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What We Still Get Wrong About Mental Illness and Violence

And why the truth matters now more than ever —for fair policing, and for us all

Photo from Roth and Roth LLP, via NY Daily News

Last March, a 41-year-old man named Daniel Prude traveled from his home in Chicago to visit his brother in Rochester. One night, he darted out of his brother's place, wearing no shoes and no shirt. Someone called 911, saying they saw a man running in the street and shouting that he had the coronavirus.

When the police came, they saw what seemed by all accounts to be a delirious man, sitting in the middle of the street. They had no problem handcuffing him. But when he bristled at being confined, spitting and trying to stand up, the police training seemed to kick in. They draped a mesh hood over his head and pinned him on the ground, face down; then they pushed his head to the pavement.

Then they kept pushing. For two minutes.

Then he stopped breathing.

Medics resuscitated Daniel Prude, but he died at the hospital a week later. And last month, a grand jury failed to indict the police who killed him. And here, from the *Daily News*, comes the punch line — one that by now we all ought to be pretty used to:

"His family says he suffered from mental health issues."

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I know I promised you some hope in my last post. But there's a major issue hanging over every discussion of mental illness — and was of particular concern to me when I was reporting and writing *Hidden Valley Road*, my book about one family with six cases of schizophrenia. That subject is violence.

This week, I called Xavier Amador, a psychologist who is perhaps the most prominent authority on "anosognosia," or the inability to understand that you are mentally ill. Amador's TEDx talk about anosognosia — featuring the story of how he found a way to connect with his own brother, who suffered from schizophrenia and never believed he was ill — has helped thousands understand the challenges anyone can face in getting a severely mentally ill person to accept help. His LEAP Institute offers a handy method for engaging with delusional people in a non-confrontational way (and since *Hidden Valley Road* was published, Lindsay Galvin Rauch, the youngest of the twelve Galvin siblings, has joined LEAP's board of directors).

It shouldn't have surprised me to learn that Amador has been offering advice to police departments for years. When I told him why I was calling, he laughed and said he'd been straightening up his place just a moment earlier and found a LEAP brochure for crisis intervention that he'd used more ten years ago. There it all was on old-fashioned paper, from the days before PDF's took over: "A set of tools you can use to diffuse anger and fear; lower defenses; get past stubbornness and even denial or anosognosia; make your opponent ask for your opinion, instead of argue against it; turn adversaries into allies; help someone accept treatment and services."

All this time later, and nothing has changed. So many of the people who need de-escalation training like this aren't getting it, including the police, and so many people like Daniel Prude are paying the price. The bottom line is the same, too. "A little bit more than half of people with schizophrenia and bipolar disorder have no idea that they're ill," Amador told me. "They're not calling a doctor or asking their parents or their family to drive them to an emergency room or driving themselves to an emergency room. They end up encountering police."

We've heard a lot lately about crisis intervention, and how police aren't trained for it, or how if they are trained for it, they aren't trained well. I asked Amador: When it comes to anosognosia and the police, why do things so often go so wrong?

"They're approaching a mentally ill person and not somebody who is engaged in so-called criminal behavior that needs to be controlled," Amador told me. "The police in the academy learn command and control: You command a subject to show their hands and to behave in other ways, and you control them. When you're dealing with somebody with a serious mental illness, command and control doesn't work. It often exacerbates symptoms, especially if the person's hearing voices or paranoid or has delusions." The better way, he said, is counter-intuitive to what most police are trained for: "It's holding your hands out, listening to the person, saying, 'Tell me what's going on. Talk to me. Let me see if I can help.' Show that you're not going to be aggressive. Don't stand there with handcuffs in your hands. Don't stand there with a taser or a baton."

Amador has a lot of sympathy for a police officer who has been trained to do the exact opposite of what could be most useful and effective. He also knows that the police have nothing to do with the decades of bad policy that have thrown so many troubled people straight into their orbit.

"In the nineties, we went from about a half a million people in our state hospitals to about 25,000 people in our state hospitals," Amador told me. "And then our prison population of people with serious mental illness went up to the same degree." That means since the nineties, the police have been encountering more seriously mentally ill people than they ever had before. "The culture is slowly catching up to the new landscape," he said. "And the new landscape is you're not dealing with just people who are breaking the law. You're dealing with people with broken brains."

Which brings us back to Daniel Prude. Just hours before his fatal brush with the police, he had been released by a Rochester Hospital after what clearly seems like a psychotic episode. "He jumped 21 stairs down to my basement, headfirst," his brother told NPR. Prude was never diagnosed with schizophrenia — his problems seemed to stem from trauma and substance abuse and depression — and yet when police saw him that night, their training dealt with him as a threat.

I asked Amador about a broader issue: a perception-versus-reality issue I dealt with from the start in *Hidden Valley Road*. We know that mentally ill people are ten times more likely to be the victims of violent crime than they are of being the perpetrators; we know that the mentally ill are responsible for no more than one out of every twenty violent crimes on the books. And yet when most of us think of the mentally ill, we see a whole monster movie playing out in our heads. Amador gets this: He knows the media is more likely to run with the story of a violent mentally ill person than the story of a mentally ill person who has a recovery. And yet the numbers just don't bear this out. Look at it this way: About 12 million Americans are living with schizophrenia, bipolar disorder and major depression. If they all were dangerous, we'd be living in a complete *Mad Max*-like dystopia.

This perception problem is part of why police officers like the ones in Rochester might have been inclined to press Daniel Prude's face on the pavement for two minutes: They believed the monster movie. The monster movie infects every aspect of Amador's work. Even when he is brought in as an expert witness to get a mentally ill inmate off of death row, he needs to remember to argue not just that the inmate is mentally ill, but that their mental illness does not mean they're dangerous. Even though the facts are on his side, it's an uphill climb.

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How did we get into this cycle? And what might get us out of it? Next time, I'll be focusing on a new treatment trend that would have been extremely helpful to the Galvin family — and is giving families today a great deal of hope.