

## **Are Cops Really the Solution for Care? Rethinking Campus Response to Students' Mental Health Crises with Mobile Crisis Intervention Teams and Trained Clinicians.**

By Joe Reyes

*Author's Note: This op-ed details police violence, suicidality, and mental health distress. If you are an IU student experiencing a mental health crisis, please contact IU CAPS Crisis Line by calling (812) 855-5711, selecting option 1 if calling outside of office hours. Anyone experiencing a mental health crisis can utilize the SAMHSA hotline by calling 1-800-662-HELP (4357).*

In January 2023, Cambridge police shot and killed Sayed Faisal, a 20-year-old UMass student, who was expressing mental health distress and engaging in self-harm behaviors both before and during his encounter with police. In April 2022, San Diego police shot and killed Yan Li, a 47-year-old Yale student, whose life could have been saved with a mental health professional on the scene. Sayed's and Yan's stories represent some of the awful outcomes when institutions of higher education (IHEs) are not prepared to support college students and their mental health. College students in the U.S. continue to experience worsening mental health outcomes, with a 135% increase in positive screenings for depression and a 110% increase in positive screenings for anxiety between 2011 and 2021. At the same time, counseling services at IHEs remain largely understaffed. The result? Students are not receiving the mental healthcare they need to be safe, successful, and healthy in college.

At the same time, campus police are often the first point of contact for students experiencing mental health crises, and police increasingly take on this role during the growing mental health crisis at IHEs. Some proponents of campus police highlight the efforts to better train police to respond to students who are experiencing mental health distress. Campus police who receive training (e.g. Crisis Intervention Team training) self-report having greater effectiveness in responding to students in distress. However, the reality is that an armed police presence tends to escalate students' mental health crises, especially for students of color. Black male students report experiencing psychological stress when experiencing campus police. For example, an RA at Stanford University called the police on Harry Fowler, a Black male student who was experiencing suicidal ideation. When Fowler was handcuffed by police to be transported to the hospital, he reported "trauma on top of the stress and anxiety." Stories such as Harry's highlight students' deep distrust with campus police, which can deter them away from seeking emergent care for mental health. Why would students call campus police when they know they would encounter armed officers who may treat them as a threat, instead of as a student in need?

Still, counter-claims to eliminating police from responding to mental health crises point out that campus police are a cost-effective option to keep campuses safe, retain students, and maintain positive enrollment trends. However, IHEs should consider the emerging reasons why students choose (or not) to enroll in an institution. In 2022, Jason Moran, Vice President of Enrollment at Juniata College, stated that one of the two main reasons for students changing their mind about their enrollment was concern for their mental health. If IHEs are facing more concerns from students regarding their ability to provide mental health services, then IHEs should consider reinvesting finances from campus police, as first responders to mental health crisis, and into other, more effective options.

What is the path forward for IHEs, amidst tightening budgets and growing mental health concerns, to create responses for students' mental health crises that also do not further harm their mental health? The first solution is one that some IHEs have already started drafting and implementing: mobile crisis intervention teams (MCITs). The role of MCITs is to evaluate the situation for safety, provide immediate mental health first aid if needed, and connect individuals to care. Isabelle Lanser, a postdoctoral fellow at the UCLA Anxiety and Depression Research Center, and her colleagues say MCITs are a promising practice because they "achieve higher rates of management of psychiatric emergency situations without hospitalization (55% of cases handled without hospitalization vs. 28% handled by police) [and] lower average cost per case (23% less)." Cal State Long Beach (CSULB), with a \$400,000 grant from the U.S. Substance Abuse and Mental Health Services Administration, recently established a MCIT in the summer of 2022. Beth Lesen, Vice President of Student Affairs at CSULB, stated that "this should help students feel more comfortable in making a call." MCITs thus are a cost-effective, student-centered method of responding to mental health crises.

Another solution is integrating trained clinicians into campus police structures, or a co-responder model. This entails a mental health professional responding to mental health crises with a campus police officer. These models can range in policies, as some entail the mental health professional being the first point of contact, whereas others still have police responding to armed suicidal students – which, again, could further escalate this situation. I thus specifically advocate for co-responder models that have mental health professionals be the first point of contact, instead of an armed officer. Indiana University already has a co-responder model in place by having a social worker housed within their police department. This social worker not only responds to crises but also actively follows up with students, thus ensuring students are surrounded with care and resources. Trained clinicians responding to emergencies thus create helping relationships with students to ensure they receive mental health support.

As IHEs continue to witness worsening mental health outcomes across the nation, IHEs must reckon with their current practices of having campus police respond to mental health crises. Our students cannot be further traumatized and harmed on top of already existing, intense mental health concerns. Further, our students deserve effective, immediate mental health care for crises. As such, IHEs must consider introducing MCITs and trained mental health clinicians into its practices for mental health crisis response. For Sayed, for Yan, and for the many other students in distress who were negatively impacted by campus police, IHEs must do better.