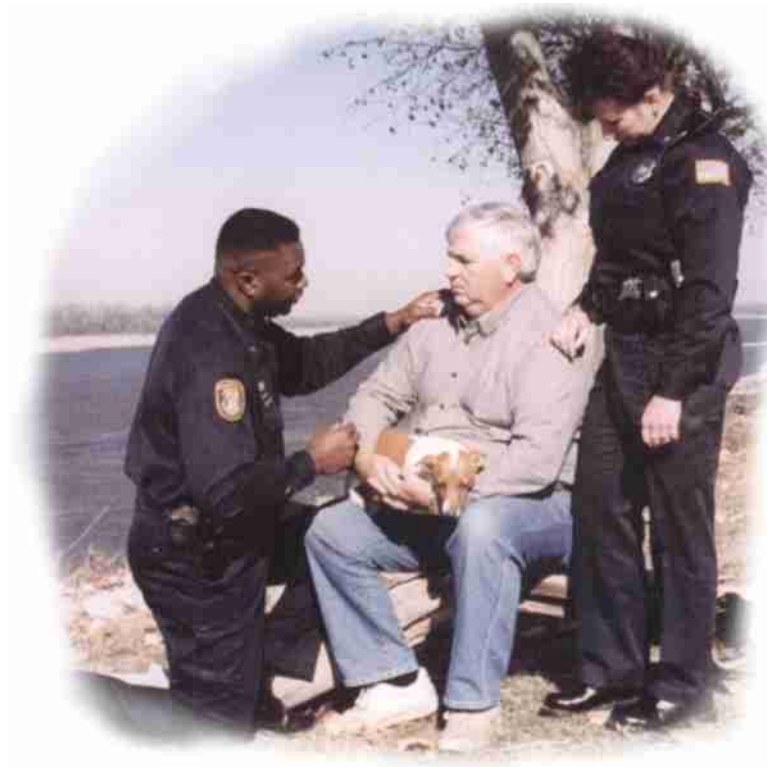


LAW ENFORCEMENT and the MENTALLY ILL



regional organized crime information center

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Law Enforcement and the Mentally Ill

By ROCIC Publications Technician Robert Rosenblatt

Seth Parrish, who suffered from paranoid schizophrenia, died after an encounter with police officers on September 17, 1998.

Parrish entered a Russellville, AR, gas station and pointed a shotgun at the clerks. He said he wanted an airplane ticket to leave Russellville. The clerks called 911 after he left.

The officers who responded to the call found Parrish underneath his car, which was parked beside the building. The officers identified themselves and ordered Parrish to surrender his weapon, but Parrish fired at one of the officers and his police dog. After Parrish fired a second time, the officers returned fire, striking Parrish three times and killing him.

Parrish's father attributed his son's actions to his desire to die without committing suicide, which he said his son considered to be a sin.

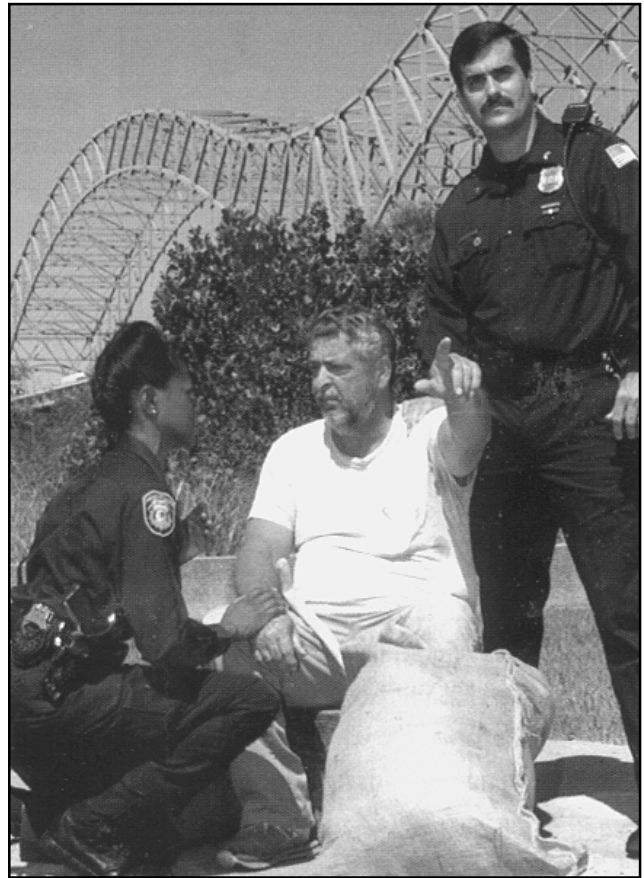
On Oct. 20, 1996, St. Louis, MO police were informed that George Deex, 30, a man with a history of psychiatric hospitalization, was threatening his neighbors and hitting himself with a hammer. When an officer arrived, Deex ran inside his house. Police tried to force their way in through a window. When Deex ran into the room and raised his hammer, he was shot and killed.

