

THE LOWDOWN

Sheriff Charles S. Blackwood

Although September is recognized as Suicide Prevention month, I would like to encourage our community to continue the conversation all year. Mental illness is treatable, and suicide is preventable, but we must keep talking and work to remove lingering stigma.

As I've discussed in this column, deputies respond to many calls that are not about enforcing the law or keeping the peace. The proportion of calls involving a mental health crisis seems to increase each year, and the stresses of the pandemic only exacerbated this trend. Over the years, the mental health system in our state has all but collapsed, and at present, we are the professionals most readily available to step into the service chasm. Generally, mental health clinicians do not see people in the field during a crisis. They are usually hospital or clinic based, charge for their services, and have limited night and weekend availability. On the other hand, we respond to such calls because we have a highly efficient dispatch system, don't bill for services, and are available 24/7/365.

Even with skills learned in crisis intervention and mental health first-aid training, a deputy's tools and solutions are geared primarily toward resolving a crisis as quickly as possible and answering the next call. Furthermore, rotating schedules preclude us from offering any meaningful follow-up. Anyone in the throes of a mental health crisis, especially if that person is suicidal, needs a specially trained clinician and more comprehensive services than law enforcement officers can provide.

I don't know anyone who believes our state's mental health system is adequate. We don't have a regional system, let alone the desperately needed county-level resources. That said, I am very pleased the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services within the NC Department of Health and Human Services awarded Orange County a grant to form a Community Care and Diversion Response team.

The Orange County Criminal Justice Resource Department will administer the program, which includes placing a social worker in my office and one each in the Carrboro, Chapel Hill, and Hillsborough Police Departments. These professionals will work under the supervision of a Mental Health Diversion Coordinator and collaborate

with a clinician and a peer support specialist based at Chapel Hill's Freedom House Recovery Center.

The primary purpose of the Community Care team is to divert individuals with serious mental illness away from the criminal courts and into a system where they can receive treatment, peer support, and case management. But I have no doubt that this program will also be an invaluable tool for those in our community experiencing thoughts of suicide. These individuals deserve more than a ride to the hospital in a marked patrol vehicle and maybe a phone number to a crisis line.

Suicide is often a result of emotional pain and despair, and people considering this permanent solution to such problems often feel isolated and hopeless. It is crucial that people have access to mental health treatment and supportive services; deputies will now be able to make a warm hand-off to a trained clinician who can develop an individualized treatment/service plan with their clients, provide up to 90 days of case management service, and make referrals to a dedicated clinical and peer support specialist.

The Community Care team will also provide training about trauma-informed mental health interventions to law enforcement officers, allowing them to approach those experiencing suicidal thoughts or other mental health crises with greater awareness, improved communication, and increased consistency.

I am also hopeful this program will help deputies and police officers in another way. It is well-known that law enforcement officers have increased exposure to critical incidents - an event that creates a significant risk of substantial harm to the physical or mental health of those involved. Most people experience an estimated two to three critical incidents in a lifetime; law enforcement officers have 18 such exposures ANNUALLY. Responding to a call where a deputy is trying to prevent the suicide of a person, or managing the aftermath of such a death IS a critical incident. I expect the existence of Community Care Team clinicians will mitigate the trauma law enforcement officers feel when responding to such calls because they will have actual resources to offer. Less stressed officers are more effective at their work and better able to cope with psychological harm caused by critical incidents they experience. In other words, the Community Care program will expand the assistance available to those experiencing a mental health crisis and those responding to one.