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Trying to Prevent the Next Killer Rampage

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This article follows a series of articles by The New York Times examining rampage killings, their causes and their effects.



Lieut. John Beau Saul, left, and Terry Garahan, right, seek out troubled people to try to prevent crimes of rage in Ithaca, N.Y.

ITHACA, N.Y. — It was nearly four years ago when the police climbed the creaky stairs to Deborah Stagg's apartment in response to calls from neighbors who had heard her screaming and raving alone in there. Ms. Stagg was known around town as a woman so disturbed that she had once delivered her own baby by cutting her womb open with a penknife.

This time, a steak knife in hand, Ms. Stagg bolted from her barricaded bathroom and stabbed Inspector Michael A. Padula in the neck, a fatal wound. The police opened fire, killing Ms. Stagg.

The double deaths were a pivotal trauma in Ithaca, where Inspector Padula was the first police officer killed in the line of duty. In the grim aftermath, the police blamed the mental health department, and mental health advocates blamed the police.

In the midst of the mourning and finger-pointing, a policeman and a mental health clinic supervisor who were distant acquaintances got together over beer to talk about whether they could prevent such occurrences, jotting down ideas on bar napkins. Out of it grew a collaboration between the Ithaca police and mental health departments that some policing experts say is unmatched anywhere in the country because of its focus on pre-empting problems in addition to responding to crises.

Now, when the police department receives a call that someone is behaving bizarrely, making threats or talking of suicide, it is usually the two men who brainstormed in the bar — Lt. John Beau Saul of the police

department and Terry Garahan, the mental health clinic supervisor — who drive to the scene together in a worn police van to assess the situation. They have paved the way for other police officers or county sheriffs and mental health workers to go out regularly on calls together.

They intervene when the case is potentially dangerous, as when a young man threatened to kill the staff at a temporary-employment agency and then kill himself. But they also intervene when the case might appear frivolous, as when a woman called to report Martians invading through her ceiling.

"We go out and find these people and try to get them to get the help they need," Lieutenant Saul said, steering the van down a leafy street to visit an elderly man who had called the police to report a jar of peanut butter stolen from his bed.

"If you go to other places," he said, "people like this are avoided like the plague. We actually go out of our way to find these people and engage them."

Mr. Garahan said, "The theory is, you solve problems even when they're not problems."

The unlikely team, one a clean-cut cop, the other a long-haired social worker, uses a carrot-and-stick approach, sometimes cajoling a person into mental health treatment or contact with other social services, and sometimes, where criminal behavior is involved, using the threat of arrest or imprisonment.

The result is that even Ithaca police officers who were initially cynical about the approach now say they have seen a steep decline in the number of chronic phone callers tying up police lines and time, and fewer untreated mentally ill people out on the streets. In several cases, they succeeded in defusing emotionally disturbed people who were armed and threatening violence, prodding them into psychiatric care rather than prison.

In a study of rampage killers conducted earlier this year by The New York Times, family, friends, and neighbors of killers repeatedly said in interviews afterward that they had observed the killers behaving strangely or making threats before the crime, and had tried to alert the police or mental health officials, to no avail. The police often say that they can intervene only after the person has demonstrated a danger to himself or others. Mental health services and hospitals in most places are stretched so thin that they too are not equipped to respond.

The city of Ithaca has dared to move beyond this "hands are tied" response. A maverick university town, the home of Cornell, in upstate New York at the southern tip of Cayuga Lake, Ithaca has committed the resources of its police and mental health departments to respond even when there is no immediate crisis. It allows the sharing of information between the departments about past criminal and mental health histories, treading close to a line that could raise the hackles of civil libertarians and advocates for mental health patients.

Approaching the Mentally Ill

The approach in Ithaca goes beyond that of other cities in which police departments have begun programs for dealing with the mentally ill. The model most commonly copied is from Memphis, where a specially trained police unit responds to crisis calls about emotionally disturbed people, referred to by the police as EDP's. Other cities, like Los Angeles and Birmingham, Ala., have paired social workers with police officers who respond to crises involving the mentally ill, said several experts who study policing.

What is unusual in Ithaca is the emphasis on prevention, and the decision to devote police resources to following up on people with chronic problems who do not always want to accept help. Over the course of the summer, Mr. Saul and Mr. Garahan revisited several cases, including those of a mentally ill crack addict who was resisting drug treatment, an angry schizophrenic who had threatened his ex-wife and was making harassing phone calls to public officials at their homes, and a paranoid factory worker who wanted the police to investigate "mind intrusion machines" that he insisted were planted in his home and workplace.

