

DUTIFUL MINDS—DEALING WITH MENTAL ILLNESS*

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This is the ninth article in a series about effectively dealing with mentally ill offenders in the criminal justice system. Justice Evelyn Lundberg Stratton, Supreme Court of Ohio, has had a longtime interest in developing solutions to this problem and has formed the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts for that purpose. This article highlights one committee member's experiences in dealing with the mentally ill from his perspective as a law enforcement officer.

How much training have your police officers had in dealing with persons that have mental illness? I suspect that if your agency is like most, the answer is, "Not much"! Yet, did you know that depending on which article you believe, anywhere from 7 to 15% of the calls to which a police officer responds in this country involve someone with a mental illness?

I recently retired after 25 years with the Akron Police Department in Akron, Ohio, a department of about 600 persons including the reserves. After having served in various capacities, I retired as the director of training. This article chronicles my journey to the dutiful mind.

I. WHAT IS DELIBERATE INDIFFERENCE?

Akron is only 15 miles north of Canton, Ohio, where the term "deliberate indifference" was first used. Without getting into the details of the civil case, the U.S. Supreme Court concluded that inadequacy of police training may serve as a basis for municipal liability where failure to train

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** Lieutenant Michael S. Woody, retired, was the Director of Training for the Akron Police Department. The Akron Police Department received \$1.3 million from the federal government to start up this program. Of the 18,500 police departments across the country that have grants, Akron was picked as one of 500 that are being showcased as "Best Use of Funds." Lt. Woody received the national "The Major Sam Cochran Award for Compassion in Law Enforcement" in 2002 and "The Heart of Gold Award" in 2001 from the Mental Health Board of Summit County. He is currently affiliated with the Northeast Ohio Universities College of Medicine in Rootstown, Ohio, and may be reached at michael.s.woody@earthlink.net

amounts to deliberate indifference for the rights of persons with whom the police come into contact. Accordingly, the Court said that the City of Canton was negligent in failing to train their police officers in first aid on a regular basis because the probability of needing to use first aid in police work was so high.

II. DELIBERATE INDIFFERENCE WITH REGARD TO THE MENTALLY ILL

As the person responsible for monitoring training issues for my department, a little over three years ago I realized through reading articles and talking to people in the mental health profession that roughly 10% of our customers were not only mentally ill but also in crisis. It was my opinion that our department lacked sufficient training in this area. At the same time, the State of Ohio Police Officer Training Council reduced the requirements to teach recruits how to deal with persons in mental crisis to 2 hours of training regarding handling the mentally ill and the mentally retarded. Providing equal time for both subjects, recruits receive one hour of training to equip them to deal with about 10% of the problems they will encounter on the streets.

With the help of our Alcohol, Drug & Mental Health Board (ADM), I immersed myself in this subject with the idea of providing officers the absolute best comprehensive training in handling these potentially dangerous calls. The ADM Board asked me if I had heard of “The Memphis Model.” I had not. Can you imagine? I was the director of training of a fairly large, progressive police department and I knew nothing about the wonderful things that then-Lieutenant Sam Cochran had done to ensure that the Memphis Police Department would never be found liable for deliberate indifference.

III. THE PROPHET

A news article once called Sam Cochran “a Prophet.” I consider myself one of his disciples and a friend. The Memphis Model received White House recognition and, therefore, was in demand by police agencies across the country. The Summit County ADM Board allowed me the privilege of enrolling in the one-week Crisis Intervention Team (CIT) training in Memphis.

The Memphis Crisis Intervention Team program provides intensive training in mental health to volunteer officers. The program not only teaches the officers about mental illness and the local service system, but also emphasizes learning new skills to de-escalate individuals in a mental illness crises. Once trained, as part of their ongoing patrol duties, CIT officers are called upon to respond to all calls thought to involve persons with mental illness.

This course provided me with a solid base with which to build our own CIT training in Akron. I brought back the Memphis, Tennessee CIT training manual and shared it with key people on our ADM Board.

Together we formed a partnership, to include the local and state National Alliance for the Mentally Ill (NAMI).

