

National Alliance on Mental Illness - Connecticut
CT Alliance to Benefit Law Enforcement, Inc.

CIT Connections

IACP Holds National Summit on Mental Illness

Louise Pyers, M.S., Executive Director, CABLE, Inc.

The International Association of Chiefs of Police recently held a National Policy Summit in Alexandria, VA titled "Building Safer Communities: Improving Police Response to Persons with Mental Illness." The invitees were representatives of national, state and local police agencies, judges, advocates, mental health professionals, family members and consumers living with mental illness. It was an honor to be among those invited.

The summit began with a moving ceremony during which the 75 attendees were invited to write the names of persons with mental illness and police officers who have died in an encounter. The room fell silent as 50 names were written on whiteboards set up in front of the room. An honor guard placed a wreath in their memory.



Chief Russell Laine, President, IACP

Photo courtesy of IACP

This ceremony emphasized the importance of why we were there: to brainstorm and discuss innovative and effective ways to assist communities to develop policies that enhance the safety of police officers and persons with mental illness, while diverting persons with mental illness from jail to community based services when possible.

We were split into work groups made up of diverse stakeholders and given specific topics to address. My workgroup was presented with the task of developing recommendations specific to police training. A model following the core elements of CIT was very high on everyone's list.

Training is not enough.

In a May 21st interview with National Public Radio, IACP President Russell Laine stated that one of the challenges facing trained police officers is that there is often "nowhere to take people in need of immediate help other than jail..." Our workgroup strongly agreed. Unless police have a safe environment where they can bring people in crisis—a place or entity that will respond to the immediate needs of the individual while connecting them to services, the revolving door will continue. We are fortunate that in Connecticut, we have CIT clinicians who work with officers in our major cities. Not every department in Connecticut has access to this kind of help. We must continue our advocacy in that area.

The fruits of our labor will be published by the IACP in the Fall of 2009.

For a link to the NPR interview go to www.npr.org/templates/story/story.php?storyId=104350808

NEXT CIT TRAININGS

See page 4



Welcome to CIT!

Ledyard

&

Montville

Police Departments

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CABLE, Inc.

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CABLE, INC. & NAMI-CT

DID YOU KNOW...

- **In 2008, CIT clinicians received 2,500 CIT referrals from CIT officers!** That does not even count the number of referrals that CIT officers were able to make to other community resources. More people are getting the help they need because of your efforts! Thank you!
- **Many veterans are coming home suffering from the “Invisible Wounds of War.”**
 - 30—40 % of veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) will face serious psychological wounds including depression, anxiety, PTSD and other behavioral health issues. Multiple tours and inadequate time between deployments increase rates of combat stress by 50 percent.
 - The VA estimates that 30% of troops returning from war zones experience some level of PTSD.
 - 40,000 OEF/OIF veterans have been treated at VA Hospitals for substance abuse.
 - 20 percent of married troops in Iraq have said they were planning a divorce.
 - 42% of returning soldiers and Marines who said they felt like a “guest in their own home,” according to a 2007 poll. The study also found a link between family problems and PTSD, with the two reinforcing each other in a vicious spiral.
 - 150,000 to 300,000 veterans have suffered a Traumatic Brain Injury (TBI) during the war.
 - 2,100 soldiers attempted suicide in 2007 as reported by the Army. There were less than 1,500 attempts in 2006 and less than 500 in 2002. In 2008, the Army reports that 140 soldiers *committed* suicide. 91 soldiers committed suicide in the first 4 months of 2009—showing a marked increase in suicide deaths over this time last year.
 - 55% of suicide cases in 2006 involved soldiers who were serving or had served over the preceding five years in Iraq or Afghanistan.

www.americanprogress.org/issues/2008/04/veterans_mental_health.html



There are a number of ways veterans may come to the attention of law enforcement. Some offenses may be directly linked to a veteran’s difficulty in adjusting to civilian life after serving in OEF/OIF. Driving erratically and speeding could be linked to life-saving behaviors needed to avoid IED’s. Others could be a result of TBI or PTSD.

- ◆ Domestic violence
- ◆ DUI
- ◆ Assault/Fights/Threatening/Risk of Injury
- ◆ Suicide (completed or attempted)
- ◆ Driving erratically /speeding
- ◆ Breach of Peace
- ◆ Substance abuse
- ◆ Weapons violations

As with CIT, a veteran can be referred to specialized services whether or not an arrest is made.

SUGGESTIONS:

- ⇒ **Check for weapons as veterans frequently carry them;**
 - ⇒ **Ask if the person is a veteran; if yes,**
 - ⇒ **Call Chris Burke, LCSW, LADC**
- Department of Mental Health & Addiction Services**
Veterans Team Leader, Forensic Services
Office: 860 859-4602
Cell: 860 861-5542

*Graduates of
March 2009
Probation
Officer Training*



Probation officers receive specialized training

Approximately 20 probation officers attended a three day training in March developed through the collaborative efforts of the Court Support Services (CSSD) of the Judicial Branch, CABLE, NAMI-CT and the Autism Spectrum Resource Center. We thank Brian Coco of CSSD and his group of committed Mental Health Probation Officers for their help in spearheading and planning this training.

The goal of the training was to provide education and enhance insight into mental illness to help probation officers understand that many behaviors related to mental illness can be addressed through collaborative efforts between the probationer, the probation officer, the community providers and natural support systems. These alternatives to incarceration were discussed as options when a person with mental illness has violated the conditions of his or her probation.

The curriculum covered signs and symptoms of mental illness, de-escalation strategies, HIPAA, safety plans and the importance of connecting to and collaborating with community based resources including CIT officers and CIT clinicians. Entitled "Mental Health: Yours, Mine and Ours," the training also covered strategies for managing one's own stress.

SAVE THE DATE!

More info to come!

CIT Refresher Training

October 14, 2009

9:00—3:00

Central CT State University

Constitution Hall

National Alliance on Mental Illness (NAMI-CT)
241 Main Street
Hartford, CT 06106
Phone: 800-215-3021

Support, information and advocacy for persons with severe mental illnesses and their families.

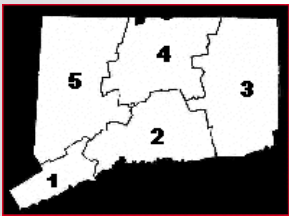
criminaljustice@namict.org www.namict.org

CT Alliance to Benefit Law Enforcement (CABLE, Inc.)
67 School House Road
Wallingford, CT 06492
Phone: 203-848-0320

Specialized training on mental illness and mental health for law enforcement and other public safety personnel.

cable@cableweb.org www.cableweb.org

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April 2009 CIT "moment"



These CIT trainees learned that trying to read CAT FANCY while "hearing voices" can be quite a challenge as they waited in the "ER" for their mental status exams.

Region 1
June 15-19
Silver Hill Hospital
New Canaan

Region 5
July 13-17
Post University
Waterbury

Region 2
September 14-18
West Haven Police
Department

Region 4
November 16-20
Rentschler Field
East Hartford

April 2009 CIT Graduates

*From the
Putnam
Plainfield
Ledyard
Montville
Stonington
Waterford
Norwich
New London
Police
Departments*

