

When New Yorkers Report A Mental Health Crisis, Who Should Respond?



➡ At least 14 people with mental illnesses have been fatally shot by New York police in the last three years. FRANK FRANKLIN II/AP/SHUTTERSTOCK

When Christina Sparrock skipped multiple sessions with her psychiatrist earlier this year, her doctor became alarmed and called a mobile crisis team to visit her apartment. The two mental health practitioners who arrived (the teams are usually staffed by social workers) quickly set about assessing her well-being. “They were examining my apartment, my appearance, asking whether I took medication, how I was resting, what’s your support system, when’s your next doctor’s appointment,” recalls Sparrock, an accountant and tireless mental health advocate who says she usually has her bipolar disorder under control. “They wanted to see how I was functioning.”

“I wasn’t doing well at that moment,” Sparrock admits. She told the team she no longer felt comfortable going to her psychiatrist and wanted to switch doctors. Ultimately, the visit concluded with the team convincing her to make another appointment until they could help her find a suitable alternative.

It was a simple outcome, but one that, for Sparrock, represented progress in how the city responds to people experiencing mental health crises: She was able to get help without the police or an ambulance showing up at her building.

“It can be embarrassing to have everybody looking at you and wondering what’s going on,” Sparrock says. “It’s loud and people come in uniforms and you get triggered.”

Sparrock hopes to avoid contact with police when she's unwell, even though she herself has worked with the NYPD on the de Blasio administration's efforts to reform how officers interact with people with mental illnesses. Until recently, she was part of a panel of people with mental health issues who participate in trainings designed to teach officers de-escalation techniques, sharing her own experiences with bipolar disorder. She has also weighed in on proposed police reforms and behavioral health initiatives alongside health care professionals, law enforcement, and city officials as a member of the Crisis Prevention and Response Task Force the mayor convened last year.

One of the recommendations the task force will make in the coming weeks will be to expand the use of co-response teams, where two police officers are accompanied by a mental health professional, to respond to mental health-related calls. But Sparrock and other advocates still say they want to see a greater effort to avoid police involvement in mental health situations as much as possible.

"The stigma associated with people with mental illnesses is that we're all crazy, dangerous, and violent," Sparrock says. "Police are taught to be commanding, and people like me, when we're in crisis, we might not respond. I'm going to do the opposite [of what they tell me to do] and end up getting hurt."

Local headlines in recent years have highlighted how a 911 call for assistance with someone exhibiting symptoms of a mental illness can end in tragedy. In New York City, at least 14 people with mental illnesses have been fatally shot by NYPD officers in the last three years. At the same time, 911 calls reporting "emotionally disturbed persons" have been on the rise, particularly in communities of color, a recent investigation by local news outlet The City found.

The city's 24 mobile crisis teams (19 for adults and five for children) have so far demonstrated some clear benefits over police response to mental health calls. Mostly run by hospitals, their employees wear plainclothes, travel in vans, and don't carry any weapons. And they tend to address people's mental health crises very differently: While more than half of the city's 911 calls related to mental health result in someone being taken to the emergency room—an ordeal that can be time-consuming for police and a revolving door for patients—only 2.3 percent of mobile crisis team visits last year ended in a trip to the ER, according to the city's Department of Health and Mental Hygiene. Instead, they typically seek to conduct a mental health assessment on the spot, refer people to behavioral health resources in the community, and then follow up a few days later.

Anecdotally, though, New Yorkers report extremely mixed experiences with mobile crisis teams, according to a survey by the nonprofit Community Access and interviews with people with mental health issues, their family members, and mental health practitioners. Some say their effectiveness is limited by restrictions on the types of situations they can handle without deferring to 911 and a shortage of viable mental health services to refer people to. They also have a much longer response time than the police: After an adult mobile crisis team is called upon to check on someone, the team takes 17 hours, on average, to arrive, according to the health department. In some cases, it can take up to two days for a team to show up, with no service available overnight.

As it stands, mobile crisis is not linked to 911. If a mental health professional or regular New Yorker wants to reach mobile crisis, they have to have the number for a specific team or call NYC Well, the city's mental health hotline. But even those who know how to access the teams are sometimes surprised by the types of cases that get turned away.

Emma Davis, a student at the Craig Newmark School of Journalism at CUNY, says she was walking near the school's campus in Times Square earlier this year when she saw a woman who was wearing nothing below the waist, mumbling to herself, and occasionally bending over and "flashing passersby." Davis, who had taken the city's free mental health first aid training, says she was hoping she could avail herself of city resources to get the woman a "compassionate response."

"The conversation I had on the phone with NYC Well was, 'Oh, it's really kind of you to try to do something for this woman but crisis teams are only available after 24 hours; it's not for something as immediate as you need,'" Davis recalls. She says the NYC Well operator informed her that she could call the police, but there was no guarantee they would send someone with crisis intervention training or enlist a co-response team for backup.