Seminole Co., FL Sheriff's Deputy Eugene Gregory was killed by Alan Singletary, a man suffering from paranoid schizophrenia, during a landlord-tenant dispute that evolved into a 13-hour standoff with Seminole Co. sheriff's deputies and SWAT team members. Singletary wounded two other law enforcement officers before being killed during the ensuing gun battle. His family had tried unsuccessfully for years to get him help for his illness.

After Deputy Gregory's death, his widow joined

Sheriff Don Eslinger and Alice Petree, Singletary's sister, in creating a task force to study treatment for mentally ill people who break the law.

Police officers are responding more and more to calls that involve mentally ill individuals. Most states have a legal provision that permits police officers to take these individuals into custody for the purposes of evaluation and treatment.



Two Memphis, TN police officers specially trained to deal with the mentally ill assist a homeless man in the city.

Schizophrenia

Symptoms include altered senses; processing of sights, sounds and feelings are distorted; hallucinations, delusions and confused thinking; altered or blunted emotions. Patient withdraws into a solitary life and shows a marked apathy and irresponsibility and tends to be preoccupied with his own thoughts and fantasies. May demonstrate a lack of emotional responsiveness to other people.

Source: IACP Training Key

(Note: In this report, mentally ill individuals are referred to as “consumers,” a term used by the mentally ill themselves, their families, the mental health profession, and law enforcement officers who are trained to handle them.)

MAKING THINGS EASIER

Since the 1960s, state psychiatric hospitals have been closing down at a rapid rate.

“While the population of state psychiatric hospitals declined from 560,000 in 1955 to less than 60,000 today, there has been a significant increase in the number of individuals with mental illness who are incarcerated,” said Mary Zdanowicz, executive director of the Treatment Advocacy Center.

Consumers are being incarcerated because it is the “easiest” thing for officers to do. In jurisdictions without mental health facilities, officers may wait with a consumer for hours before the consumer is put in a professional’s care and the officer can get back on the street. This doesn’t benefit the consumer, who may be given medication before being tossed back on the street, or the officer. If it happens again, instead of wasting his time sitting around with an individual who would probably end up in his custody again, the officer will probably let the criminal justice, jail, and/or prison system handle him.

The Treatment Advocacy Center, established by the National Alliance for the Mentally Ill (NAMI), tries to eliminate barriers to treatment for consumers. One goal is to get mental health officials involved rather than the criminal justice system.

Some states have already felt the sting of a poor

mental health system.

In the wake of a death caused by a schizophrenic man, New York has changed its laws dealing with mentally ill offenders. Courts are now allowed “to order certain individuals with brain disorders to comply with treatment while living in the community” thanks to Kendra’s Law, which took effect on Nov. 8, 1999. This court-ordered treatment is called assisted outpatient treatment.

A Minnesota legislator witnessed first-hand the inadequacies of her state’s programs and fought for legislation to improve civil commitment laws. A new law was passed this year that “will help provide access to treatment by allowing for earlier intercession with removal of the requirement that danger be ‘imminent’ for emergency response and by improving the standard for treatment so that a person’s

deteriorating psychiatric condition may be considered in the standard for care.

