really had the right approach after Newtown in recognizing that really to address these problems required a community-wide response. And so we really need to engage groups like the Boys and Girls Clubs and you know, the colleges and universities and schools and the civic organizations and the churches to find solutions to these issues and to interject some compassion in the way we respond to people with mental illness.

## **Usher**

*07:04*

One of the programs that NAMI does that's so effective, I think, in breaking down the stigma is called In Our Own Voice and it's a public presentation given by two individuals who are living with a mental illness. And they sort of, in a structured way, they talk through their story about, you know, the difficult times, what happened when they were in crisis, what helped them, how they're coping, and then what their hopes and dreams are for the future. I think a lot of people when they hear this story told in sort of a hopeful way, they find for the first time they realize that mental illness is not a hopeless diagnosis. So they're willing to talk about not just other people with mental illness but themselves and their family members.

## **Honberg**

*07:50*

I've talked to police officers after they've heard one of these presentations who've said, you my only experience with mental illness has been with people who were in crisis and it was so educational and uplifting for me to hear a presentation by someone who is really doing well and who can actually inspire others and work with others on recovery. I think it's always important to remind the audience how important it is for the law enforcement community to work with us on getting more funding for mental health services and, you know, that ultimately the solutions lie in better treatment and services for people. We've really asked law enforcement to take on a role they were really never meant to take on.

## **Nath**

*08:33*

What do you think we can learn from incidents such as the Newtown tragedy to help assist police chiefs and officers in preparing responses to mass causality incidents?

## **Usher**

*08:42*

So I think that there's a couple things. Obviously, in preventing these kinds of incidents, I think that one of the things we've learned is that there needs to be more awareness of mental illness and some of, kind of, the signs to look for. And there needs to be capacity for the system to respond before there is a crisis because there are always warning signs. There are always symptoms leading up but often no one notices until the person is really in an acute situation. And I think also that we've learned is that there needs to be a lot of outreach and support for families because usually families are the ones who are noticing the behavior's getting strange or there is a problem but they don't always know where to reach out for help or if they do, the services aren't very effective.

In terms of what police chiefs can do after a tragedy, I think we've learned that it really is, there's a community-wide impact from these kinds of incidents so it really requires the whole community to come together and work together and the community leadership, including the police chief, to model good help seeking behavior, to really kind of help to control some of the broader impact on the community. We've heard from communities where these incidents have occurred that, there's not just a burden from the traumatic incident and witnessing that, but there's also the burden of the media and the well-wishers and the donations and the welcome coming from multiple sources and multiple strings attached creates a lot of pressure on the community. And there are lots of services for lots of different people that need to be provided. So I think this really does require a lot of leadership and a lot of collaboration and the willingness to reach out and ask for help and try to find the resources in your community and outside of your community that can help guide through this difficult situation.

## **Honberg**

*10:27*

We tend to think of police officers as almost super human. They don't experience the same sort of trauma as the rest of us do. And I think when you talk to officers and chiefs and communities that have had these kinds of horrendous mass casualty events, you find out that while the officers may not actually reach out and talk about what they're feeling or seek help, their trauma and the manifestations of their trauma surface over time. And the more timely a helpful environment can be created, the more officers can be encouraged to come forward and seek help, the more the community can think in terms of providing support to the officers and to others who are impacted. You know that's going to help the community return as quickly as possible to some degree of normality even though, obviously, it's a very difficult thing.

## **Nath**

*11:16*

Well thank you very much. Well, unfortunately, we are out of time, but before we end here today, can you tell people where they can get some more information on mental illness and NAMI?

**Usher**

11:26

Sure. You can go to [www.nami.org](http://www.nami.org) for more information about mental illness. And if you're specifically interested in crisis intervention teams, you can go to [www.nami.org/cit](http://www.nami.org/cit). You can also call our national information helpline at 1-800-950-NAMI. That number is open during regular business hours and it's to provide information and resources to anyone affected by mental illness whether they be an individual, a family member, a service provider, a police officer, or community member. And we are happy to help anyone.

**Nath**

12:07

Perfect. Thank you so much for your time.

**Usher**

12:09

Thank you. This has been a pleasure.

**Voiceover: *The Beat* Exit**

12:16

*The Beat* was brought to you by the United States Department of Justice, COPS Office. The COPS Office helps to keep our nation's communities safe by giving grants to law enforcement agencies, developing community policing publications, developing partnerships, and solving problems.

**Voiceover: Disclaimer**

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