In Memphis, Major Cochran's counterpart from mental health is Dr. Randy Dupont. I knew I needed such an expert here. There was one waiting for me when I got home, Dr. Mark Munetz, chief clinical officer of the Summit County ADM Board. He was just as excited as I was to provide this type of training in Akron.

IV. BUILDING A CIT IN AKRON: LEARNING A NEW LANGUAGE

It was obvious from the start that the criminal justice and mental health system knew very little about each other's profession. It is critical that we learn each others language, so in putting together our CIT training, we decided to strongly encourage mental health professionals taking part in the CIT training to do ride-a-longs with the police. I found that just eight hours of walking in a street officer's shoes gave mental health professionals a better understanding of what we do. Similarly, in the CIT training the officers get a chance to walk in the shoes of mental health treatment professionals through ride-a-longs with caseworkers and visits to the many different mental health facilities and social clubs for persons with this devastating illness. This requirement changed officers' attitudes as did hearing from the loved ones of persons with mental illness and those with the illness.

It has taken time to fully understand and accept where we are coming from, but now we work in harmony.

V. NAMI

NAMI is fairly well known throughout the United States but is often a foreign term to police officers. When I try to explain it to the men and women in blue, I refer to NAMI as Mother's Against Drunk Drivers (MADD), only for persons with family members who have a mental illness. The stories I have heard from NAMI members are heartbreakers. Each member has a loved one, usually a child, who has oftentimes suddenly developed this horrible illness for which there is no cure. Only with the correct medication is there a chance to keep it under control.

They cry out for help—sometimes to the police when there is a crisis, but up to now they have been somewhat afraid to pick up that phone. Why? Because they are not sure that they are going to get an officer who truly knows how to interact with someone in mental crisis.

On a personal note, when speaking to NAMI groups, as I did recently at the Pennsylvania National Alliance for the Mentally Ill Annual Conference, I challenge them to be more like MADD. The police paid little attention to MADD until they got tough and started showing up in courtrooms and at police stations to get their message heard. Those mothers absolutely would not take no for an answer. Look where it got them. Every police officer knows who they are and what they represent.

They would call me at least once a year to see what we were doing to provide training on catching drunk drivers and offer to help in that regard. They hold us accountable. We need to be held accountable; after all, we work for the public!

VI. COMMUNICATION IS THE KEY

In determining who in my department should go through CIT training, I had to ask myself what values are essential to becoming an effective CIT officer. The single most important skill is the ability to communicate.

There are those unfortunate officers who have not been given the training to communicate with the public in any situation—and who would love to have it. There are also officers to whom it just comes natural to communicate easily with individuals. But, there are officers out there who not only do not know how to talk to people, but do not want to learn how. Why? Some officers believe that hard-nosed, command-type vernacular is correct in all situations. After all, FBI studies have shown that an officer who lets his or her guard down and appears “weak” is more likely to get injured or killed.

But, do you know that this course of action can easily backfire when trying to deal with someone in mental crisis? A mentally ill person needs the calm, caring voice of someone who understands the illness, the medications, the “voices,” the support groups available, etc. The uniform can be very frightening to persons in mental crisis. Add to that scenario an officer commanding a person hearing voices to “stop and desist” and the outcome can turn out less than that desired by everyone present.

I am in no way telling officers to let down their guard. Recent studies show that over 1,000 homicides per year in our country are committed by persons with a mental illness. Officer safety comes first. It should always be on one’s mind when dealing with this very unpredictable type of person. But, it may be a wise officer who can camouflage his “combat ready” status in such situations.

VII. SELECTING CIT OFFICERS

In selecting CIT officers, I used a rather unconventional technique. I posted a brief description of the training and duties of a CIT officer and I required interested street officers to write to me stating why they should be selected and summarizing their qualifications. They were then scheduled for an interview. I was worried when I took this approach that I might not get enough officers to interview. After all, mental illness calls are often the most challenging. What I got were officers that, in my opinion, were the crème of the crop.

VIII. WHAT HAPPENED AFTER CIT?

NAMI parents no longer had to worry about getting “Officer Unfriendly” at their door. Instead they got an officer who knew how to

handle this situation and had probably been at the house before and built up a relationship with the person in crisis. As Major Cochran has said many times, "special people deserve special officers." Officers who did not want to deal with the mentally ill did not have to do so nearly as often.