“In addition to early and humane intervention, this legislation promotes more effective treatment by allowing for lengthened hospital stays to stabilize a person’s condition as well as timely intervention with medication.”

In 1999, the West Virginia Supreme Court of Appeals formed a Mental Hygiene Reform Commission. As a result of legislation that went into effect in

“You can’t expect an officer to be a psychiatrist, and, unfortunately, their learned responses may escalate an already tenuous situation.”

Ron Honberg
Legal Director

National Association of Mental Illness

Paranoid Schizophrenia

Characterized by feelings of persecution and belief in imaginary enemies and plots. Fantasies of persecution take bizarre forms and the patient is often highly suspicious and defensive. May become a chronic complainer about the morals and character of his neighbors, or he may accuse members of his family of trying to kill him. He may also be convinced that his enemies have listening devices hidden in his home. May become aggressive and violent. In more serious cases, patient is deluded into believing he is immortal or a biblical being and may assume the identity of a famous person. Can hear voices announcing his fame, directing him to eliminate enemies or to reorganize society. The paranoid-schizophrenic is a powder keg of lethal emotion. A harsh word or threatening gesture by a uniformed police officer may trigger a violent reaction.

July 2001, West Virginia can now improve their mental health system. Some improvements include:

- Mandatory three-day training for all mental hygiene commissioners
- Cooperative and flexible jurisdiction for local police, sheriffs, prosecutors, and mental hygiene commissioners
- Court-approved treatment agreements as a less-restrictive alternative to involuntary hospitalization, thereby reducing revolving-door hospitalizations and improving treatment compliance.

Florida may be the next state in line for change.

The Florida Sheriffs Association realizes that officers are being put into dangerous situations. They also realize that there are five times as many people in jails and prisons than there are in state psychiatric hospitals. In response, they are trying to reform the Florida Mental Health Act, or Baker Act, to include a need-for-treatment standard and to make assisted outpatient treatment a high legislative priority. Reasons cited for making this a priority are the consequences of non-treatment — incarceration,

suicide, homelessness, worsening symptoms, victimization and violence.

After the laws change, TAC's Zdanowicz said they want to encourage law enforcement officials to share the responsibility with the mental health community. She says the officers need to know what the law says and to know when to tell the mental health officer that they have to take the consumer.

Ron Honberg, legal director for NAMI, agrees with Zdanowicz that the mental health community needs to be more involved.

"The mental health system (when called by a consumer's family) will ask the family if the consumer is dangerous. If they are, the family is told to call the police," said Honberg.

In most cases, unfortunately, the police are not properly equipped to handle the situation.

Honberg added, "You can't expect an officer to be a psychiatrist, and, unfortunately, their learned responses may escalate an already tenuous situation."

That's why he feels officers need to be trained to recognize that the offender is mentally ill and not a normal criminal.

"It's a tough job," Honberg explained. "There are rules, and they have to have trust and faith that hospitals will get (consumers) the treatment they need."

TWO DIFFERENT PROGRAMS WITH SIMILAR GOALS

Memphis, TN Police Department's Crisis Intervention Team

One group that provides training is the Memphis, TN Police Department's Crisis Intervention Team. Major Sam Cochran coordinates the team. He said that the team was created in response to a tragedy.

"In 1987, officers shot a mentally ill individual who had a knife and was harming himself," said

Rules for handling consumers:

- Learn and use consumer's name
- Be polite when making statements or requests
- Use a nonthreatening stance and keep a leg's length between you
- Keep your hands in sight and your palms up
- Keep the tone of your voice low and calm
- Avoid making promises you can't keep
- Don't agree or disagree with delusions
- Be patient
- Don't make threats or argue
- Avoid continuous eye contact

From Spring 2000 SAMHSA News and Lt. Spangler

Manic-Depressive

Also called bi-polar disorder, this is a period of depression followed by a period of mania. Symptoms of mania include a persistent euphoria or irritable state, appetite disturbance, decreased need for sleep, increased activity, increased sexuality, pressured speech, racing thoughts, and loss of self-control and judgment. Symptoms of depression include loss of energy, loss of interest or pleasure in usual activities, feeling of worthlessness, and decreased sex drive.

