



Fatal confrontation said rare in era of better police, mental health system cooperation

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By **Lee Roop, The Huntsville Times**

HUNTSVILLE, Alabama -- The fatal police shooting of former mental patient Deborah Day in Madison on Aug. 4 is being called a rare failure of a system that regularly successfully intervenes in police-patient encounters in Madison County.

Day, 55, was shot after police say she pointed a gun at them on a street in front of her home. Officers were called by neighbors who said Day had threatened them.

Day's family has hired a Birmingham attorney to investigate the police response. An outside shooting review also is under way by the Sheriff's Department.

Day is one on a list of people with mental problems killed in confrontations with police in Alabama in recent years. But mental health professionals say the response system and police training have improved, and fatal outcomes are rare these days.

Police officers have also died in these confrontations, including two in Athens who were ambushed and killed in 2004 by Farron Barksdale, a former mental patient armed with an assault rifle.

What are the options for police, family members, co-workers or friends who encounter someone they suspect has an acute mental problem or is having a mental breakdown?



Walter Ballard, one of the mental health officers empowered to order people committed for evaluation weighs in on the interaction of law enforcement with the mentally ill. (The Huntsville Times/ Michael Mercier) mental health officer

The response system has several layers, beginning with a new teaching tool called Mental Health First Aid. Rita Limbaugh, community education director of the Mental Health Center of Madison County, teaches a 12-hour course in spotting and responding to mental health and substance issues. Schools, churches, campus groups and employers already have gotten that training, and it is available through the center's website at mhcmc.org.

The Mental Health Center has 7,000 clients on its rolls in Madison County, virtually all of them out-patient. Treatment ranges from daily monitoring visits to group sessions, counseling, life-skill training and in-patient care.

The law requires that the mentally ill in Alabama be treated in "the least restrictive environment" possible. That requirement determines the range of responses to each situation.

If someone believes that a family member, neighbor or friend is suffering a mental breakdown, there are three ways to get help: commitment, calling the Mental Health Center and calling the police.

Involuntary commitment in Alabama is typically for no more than 150 days. That's a long time, but on Day 151, someone can walk away from care.

People are committed "only when you meet certain legal criteria," Mental Health Center Executive Director Brian Davis said this past week. The basic test is whether the person is a danger to himself or others.

Involuntary commitment is a "very traumatic process," Davis said. Usually, only a family member, caregiver or close friend will attempt it. A neighbor just isn't going to get that involved, Davis said.

"They'd file a petition at the local (county) probate court," Davis said. "The Sheriff's Department picks the person up, and they go to Huntsville Hospital. We have mental health professionals there that evaluate the person and testify to the judge whether they meet the legal criteria to keep them in a hospital until they are stabilized."

The petitioner has to be present in court.

"It's not what you want to do unless you have to." Davis said., "So often, the second option is what happens, and that's through law enforcement involvement."

When police are called, they respond to the situation they find. Often, a person will be breaking no laws but having some kind of breakdown. Or they can be barricaded with a weapon.

In all cases, police can call a designated mental health officer whose position is established by state law. In some counties, that is a trained officer. In Madison County, it is a trained professional employed by the Mental Health Center.

Walter Ballard is such an official. He has a bachelor's degree, a master's degree in psychology and is a licensed mental health counselor with years of experience.

Ballard has the legal authority to order a person hospitalized for up to 72 hours for evaluation even if no laws have been broken. A treating physician also can order a 72-hour hold.

Ballard and other designated mental health officers respond to scenes and meet police at Huntsville Hospital anywhere from two to a dozen times each week.

"That system works in Madison County," Davis said. "It gets law enforcement support; it gets people treatment; it gets people stabilized, at least for a while."

Police regularly ask for help, Ballard said. They know a person doesn't need to be in jail but needs to be off the street.

In the third option, the public can contact the Mental Health Center directly to request a check on someone, Ballard and Davis said. It's called a "health and welfare check," and Ballard can make one in response to both police and citizen requests.

The system gets people care in an acute emergency, Davis said. But what about after they are stable?

"There is no way to keep a person in ongoing patient outcare," Davis said. "I think that is the weakness of the system in the big picture."

One way to fix that would be changing Alabama's law to require that after a certain number of involuntary commitments - possibly three - "you'll be placed on a perpetual outpatient commitment," Davis said, "so there is some legal leverage to force you to stay in treatment once you're stabilized."

That idea would certainly draw opposition, Davis said, because the state would be forcing people to do something even though, in some cases, they had broken no laws. "That's a constitutional issue above my pay grade," Davis said.

Because of the official review and the family's hiring an attorney, no official was talking about Day's death this past week. But people who knew her say she is one of the folks Davis was talking about: good people with mental issues who sometimes have issues with or will not take their meds.

"We were aware that Debbie had a mental condition that required medication," David Williams, an acquaintance, said in an email to The Times last week, "and we suspected at various times that she was either not taking her medication or that her medication wasn't working properly."

Williams enclosed a picture of her at his dining table on a recent Thanksgiving. Her knew Day's potential as well as her problem.

"She was intelligent and articulate and seemed to be a caring person," Williams said.

Davis and Ballard agree that Day's case - a person in the street with a gun - stressed the system to its maximum. When she pointed the gun at police, everything changed.

"An officer, at that point, has got to deal with that situation and keep people safe," Davis said. "That's not the time to say, 'Call the community mental health officer.'

"If they had been able to disarm her," Davis continued, "my guess is that would have been their very next call."

Sadly, Day's son believes police could have disarmed her. He has posted on his Facebook page that the gun in his mother's hand was "a .177 caliber lead pellet/BB pistol powered by CO2 cartridges."

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