Now, three years into our CIT program there is a standing list of officers who want to wear the CIT pin on their uniform. The training is offered twice per year and other police agencies in Ohio are encouraged to attend. In our most recent training we even had an officer from Turkey present, along with persons from Pennsylvania. Officers love the program so much that they frequently ask for "Advanced CIT" or "Refresher" training. That has now been and continues to be provided.

IX. HOW MANY OFFICERS SHOULD BE CIT TRAINED?

The rule of thumb is that one-fourth of your patrol force should be CIT trained. This way you have enough coverage around the clock. I have encountered many administrators that want the entire department to go through the training. We do not recommend this for urban departments. By only training those officers who have an interest and a compassion for this segment of the population, CIT officers build an expertise resulting in a win-win.

To keep from being "deliberately indifferent," I believe that all personnel should receive more training than they currently have on dealing with the mentally ill (not to mention that it is the right thing to do). In Akron we saw to it that all of our officers received an additional 8 hours of this type of training during our annual In-Service. We even gave a modified version to our Safety Communications Center call-takers and dispatchers by request. It has helped them in dealing with the initial call over the phone and properly sending CIT officers to the scene.

It was easy to provide instructors because I had the resources of the partnerships we had formed and current CIT officer experience. Incidentally, at least 90% of these mandated trainings were highly rated by the rest of our department.

Now persons in mental crisis or their loved ones call specifically for CIT officers to respond to their needs as do EMS personnel if the person is violent. The word has spread that there is a new kind of policing in town for those with special needs.

X. APPROPRIATE WEAPONS FOR DEALING WITH THE MENTALLY ILL

Since police training bureaus now know and teach about the 21-Inch Rule (whereby a person with an edged weapon can traverse this distance and stab you before you can un-snap your holster, draw your weapon, and fire) it seems that the mentally ill having been shot in ever increasing numbers. The edged weapon seems to be their weapon of choice for self-defense. And, in their delusion they ignore an officer's command to stay

back, and when they violate the 21-inch space and become a legitimate life threat to the officer, he has little choice in the matter.

In Akron, CIT officers carry a taser that shoots out probes that will go 21 inches. It has proven itself time and again and prevented officer's from living with the memory of having to take the life of someone who was sick. No matter how dangerous the person was, when you shoot a mentally ill person you are never a hero. Someone is always there to say what a shame it was and what a nice person he was when on their medication. Wasn't there something else the police could have done? Did they really have to use deadly force?

XI. WHERE DO WE GO FROM HERE?

Recently, I was appointed to the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts, chaired by Justice Evelyn Lundberg Stratton. The goal of the committee is to change the way the criminal justice system handles persons with mental illness, whether it be through mental health courts (Akron has one, run by Judge Eleanor Marsh Stormer) or other diversion alternatives. I am currently the chairperson of a subcommittee titled "Police Training." Our goal is for all police agencies in our state to give officers the much-needed training to appropriately deal with people in mental crisis.

President Bush selected the director of the Ohio Department of Mental Health, Dr. Michael Hogan, to lead the "New Freedom Commission" to examine how the criminal justice system treats persons with mental illness, and to offer viable alternatives.

I believe that things are going to change for the better in this country—and soon. With movies like *A Beautiful Mind* awakening our knowledge to such a horrendous illness and the Surgeon General finally classifying mental illness as a true disease, the writing is on the wall. When an Ohio Supreme Court Justice publicly states that "there are people in jail who do not belong there," when NAMI gets tough and says, "we're mad as heck and not going to take it anymore," by God's grace, things will change for the better.

I recently addressed the Capital University Law School's Symposium on Mental Illness and the Criminal Justice System in April of 2003. This tells me that the interest is building. And I have been contacted by groups from all over the United States to help them in this endeavor.

As a former director of training, I beg you to be proactive in better teaching your officers to deal with persons with mental illness. I have had administrators tell me that they cannot afford the training (most of it is provided free by community-minded mental health professionals). I am telling you that you can ill afford not to provide the training.

The answer rests with the head of your organization; but I hope and pray that your agency can say, "Our department indeed has a dutiful mind."