Non-lethal weapons

Sometimes, when talk simply won't work, force is necessary. Here are ways to subdue a consumer with non-lethal force:

- Taser gun -- shoots two darts that provide high-voltage but low-amp shock
- Pepper spray or foam
- Impact Delivery System -- imposing 10.6 lb. rifle that fires 37mm rubber batons at 140 mph
- PepperBall -- paintball-sized spheres filled with pepper spray fired from a launcher
- A3P3 Supergun -- uses a combination of electric shocks, pepper spray and video surveillance technology to incapacitate a target

Major Cochran.

"There was a public outcry, and the mayor took steps to appoint a task force to look at safety for the officers and mentally ill individuals and their family members."

The CIT's mission "is to set a standard of excellence for our officers with respect to treatment of individuals with mental illness. This is done by establishing individual responsibility for each event and overall accountability for the results. Officers will be provided with the best quality training available, they will be part of a specialized team that can respond to a crisis at any time, and they

multi-disciplined training program. Graphic videos of the consequences of the failure to properly use force are shown. Consumers are even involved, and intensive role-playing is also included. Officers learn that consumers aren't criminals, they have a disease.

The CIT maintains continuous coverage. When a call comes through that involves a consumer or a subject who might be mentally ill, the CIT officer who is nearest to the call is dispatched. This officer is in charge because he has the specialized training.

However, "they remain a part of the general patrol division without the risk of isolation from the community posed by more specialized police programs such as organized crime units, narcotics, and anti-gang units," states a paper co-authored by Major Cochran.

Since CIT started, the number of trained officers has risen from 32 to almost 200, and the team has benefited the city of Memphis and the mental health community. It provides specially trained officers to respond immediately to crisis calls; it provides continuous training of officers at no expense to the city (since the training is provided by mental health professionals); and it has established partnerships among police, NAMI, mental health providers and consumers.

This isn't a program limited strictly to Memphis or even Tennessee. The plan has been modeled by surrounding agencies and replicated in cities such as Portland, OR; Albuquerque, NM; Seattle, WA; Houston, TX; San Jose, CA; Salt Lake City, UT; and Akron, OH.

Florence, AL Police Department's Mental Health Officer

Lt. Melissa Spangler, who is the mental health officer for the Florence, AL Police Department, pursues the same goals as the Memphis CIT, but on a smaller scale.

will work with the community to resolve each situation in a manner that shows concern for the citizen's well being."

Volunteer officers make up the CIT, but the program doesn't just take any officer who wants to join. Most team members already have five or more years of service and are interested and have the skills for working with consumers.

These officers are then put through a 40-hour,

Paranoia

Consumer appears normal in conversation, emotions, and general behavior. The disturbance is recognizable in delusions that usually center on a persecution complex. He is convinced of the validity of his delusions and cannot tolerate criticism of his ideas. Questioning results in evasiveness, defensiveness, irritability, and hostility. He is potentially dangerous and is the murderer of innocent victims who, in his mind, should be killed for the good of society. He sees himself as an avenger, a person dedicated to ridding the world of persons he believes are evil or enemies. Another characteristic is an unwarranted suspicious reaction to others. The consumer spends considerable time reading derogatory motives into the actions and statements of people he meets.

In 1996, a hostage situation occurred involving a consumer. Although trained as a hostage negotiator at the time, Lt. Spangler realized they needed someone trained for cases involving the mentally ill.

A 1995 Alabama law establishing a community mental health program was used to designate a mental health officer who could place individuals into a mental health institution without the usual petition being required.

But Lt. Spangler was a hostage negotiator, not a mental health officer, so she had to undergo training.

"No other police department in the state did this," said Lt. Spangler, "so I went through every program the mental health system offered like geriatric, substance abuse, etc."

