



## *New York State Catholic Conference*

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### **New York State Catholic Conference Recommendations On the Care and Treatment of Persons with Mental Illness**

In a recent pastoral statement, the Bishops of New York State addressed the Church's and society's obligations regarding the care and treatment of mentally ill individuals. The Bishops noted that while, "our society has made great strides in our understanding and treatment of mental illness," in many cases, "labels and fears remain, continuing to influence public policies related to how people access the services they need to reach their full potential in society."

While restating long-term Catholic principles regarding the care and treatment of persons with mental illness, including community-based models of treatment wherever possible, a focus on intervention and prevention, and an effective public-private partnership for delivery of care, the Bishops acknowledged that these general principles must, from time to time, be supplemented by specific policy proposals that take into account present-day realities.

Therefore, the New York State Catholic Conference, in consultation with the Behavioral Health Committee of the state's Council of Catholic Charities Directors, offers the following proposals.

#### **Mental Health Reporting Requirements**

The NY SAFE Act, the gun control bill shepherded through the Legislature early in 2013 by Governor Cuomo, contained many important provisions designed to address the scourge of gun violence afflicting our state. The Conference supported this legislation as a whole. However, organizations representing mental health and medical professionals have raised a legitimate concern regarding the reporting requirement by the new law mandates. These professionals, rightly, have always been required to report individuals who they believe pose an "imminent threat" to themselves or others. However, under the new law, these professionals must report any individual who they believe "is likely to engage in conduct that would result in serious harm to self or others." Providers fear that this lower standard will discourage individuals from getting the help they need, out of fear of being reported. Without mental health services, a mentally ill person with violent tendencies may not get the medication or therapy he or she needs that would prevent such incidents in the first place.

We therefore join with the mental health community in urging an amendment to the NY SAFE Act to return to the “imminent danger” language, with a specific definition of what constitutes an imminent danger. This definition may include past patterns of behavior that point toward a real threat. We further urge that records of previous mental health hospitalization be expunged sooner than the five years in current law, also with the goal of reducing barriers to persons seeking treatment.

### **Increased Community-Based Mental Health Services**

The Conference has consistently held that whenever possible, people with mental illness should remain in the community and have access to community-based treatment. In July, the state Office of Mental Health announced a three-year plan to consolidate the state’s 24 inpatient psychiatric hospitals into 15 regional Centers of Excellence, and to refocus mental health services further in the direction of a community-based model, with inpatient services targeted for individuals with only the most serious mental illnesses. Recently, the Governor announced some modifications to the original plan, allowing a small number of hospitals slated for closure to remain open. We applaud his willingness to make to such modifications in light of community input, and we suggest there are rural areas of the state, such as in the North Country and Central New York, where closing inpatient facilities may be ill advised. We urge that hospitals not be closed until the community-based system is funded at a higher level and that every effort be made to assure maximum possible access to families of inpatients.

What is critical, though, is that the state must learn from past mistakes and ensure adequate community resources are available to meet the increased need. As the state proceeds with its plan to consolidate and downsize the inpatient network, the community mental health safety net must be protected, with funds saved from state hospital downsizing reinvested to boost community-based supportive housing, employment and peer services. We urge an expansion of an integrated health home community network approach combining mental health, addiction and medical treatment. School and community-based prevention screening and early intervention programs should be implemented to ensure that people who need help are identified as early as possible. Finally, in order to ensure that an experienced workforce and continuity of care are maintained, a salary cost of living adjustment for mental health service providers is essential. An already inadequate 1.4 percent increase for human services workers already has been deferred for four years.

### **Enhanced Services in the Criminal Justice System for Mentally Ill Persons**

As a means of minimizing unnecessary incarceration of persons who are mentally ill, the state should provide resources for the creation of crisis intervention teams (CIT) within law enforcement agencies. A CIT is a specialized team of police officers who receive additional training in mental-health related issues. Among the goals of CITs are to reduce the number of arrests of individuals with mental illness, refer them to treatment facilities or other support services and eliminate adverse incidents between law enforcement and those with mental illness.

By virtue of their training, CIT officers are called upon to respond to situations involving citizens who exhibit signs of emotional disturbance. Many localities have experienced a decreased use of force on mental health related calls following CIT implementation, and fewer injuries to both police officers and citizens. Another common finding is that CITs result in an increase in referrals for assessment and treatment and subsequent lower arrest rates.

In addition to taking steps to prevent incarceration of persons with mental illness, the state should increase mental health services to persons who are in prison. We urge that solitary confinement be used only when absolutely necessary since such confinement often exacerbates symptoms.

In closing, the Catholic Conference and the state's Catholic Charities agencies continue our commitment to partner with the state to address the needs of mentally ill persons for their good, the good of their families, and the good of all society. It is our hope and our prayer that as the state moves forward with new models of care, we always keep the primary focus on the suffering person in need of services, and we look forward to doing our part, both in advocacy and in direct care, to advance that goal.

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