

The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred), and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (steve007my@aol.com).

Police Use of the Taser With People With Mental Illness in Crisis

Police officers have become first responders to individuals with mental illness who are experiencing a crisis. Much recent attention has been given to the overrepresentation of people with severe and persistent mental disorders in U.S. jails and prisons. More tragic still are the incidents in which law enforcement officers either kill a person with mental illness or are killed during an encounter. The Treatment Advocacy Center reports on its Web site that 52 mentally ill individuals were killed in 2003 by law enforcement officers and that seven officers were killed by persons with mental illness.

Law enforcement experts speculate that fatal encounters with individuals with mental illness have increased over the past few decades as a result of promulgation of what they call the "21 foot rule" and an impression that people with mental illness commonly carry knives for self-defense. Police are trained that a person with a knife can traverse 21 feet and deliver a fatal strike before an officer can draw and accurately deploy his or her weapon.

The Summit County, Ohio, mental health community began planning with advocates and the Akron Police Department for implementation of a crisis intervention team (CIT) in June 2000. The CIT model, which was first used in

Memphis, provides intensive training about mental illness and the treatment system to patrol officers who volunteer for this additional training. Particular emphasis is given to verbal deescalation skills. Trained officers are on duty at all times and respond to calls that are believed to involve individuals in a mental illness crisis.

In planning the program, the training director of the Akron Police Department, Michael Woody, identified the need for CIT officers to have a less lethal weapon available when words alone were not adequate. The police department decided to provide CIT officers with the M-26 advanced Taser, an electroshock device that is a less lethal weapon when deployed in situations when a regular service revolver may not be necessary. The M-26 Taser delivers a 50 kV (3 mA) electrical charge by means of shooting two darts connected to the device by a 21-foot tether. Before adopting the Taser, the police department's training director consulted the local chapter of the National Alliance on Mental Illness (NAMI). Given the choice between guns and Tasers, the advocates at NAMI urged the department to deploy Tasers.

We examined the early experience of the Akron Police Department with the Taser. CIT officers documented use in 35 incidents during the first 18 months. No incident resulted in serious harm to the individuals in crisis or officers. Twenty-seven of the 35 individuals were judged to have a mental illness. Although 21 were known to the public mental health system, only two were engaged in outpatient treatment and adhering to treatment. Individuals were judged to be acutely psychotic in eight incidents, and in 16 incidents individuals expressed suicidal ideation and one was also homicidal. Ten possessed weapons, most often a knife. Sixteen of the crises were judged to be potentially life threatening.

Police use of the Taser has become a source of recent controversy. Concerns have been raised about its safety, and some people believe that it may be used too casually as a means of intimi-

dation or control. The Akron Police Department provided Tasers only to specially trained CIT officers, believing that these officers were more likely to encounter situations in which the Taser might be needed and that these officers were most likely to use verbal deescalation skills before using force. The police department has in fact used the Taser sparingly. The 35 cases reported here occurred over an 18-month period in which there were 541 CIT responses. The frequency of use has increased only modestly over time, with a total of 150 uses in the first 51 months of deployment. We did not find any cases of clearly inappropriate or abusive use of the Taser in the sample of 35 incidents.

Given the problem of deaths and serious injuries resulting from encounters between the police and people with mental disorders, deployment of less lethal weapons, such as the Taser, may be part of a solution to a significant public health problem. However, because of recent controversy about the safety of this weapon and efforts to reduce the use of seclusion and restraint in mental health settings, deployments of the Taser is likely to be controversial, and opinions of mental health advocates are likely to be divided.

More systematic risk-benefit studies of the Taser are clearly needed. Perhaps this tool can be used most prudently in communities with effective partnerships between the law enforcement and mental health treatment systems.

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