

NAMI Talking Points on Police and Mental Health

7/6/20

- NAMI believes in help, not handcuffs, for people with mental illness.
- NAMI is committed to the principle that all individuals, including people of color and people with mental illness, should be treated with respect and dignity and deserve equitable health outcomes and full inclusion.
- As a grassroots mental health advocacy organization, we know the realities of stigma, prejudice and discrimination against those with mental health conditions.
- We cannot ignore the disproportionate negative effects of policing on communities of color, or the critical and intersecting role mental health plays. People with mental health conditions know all too well what it means to experience stigma, but not all of us know the doubling role race can play.
- For too long, law enforcement has been the response to people experiencing symptoms of mental illness, which can lead to devastating outcomes.
- This is unacceptable. Our mental health system provides too little, too late—and then law enforcement steps in as first responders in mental health emergencies.
- Growing calls for racial justice have opened up the conversation about the role of law enforcement in public health, specifically mental health and how it affects communities of color.
 - Unarmed Black people are killed by law enforcement at a rate [5 times](#) that of unarmed white people; and
 - Nearly [one in four people](#) killed by police officers in 2019 had a mental health condition.
- If we are going to change outcomes, we need to disrupt the system that puts police at the forefront of crisis response – but complex problems require complex solutions.
- To provide a continuum of mental health care that helps people get and stay well, NAMI believes we need to focus on four areas of community mental health:
 - First, we need comprehensive and culturally competent crisis care.
 - Our country needs a mental health response to mental health crises.
 - We need 9-8-8 as a nationwide mental health crisis and suicide prevention hotline so that people have a dedicated, easy-to-remember number to get help, not handcuffs.
 - We also need a range of culturally competent crisis services, including mobile crisis teams and crisis stabilization programs.
 - And anyone who provides care for people with severe mental health symptoms needs training in effective de-escalation and engagement strategies.
 - Second, inpatient care should be available to those who need it.
 - You shouldn't have to be a danger to self or others before you can get help for severe symptoms of mental illness.

- Unfortunately, many people with severe mental health conditions are routinely turned away from hospitals or discharged before they are stable and without a plan for follow up care.
 - When a person has fleeting symptoms of a heart attack, hospitals don't shut the door. They treat symptoms as serious and help immediately to prevent them from recurring and becoming worse.
 - Symptoms of severe mental illness, like mania, delusions and paranoia, should be treated just as seriously.
 - Third, we need to invest in social supports to help people stay well.
 - Ensuring that a person has access to things like a safe place to live, food to eat, income and a supportive community are key pillars to their overall wellness.
 - That's why social determinants of health are so critical to helping people with mental illness live successfully in their communities.
 - Unfortunately, a lack of investment in these supports contributes to the fact that approximately [20-25%](#) of people experiencing homelessness have a mental illness and they are also [disproportionately](#) people of color.
 - Fourth, we need trauma-informed outpatient care that is available to everyone.
 - People with mental health conditions should be able to get help early and get the best possible care.
 - Yet, half of the counties in our country don't have a single psychiatrist, let alone professionals who represent the diversity of people in our country or who have training in the most effective and culturally competent interventions.
 - We need a trauma-informed mental health workforce that is equipped to serve *everyone* with mental health care when and where they need it.
- While we work toward a system that provides a mental health response to mental health crises, we cannot afford to ignore the role that law enforcement still plays.
 - That is why NAMI has long supported Crisis Intervention Teams (CIT) as a model that has inspired communities and law enforcement to help make crisis response safer, more compassionate and focused on connecting people to care.
 - We have promoted training in mental health and de-escalation for law enforcement, advocated for changes in agencies' policies and procedures and pushed to create community partnerships to divert people from justice system involvement.
 - Officers trained in crisis intervention can be lifesavers, but they are a reaction to a fundamental flaw in how we respond to mental health crises. Instead, the answer is investment in a comprehensive mental health care system that demonstrates cultural competence and equitable treatment.
- We must partner with law enforcement to vastly improve the interactions that still occur, but we must also work to effect the significant change that is needed.