The de Blasio administration emphasizes that, even though it's investing in mobile crisis and a host of other roving, non-police teams to work with people with mental health issues in the community, New Yorkers should still always call 911 if someone appears to be in danger of hurting themselves or others. City officials say that despite having "crisis" in their name, mobile crisis teams are designed to address situations that do not necessarily require an immediate response.

"There are many calls to 911 now where time is actually not of the essence," says Susan Herman, director of the city's ThriveNYC office and former deputy commissioner of collaborative policing at the NYPD.



→ The Queens Mobile Crisis Team run by the Visiting Nurse Service of New York. COURTESY NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

There are also other restrictions on the types of situations mobile crisis can handle. For instance, if a mobile crisis team determines someone has to go to the hospital, they have to call 911 to get a police car or ambulance to take them.

"It concerned me that there was not a protocol in place that took into consideration possible harm involved when calling the police on someone with a mental health concern," one mental health practitioner wrote in the Community Access survey, after describing a situation in which they had called a mobile crisis team to check in on a client who had talked about being suicidal.

But despite these restrictions, Bronxite Jacqueline Ortiz says, for her son, a mobile crisis visit was "life saving." When she mentioned during a check-up last year that the stress she was feeling from worrying about her son's delusions and paranoia was affecting her health, her doctor gave her the number for Jacobi hospital's mobile crisis team.

After the mobile crisis team evaluated her son at their home, Ortiz says, they recommended she call 911 to have him taken to the hospital. Calling 911, she says, is normally like "playing a game of roulette." But in this case, having the mobile crisis team there to advocate for her son and accompany him to the hospital made her feel more secure. That visit is ultimately what led to her son's diagnosis with schizoaffective disorder and got him into treatment.

Mobile crisis raises commonly debated questions about how much autonomy someone with mental health concerns should have over their own treatment. People referred to mobile crisis are free to turn them away, which contributed to the fact that mobile crisis teams only made contact with the person they were asked to help in about half of the 20,000 or so cases referred to them last year. But once a mobile crisis team does make an assessment, they can sometimes advocate at the hospital for the person to be involuntarily admitted.

According to the city Health Department, 72 percent of the mobile crisis visits completed last year led to referrals to voluntary behavioral health services in the community. The most frequent referrals were to outpatient treatment for mental health and substance use disorders and to services that assist with coordinating health care appointments and benefits.

But one psychiatrist who worked on a mobile crisis team between 2016 and 2018 says team members sometimes felt pressure to make a formal referral, whether they thought it would be beneficial or not. “Many of the services you want for people are not even remotely available and people know it,” they say. “But you really don’t want to leave people empty-handed.”

Stephanie Thompson, who lives in Brooklyn, says she had a disappointing experience calling a mobile crisis team in 2017 for her son, who she says was able to calmly convince the mental health workers who showed up that he was fine, even though he had been spending nights awake “yelling at demons.” Two years later, she says, her son still isn’t in treatment.

“I thought they could intervene, at least do an additional evaluation,” says Thompson. “But that didn’t happen.”

But Thompson, who is black, maintains that she would rather try something and have it not yield any results than put her son at risk by putting him in contact with the police—especially, she says, since he’s talked about being able to disarm police officers using martial arts: “I don’t know how he would react if I called them.”

Herman of Thrive NYC acknowledges there can be a difference of opinion about the most appropriate action between the person who places a call and the service provider. She adds that mobile crisis teams are designed to do limited follow-up, and other types of mental health teams in the city are better designed to provide longer-term followup and build relationships. “It depends on the severity of the situation,” Herman says.

People in the mental health community who spoke to Gothamist emphasized that there’s no “one-size-fits-all” approach to care and what proves to be an effective intervention for one person may not be for someone else. Some added that often what’s needed is to educate the people around the person with the mental health diagnosis, rather than simply pushing treatment on them. That’s why there’s increasingly an emphasis on patients working with their support system to create a care plan for what should be done when they’re in crisis.

In addition to crisis lines run by individual organizations serving people with behavioral health issues, the city is investing in an alphabet soup of non-police teams that serve different populations in different circumstances: Assertive Community Treatment teams provide ongoing support to people with serious mental illnesses and their families; Forensic Assertive Community Treatment teams offer similar services to people returning from prison; Health Engagement and Assessment Teams include peers who can empathize because they have a lived experience with mental illness; Intensive Mobile Treatment teams target people who the city deems a public safety risk; and a state program called NY START (Systemic, Therapeutic Assessment, Resources and Treatment) serves people with intellectual and developmental disabilities.

Yet it’s unclear whether all of these will ever add up to what many mental health advocates now say they want: a system in which the police responding to a mental health call is truly a rare occurrence.

“If police have to be involved,” says Sparrock, “that should be a last resort.”