



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

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Testimony

of

**Trish Marsik**

**Assistant Commissioner for Mental Health Services  
New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and  
Disability Services, and Committee on Public Safety**

on

**Examining the Roles of the NYPD and the Department of Health and Mental  
Hygiene in Responding to Calls to the Police Involving Emotionally Disturbed  
Persons**

February 28, 2008

Council Chambers, City Hall  
New York City

Good morning Chairman Koppell, Chairman Vallone and members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services and the Committee on Public Safety. I am Trish Marsik, Assistant Commissioner for Mental Health Services at the New York City Department of Health and Mental Hygiene.

To begin, it is important to note that the term “Emotionally Disturbed Person” is not a clinical diagnosis nor is it synonymous with, or even indicative of, a mental disorder. Emotionally disturbed persons don’t necessarily have a mental illness. In fact, the vast majority of people with mental illness, and even acute mental illness, are not violent and do not represent a threat to the public safety.

While responding to emergency calls involving emotionally disturbed persons is not within the Department’s purview, we do fund and monitor a broad range of programs to serve individuals with mental illness. As Dr. David Rosin described during a hearing on this topic on November 7, 2007, the Department contracts with hundreds of organizations to provide long term community based and recovery oriented mental health services. We provide people with mental illness with access to case management, psychiatric medication, counseling and therapy, substance abuse services, and peer support. Our services promote community integration, stability, and recovery with the goal of helping individuals manage their mental illness and live independently.

The Department takes a proactive approach, through our Assisted Outpatient Treatment (AOT) program, to helping individuals whose prior histories of non-compliance with treatment for mental illness resulted in either repeated hospitalizations or violent behavior. The Department also contracts with 23 Mobile Crisis Teams (MCT),

each consisting of a variety of mental health professionals, which may include nurses, social workers, psychiatrists and/or psychologists. Teams operate under the auspices of voluntary organizations and hospitals and respond to persons in the community, usually visiting them at home. I would like to stress that neither the AOT program nor the MCTs are charged with responding to calls involving emotionally disturbed persons. These programs provide mental health services; the police ensure public safety.

In closing, I would like to reiterate that not all people with mental illness are dangerous, and any increased stigmatization of mental illness or association with violence has the potential to discourage people from seeking services that could have a profoundly positive impact on their lives. Thank you for the opportunity to testify on this issue; we are happy to answer any questions at this time.

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