Frequently Asked Questions

What is NAMI's position on "defunding" the police?

NAMI does not have a formal policy position approved by the NAMI Board of Directors on "defunding" the police. We have long advocated for a more appropriate response to people experiencing mental health crises, including the expansion of culturally competent mental health crisis services that minimize the role of law enforcement, and significant community investment in mental health services and supports.

How you can talk about it:

- NAMI has long advocated for resources and innovation to create a mental health system that that can serve the nearly 48 million Americans with mental illness.
- For too long, law enforcement has been the only available option to respond to people experiencing symptoms of mental illness and the results have been tragic:
 - Nearly [one in four](#) people killed by law enforcement have a mental illness.
 - And people with mental illness are overrepresented in our nation's jails.
- For communities of color, the outcomes are even more devastating, with unarmed black people killed at a rate that is 5 times that of unarmed white people.
- If we are going to change this, we need to disrupt the system that puts law enforcement at the forefront of crisis response and invest in every community's mental health system.

Does NAMI still support CIT and training for law enforcement?

NAMI has been involved in CIT since its inception in the 1980s. CIT promotes community partnerships among mental health care providers, law enforcement, community leaders, and mental health advocates to lead to better outcomes for people with mental health conditions in crisis. We work on the national, state, and local levels to promote best practices in training that focus on the use of de-escalation and creating a better understanding for law enforcement officers about what it is like to experience a mental health crisis. While NAMI continues to support these initiatives, we also advocate for better access to mental health care so people can get the right treatment and avoid experiencing a crisis in the first place.

How you can talk about it:

- While we work toward a system that provides a mental health response to a mental health crisis, we cannot afford to ignore the role that law enforcement still plays in responding to mental health crises.
- That is why NAMI has long supported Crisis Intervention Teams, or CIT, as a model that has inspired communities and law enforcement to help make crisis response safer, more compassionate and focused on connecting people to care.
- CIT has helped countless people, but it should not be the only solution for a system that was built without the ability to meet the needs of the millions of people in our country with mental health conditions.
- As a part of our efforts to decrease the role of law enforcement in mental health crisis response, NAMI also supports the development of co-responder models, mobile crisis units and other crisis services to enhance the capacity of communities to respond effectively.

What is NAMI's current role with CIT and developing training for law enforcement?

NAMI's national office, NAMI State Organizations and NAMI Affiliates have different roles in promoting and supporting CIT. While NAMI and its advocacy plays a significant role, NAMI does not certify CIT programs or CIT coordinators. We work in partnership with CIT International to support their efforts to ensure communities are implementing best practices that promote safety and connections to mental health care.

How you can talk about it:

- NAMI advocates on the national, state, and local level to promote better responses to people experiencing a mental health crisis.
- NAMI State Organizations and Affiliates are an important part of any CIT program, which goes beyond training and should promote partnerships between the mental health, law enforcement and advocacy communities in an effort to transform communities' response to mental health crises.
- NAMI volunteers and staff often share their personal stories and experiences during law enforcement training and are key to engaging community stakeholders to create systems change. NAMI recently developed *NAMI Sharing Your Story with Law Enforcement*, a program to help guide NAMI speakers to present their lived experience to law enforcement audiences.

Does NAMI have a position on use of force and other police tactics?

NAMI currently does not have a formal policy position on use of force and other police tactics, such as chokeholds and strangleholds. However, through our work on CIT and other efforts to improve responses to mental health crises, NAMI has been involved in developing best practices in use of force policies that promote the safety and personal dignity of people with mental illness. Additionally, many NAMI State Organizations and Affiliates have worked at the local level to make changes to individual law enforcement agencies' policies on use of force.

How you can talk about it:

- NAMI believes in minimizing justice system response to people with mental illness, while ensuring that any interactions preserve health, well-being and dignity.
- Policies and procedures for law enforcement should always prioritize de-escalation to ensure the safety of people experiencing mental health crisis.