Law Enforcement: Special Situations

The presentation was aimed at informing professionals how to deal with special situations with the mentally ill. Topics covered during the presentation included:

- What is mental illness?
- Statistics on mental illness.
- Lack of funding for mental illness services.
- The CIT training in the Akron Police Department.
Law Enforcement
Special Situations:
Crisis Intervention Teams
& Mental Illness
Sgt. Michael Yohe

The challenge
Not My Job!

Overview –
Mental Illness & L.E.

• A challenge we are facing
• Honest appraisal of what we are doing
• Offer of options, resources and motivation to improve

Introduction

• NPS - Remote and urban parks
• 13 years at Akron Police Department
• Patrol Supervisor – Platoon #5
• CIT Coordinator
• SWAT TL & Training Supervisor
• Taser Master Instruct. / Coordinator
• BS / MA degrees / hundreds of hours
• Experience OCS or OPT

Disclaimer

• WARNING concerning graphic videos, real cases & people, police humor & language, non-politically correct views – “THICK SKIN”
• Safety with compassion – “Live to save lives”
• Laugh without stigma – “To learn and for own mental survival”

Most important skill?
PATIENCE
Patience

That you will be facing these issues!

Mental Illness -
It knows no boundaries!

• Parks inherent attractions - Isolation / Solitude / Peace
• Can be the same from criminal activity or to “find people”
• Offers common thread???

Common threads...

What were the common threads?
Department of Justice

- 56% of state prisoners & 64% of jail inmates had MH problem
- 61% of state prisoners & 44% of jail inmates with MH problem had current or past violent offense
- 25% served 3 or more prior sentences
- 75% substance abusers

So Why Do We Need Training?

- Persons with mental illness kill officers at a rate 5.5 times GREATER than the rest of the population
- This represents 13% of officers killed in the line of duty.
- Thus making officers more likely to be killed by someone with mental illness than by assailants who had a prior arrests for assaulting or resisting police.

Who Do Persons in Crisis Kill?

- Themselves! In a study from 1999, nearly 5000 of the almost 30,000 persons who committed suicide that year had a form of mental illness (16.6%)
- This also includes “Suicide by Cop” representing some 13% of police shootings

Important question to you is...

WHO IS NEXT???

- Extensive violent criminal history
- Substance abuser
- Mental health issues
- Numerous APD contacts...

Have you prepared for these incidents?

#2
How situations have been resolved...

Who Kills the Mentally Ill?

- Police - Persons with mental illness are killed by police in justifiable homicides at a rate nearly four times greater than the general public.
- Some studies suggest use of force rates against the mentally ill tripling since the late nineties.

The options...

Crisis Intervention Team

Why CIT came about?

- Little understanding
- Little training
- Little community collaboration
- LOTS of tragedies...
  Many involving law enforcement!

Criminal Justice System

- Criminalization of the mentally ill:
- Nationally - 283,800 mentally ill offenders in jail
- Ohio - 6393 mental ill inmates
- Summit County - 1 in 11 individuals with SMD had at least one incarceration in last year
CIT History

- Started in 2000 – 1st in OHIO
- Memphis Model – 80’s
- Idea - Front Line MH workers
- On Street – Trained & supported officers using resources and following through
- Program / Collaboration

Since the beginning

- CIT Officers working streets on every shift across entire city
- Spread CIT throughout Ohio & beyond = 3000+ officers trained
- Established CIT Coordinators of Ohio
- Brought about increase standards in required Basic Academy Instruction
- Assisted in research on CIT

What CIT Officers do?

- Patrolmen working their normal districts but are “directed” to calls that are possibly related to the mentally ill.
- Experts in how to recognize, how to de-escalate, how to direct and how to follow up on those people “in crisis”
- 4x MH calls / 33% suicide.

How it works

- Call comes in or officers observe incident involving mentally ill.
- CIT is dispatched or is requested.
- De-escalate the scene.
- Get the person to the help they need.
- Provide follow-up to reduce future incidents.

Mental Illness

- Overview – defined
- Specific illnesses and presentations
- Complexity of social issues
- Family and consumer perspectives
- Stigma
- Face-to-face with local experts / instructors from community
- Beyond Training...
Other reasons for an altered mental status...

MEDICAL EMERGENCIES!

“Medical” causes for an altered mental status

• Diabetes
• Alzheimer's / Dementia
• Stroke
• Trauma / Exposure
• MR/DD / Autism
• PTSD

Keep in mind...

Medical emergencies can mimic and/or coincide with mental illness

Five Steps for handling CIT calls

• Safety
• Recognition
• De-escalation
• Direction
• Follow up

SAFETY

• No other step can begin until the scene is safe...
Need to integrate knowledge, communication skills and defensive tactics.

This integration will allow the officer to gain the experience and insight to predict, the verbal ability to de-escalate, distract or delay and finally, the availability of tools that give them the upper hand to control the conflict before coming to violence.

Car Chase in West Virginia
1996

- Fall '04 2345 Triplett Blvd
- Violent 43 – Domestic Related
- Dispatched 20:16 hours
- Arrived 20:18 hours
- Robert J. McMullen W/M/33

Prior history...
- Criminal history including D.V.
- Mental illness history
- Noncompliant with treatment
- Contacted and “pink slipped” by CIT
- Prior violent encounters with police.

Signal 21
- Fall '04 2345 Triplett Blvd
- Violent 43 – Domestic Related
- Dispatched 20:16 hours
- Arrived 20:18 hours
- Robert J. McMullen W/M/33

Prevention!
- Understanding risks and being prepared
- Plan approach
- Gather info enroute
- Call for backup
- Think Personal Safety & Defensive Tactics at all times.
**Specialized CIT Defensive Tactics**

- Thoroughly understand the benefits and also limitations of de-escalation
- Emphasizing the use of cover and distance
- Weapon awareness – ER’s, med units, environmental
- Integrating CIT knowledge and skills with our DT programs
- CIT calls higher need for less lethal options

**Situational Awareness**

- Clear understanding of priorities
- Location & type of cover
- Reactionary gap
- Mitigation of officer jeopardy
- Availability of tools/weapons

**Do you offer the best “Less Lethal” option?**