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Training helps police handle the mentally ill

Monday, June 23, 2008 3:07 AM

By [John Futtly](#)

THE COLUMBUS DISPATCH

Officer Jim Gilbert was two weeks removed from a 40-hour course on dealing with mentally ill people when he responded to a call about a teenage boy wandering in traffic.

"I picked up indicators that the kid was trying to commit suicide," Gilbert recalled.

The Columbus officer was able to subdue the 15-year-old and handcuff him but didn't take him to the Juvenile Detention Center.

Gilbert took the boy to Netcare, a mental-health intervention service, and no charges were filed.

"His family was ecstatic," said Gilbert, now a sergeant and the head of the local police union. "Before I had the training, I would have taken him to jail for pedestrian in the roadway, interfering with official business and resisting arrest."

Gilbert was one of 20 officers who graduated from the division's first class in crisis-intervention-team training, in 2003. The weeklong course has been offered 15 times since then, building a team of 157 Columbus officers -- all of whom volunteered -- who are trained to respond to calls about mentally ill people in crisis.

The program also has trained dozens of officers from other law-enforcement agencies throughout Franklin County.

Deputies from the Franklin County sheriff's office have been underrepresented in the program, but that is about to change.

The recent settlement of a lawsuit filed by the family of a knife-wielding, mentally ill man who was shot to death by a deputy in 2005 requires the sheriff's office to create a crisis-intervention team.

One of the psychiatrists who helped develop the local program welcomed the agreement. Unfortunately, from my experience to date, the sheriff's office has been the department with which we've had the least interaction," said Dr. S.R. Thorward of Twin Valley Behavioral Healthcare.

Lt. Chris Bowling, coordinator of the Police Division's program, said 16 sheriff's office employees have been trained in past classes.

The settlement requires the sheriff's office to provide training to all deputies who serve warrants. The fugitive squad and hostage negotiators also will be trained, and then patrol deputies who volunteer, said Maj. Michael Flynn of the sheriff's training academy.

Sheriff Jim Karnes has insisted that his deputies already receive training, but the county prosecutor's office reached the settlement after a federal judge found a "genuine issue of material fact as to the adequacy of training."

The crisis-intervention-team concept was created by police and mental-health agencies in Memphis, Tenn., in 1987, after the fatal shooting of a mentally ill man by Memphis police. "CIT is more than just training," said Maj. Sam Cochran, who helped create the Memphis program. "It's much broader than that. ... It's a community program."

The program creates partnerships between law enforcement and

mental-health providers and advocates. In addition to learning about mental illness and how to de-escalate a crisis, officers learn about agencies and resources for mentally ill people. Officers hear from the mentally ill and their families. And they ride with mental-health caseworkers visiting clients.

Among the goals is to avoid using the criminal-justice system to deal with people who should be guided to the mental-health system.

"We know it's working," said Anne Robinson, retired executive director of the Franklin County chapter of the National Alliance on Mental Illness. "We hear from family members of the mentally ill that there is a difference in the way officers respond. They are much, much more able to deal with problems without aggravating the situation."

As word has spread about the effectiveness of the program, family members are becoming more likely to call Columbus police when a crisis is brewing, Bowling said.

And police keep track of the mentally ill people who have multiple encounters with officers.

"If all of a sudden we see someone with a number of police interactions, we contact the person's case manager," Bowling said. "We always dealt with (the mental-health community), but now we interact with them. That's why the program works."

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