Lt. Spangler also went through CIT training in Memphis and visited numerous state hospitals.

On continuous call, Lt. Spangler is dispatched to the scene when a subject is thought to be mentally ill. When she arrives, she has to answer four questions:

- Is the person mentally ill?
- Is the person dangerous to himself and/or others?
- Can the person make a reasonable decision about treatment?
- Are they undergoing any treatment at the moment?

Lt. Spangler then takes the consumer to the hospital to be cleared and admitted for evaluation. If it is found that the subject is suffering from an illness, a petition is filed so the consumer can stay in the facility until they can go to court seven days later. The petition is filed by a family member or, if none is available, by Lt. Spangler.

Lt. Spangler is also trying to get people released from jail for treatment. She works with the court system with nonviolent consumers, and she has

psychiatric nurses visit them if they're in custody for violent offenses.

She is also trying to establish a mental health court. There are only four in the United States right now (King Co., WA; San Bernadino, CA; Anchorage, AK; and Broward Co., FL), with one pending in Birmingham, AL. These courts require treatment for the consumer in exchange for a dismissal or a lesser charge.

Safety is a big factor for officers dealing with the mentally ill.

"Mentally ill people are different from normal people," said Lt. Spangler.

"They have to be handled differently. You don't want to start yelling and directing because they may already be hearing voices or seeing things. They might get more aggressive."

Other rules for officers to follow include being calm, not agreeing or disagreeing with the subject's delusions, being patient, not making threats, and avoiding continuous eye contact.

"Also," she said, "don't lie, or each situation with the individual will become more difficult. Take as much time as you need. There's no reason to make it worse by hurrying."

Lt. Spangler said the community and the force have no problem with what she's trying to accomplish.

"The officers think it's great to have one of their own on call. The only opposition I'm getting is from the people I'm trying to help. Even the attorneys who take criminal cases are happy."

Recently, Lt. Spangler learned the program has been nominated for a national community-policing award to be presented at the International Association of Chiefs of Police Conference in October.

"The officers think it's great to have one of their own on call."

Lt. Melissa Spangler
Mental Health Officer
Florence, AL Police Department

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WHAT'S NEXT?

Lt. Spangler believes all officers should get more training in dealing with the mentally ill.

“At least more (training) than they get at the academy,” she said. “Officers, jail and school personnel — more people should be trained.”

States where laws have been enacted or amended to provide more support for officers and consumers have seen improvements in community relationships and a decrease in serious injuries.

Ron Honberg with NAMI can see these changes. He also agrees with Lt. Spangler and thinks it is important for officers to be trained for these situations, and creates a good partnership between law enforcement and the consumers and their family members.

“(Training) provides you with a liaison between the police and healthcare officials,” he said. “I would like to see training in the academy, and I’d like as many communities as possible to develop these programs.”

List of groups and individuals who can answer questions about mental illnesses, how your agency might deal with them, and state laws concerning the mentally ill.

Memphis, TN Police Department's Crisis Intervention Team

C.I.T. Coordinator - Major Sam Cochran

201 Poplar

Memphis, TN 38103

(901) 545-5735

E-Mail: scochran@memphispolice.org

<http://www.memphispolice.org/communit.htm>

Florence, AL Police Department's Mental Health Officer

Lt. Melissa Spangler

701 South Court

Florence, AL 35630

(256) 760-6500

National Association for the Mentally Ill

Colonial Place Three

2107 Wilson Blvd., Suite 300

Arlington, VA 22201

Phone: (703) 524-7600

NAMI HelpLine: 1-800-950-NAMI [6264]

www.nami.org

Treatment Advocacy Center

3300 N. Fairfax Drive, Suite 220

Arlington, VA 22201

(703) 294 6001

E-Mail: Info@psychlaws.org

www.psychlaws.org

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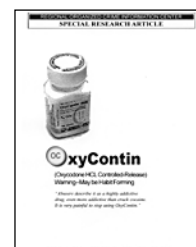
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Cover and other photos: Courtesy of Memphis, TN Police Department

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