

MHU News

Monthly Newsletter of the Houston Police Department's Mental Health Unit August 2009

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C O V E R S T O R Y

CIRT Officer Rebecca Skillern Talks Suicidal Jumper Down

Central patrol officers P. Miranda and V. Garcia, riding unit 1A26N, received a suicide in progress call at 3400 Montrose on June 9th at 0008 hours. Officers C. Zamora and A. A. Roberts checked by.

The call involved a 22-year-old male who was standing on the ledge of a third-story parking garage column threatening to jump off. He stated he wanted to end his life because no one loved him and he was sick of his life. He had attempted suicide several times previously.

Crisis Intervention Response Team (CIRT) unit 66M14, with Officer Rebecca Skillern and Clinician Kendra Lee, volunteered to check by. Upon arriving, Officer Skillern found Officer A. A. Roberts talking with the complainant trying to keep him from jumping. The Hostage



Patrol Officer Chris Zamora speaks to a suicidal jumper in an attempt to keep him stable as neither the Hostage Negotiation Team nor CIRT had arrived.

Negotiation Team had not arrived. Clinician Lee conducted a mental

health history inquiry of the complainant and learned he was diagnosed with bipolar disorder, antisocial personality disorder, polysubstance abuse, and borderline personality disorder. The complainant was prescribed Zyprexa and Depakote but records indicated the complainant was inconsistent and non-compliant with his medication regimen.

Officer Skillern successfully talked the complainant down and transported him to St. Joseph's Hospital where she completed an Application for Emergency Detention.

All officers on the scene did an excellent job de-escalating the situation and bringing the call to a safe conclusion.

CIRT Has Become a Valuable Resource to the Hostage Negotiation Team

By Lieutenant K. L. Grimmett
Hostage Negotiation Team Coordinator

It is not often that a new program exceeds expectations, but that is what has occurred with the implementation of the Crisis Intervention Response Team (CIRT) program. CIRT units respond to incidents involving mentally ill suspects who are suicidal, have barricaded themselves, or have become involved in hostage situations.

The CIRT unit normally arrives at the scene before SWAT and HNT. If a mentally ill individual is involved, and he is a client of MHMRA, the CIRT clinician has direct access to his mental health history and current status via a laptop the clinician has in his/her possession. This has proven to be an invaluable source of information. Some of this information would not be obtainable



CIRT Officer Eric Chimney with his clinician partner Mike Erickson.

without the CIRT clinician's access. Although some of the information could be accessed, it would take considerably longer to obtain.

Prior to CIRT's involvement, family members and friends were often left alone on the scene. On occasion, these individuals became frustrated, angry, and even hostile to the police. Some would attempt to intervene, causing additional problems. An important function of CIRT is to locate these individuals, place them in a specific location, obtain information from them, keep them abreast of the investigation, and even counsel with them if they are in crisis. This has proven to be very beneficial.

I want to take this opportunity to thank the members of the CIRT program for their dedication and service. Their efforts are appreciated and significantly help SWAT and HNT achieve their goal: a safe resolution without the loss of life.

Mental Disorders in America

Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44
An estimated 26.2 percent of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year
Major Depressive Disorder affects approximately 14.8 million American adults - age 18 and older - in a given year
About 19 percent of Vietnam veterans experienced PTSD at some point after the war
Each year, more law enforcement officers die by suicide than by line-of-duty deaths
Among members of the military, the suicide rate nearly doubled from 9.1 confirmed suicides per 100,000 troops in 2001 to 17.3 in 2006
From 2001 to October 2008, the Houston battalion lost five recruiters to suicide, including two in a two-month period

Milestone for Mental Health Treatment

By Robert Pear
New York Times

More than one-third of all Americans will soon get better insurance coverage of mental health treatments because of a new law that, for the first time, requires equal coverage of mental and physical illnesses.

The requirement, included in the economic bailout bill signed by President Bush, comes after 12 years of passionate advocacy by friends and relatives of people with mental illness and addiction disorders. They described the new law as a milestone in the quest for civil rights, an effort to end insurance discrimination and reduce the stigma of mental illness.

Most employers and group health plans provide less coverage for mental health care than for the treatment of physical conditions like cancer, heart disease or broken bones. They will need to redesign their benefits to comply with the new law, which requires parity in the coverage of mental and physical illnesses.

For decades, insurers have set higher co-payments and deductibles and stricter limits on treatment for addiction and mental illnesses.

By wiping away such restrictions, doctors said, the new law will make it easier for people to obtain treatment for a wide range of conditions including depression, autism, schizophrenia, eating disorders, and alcohol and drug abuse.

Frank B. McArdle, a health policy expert at Hewitt Associates, a benefits



Sen. Pete V. Domenici, R-N.M.

consulting firm, said the law would force sweeping changes in the workplace.

“A large majority of health plans currently have limits on hospital inpatient days and outpatient visits for mental health treatments, but not for other treatments,” McArdle said. “They will have to change their plan design.”

Federal officials said the law would improve coverage for 113 million people, including 82 million on employer-sponsored plans that are not subject to state regulation. The effective date, for most health plans, will be January 1, 2010.

The Congressional Budget Office estimates that the new requirement will increase premiums by an average of about two-tenths of 1 percent. Businesses with 50 or fewer employees are exempt.

Dr. Steven E. Hyman, a former director of the National Institute of Mental Health, said it was impossible to justify insurance discrimination when an overwhelming body of scientific evidence showed that “mental illnesses represent real diseases of the brain.”

Bipartisan Effort

The fight for mental health parity was led by Senator Pete V. Domenici, R-N.M., who has a daughter with schizophrenia, and Senator Paul Wellstone, the Minnesota Democrat killed in a plane crash in 2002. Wellstone had a brother with severe mental illness.

The Senate passed a mental health parity bill in September 2007. The House passed a different version in March 2008. A breakthrough occurred when sponsors of the House bill agreed to drop a provision that required insurers to cover treatment for any condition listed in the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

Employers objected to such a requirement, saying it would have severely limited their discretion over what benefits to provide. Among the conditions in the manual, critics noted, are caffeine intoxication and sleep disorders resulting from jet lag.

A managed care company can refuse to pay for care, on the grounds that it is not medically or “clinically appropriate.” But under the law, insurers must disclose their criteria for determining medical necessity, as well as the reason for denying any particular claim for mental health services.

Suicide

Suicide by:	Males (%)	Females (%)
Firearms	57	32
Suffocation	23	20
Poisoning	13	38

Suicide Among Young People

Children ages 10 to 14 - 1.3 per 100,000

Adolescents ages 15 to 19 - 8.2 per 100,000

Young adults ages 20 to 24 - 12.5 per 100,000

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Houston Police Academy
17000 Aldine Westfield Rd.
Houston, TX 77073