By August, Mr. Saul and Mr. Garahan had succeeded in steering two of those individuals into treatment and were still making weekly visits to persuade the crack-addicted man to enter a drug detoxification program.

"That's pretty unique. I haven't heard of that type of follow-up before," said Melissa M. Reuland, a research associate at the Police Executive Research Forum, a Washington nonprofit group whose members include chiefs from the nation's larger police departments. "This really is problem-solving in action, identifying hot spots and partnering with service providers in your community who have expertise where you don't. If we could subject this to a really critical legal and ethical analysis, I think it's got some promise."

But such aggressive police involvement has a risk, said Henry J. Steadman, the president of Policy Research Associates, which studies mental disorders and the criminal justice system.

"There is a potential invasiveness there for individuals who would feel coerced into mental health services because the police are still checking up on them in the role of police officers," Mr. Steadman said. "If the person is simply seen as in need of treatment, then why should the police be hanging around forcing the person into treatment?"

Ron Honberg, director of legal affairs at the National Alliance for the Mentally Ill, said, "I think it's great that Ithaca cares enough to do something creative. I just worry that if it's done the wrong way it conjures up images of Big Brother at its worst."

The police are often on the front lines of mental health care in this country, like it or not. For instance, the Ithaca Police Department was called on Aug. 26, 1999, when the managers at Stafkings, a temporary-employment agency, arrived at work to hear two chilling messages on their answering machine from an unemployed man who said he was frustrated that he had not been offered a job.

"I'll kill all y'all up in there. I ain't playing, man," he said, spitting out his words in the recorded message. "The day that I kill all you I'll probably kill myself because I'm upset enough."

In many smaller police departments that have not been trained in threat assessment, the routine response would be to document the complaint and leave it at that. In Ithaca, the police department contacted Mr. Garahan, who, as supervisor of the county outpatient mental health clinic, knew the man who had left the message. Jason James, who is 21, suffered from psychotic episodes and had received a diagnosis of schizoaffective disorder at the clinic, but had quit treatment. The phone threats indicated he had reached a critical stage.

Found at his house, Mr. James was charged with aggravated harassment but was told that he could avoid jail by committing to a program of counseling and psychiatric medication. Mr. James, accompanied by Mr. Garahan, appeared in court before Judge Judith A. Rossiter, who often works closely with Mr. Garahan and Mr. Saul to devise alternatives to prison for emotionally disturbed people. Judge Rossiter dropped the charge on the condition that Mr. James resumed treatment.

One day last month, Mr. James rode his bicycle to Ithaca's mental health clinic, which he does daily to receive his daily medication. Soft-spoken and serious, Mr. James said that now that the voices had faded, he knew he needed the treatment. He said he still struggled, however, to explain his illness to his family and friends.

"They just wave their hands and say, 'He's sick,' 'He's crazy.' I want people to see that I am getting treatment, that I am living a better life," he said, before riding off to a job interview.

Emphasizing Persistent Vigilance

Often, however, people are far less compliant, even when facing arrest. All summer, Mr. Garahan and Mr. Saul worked on the case of Nicholas Celia, a 44-year-old man with a record of convictions for assaults on civilians and police officers, and a history of alcohol and drug abuse as well as psychiatric problems and hospitalizations — the three factors that experts say indicate a potential for future violence. Recent studies have found that the mentally ill are no more violent than other people, except when they are off their medications or have been abusing drugs or alcohol.

Looking like a pirate in a blue bandanna and hoop earring, Mr. Celia wandered the Ithaca Commons, the city's open-air street mall, sometimes mellow and bumming cigarettes, sometimes screaming and menacing. He was repeatedly arrested on charges of harassment and assault, once on Mr. Garahan, who got an order of protection against Mr. Celia and began to carry pepper spray. Even some of Mr. Celia's friends at the regular Wednesday night dinner of the local mental health advocacy group said in interviews that Mr. Celia was starting to scare them and needed help.

Mr. Garahan and Mr. Saul decided to use the newest, most aggressive tool they had to compel Mr. Celia into treatment: Kendra's Law, named for Kendra Webdale, who died after being pushed in front of a New York City subway train by a mentally ill man. They filed a petition asking a judge to order Mr. Celia into outpatient drug treatment and counseling.

At his hearing, Mr. Celia interrupted a psychiatrist testifying that he had examined Mr. Celia and diagnosed bipolar disorder, or manic-depression.

"I would just like to say, Your Honor, I am getting a little upset hearing these lies and innuendo, and this is what happens when I am under stress and this is a farce to me," Mr. Celia said, speaking loud and fast.

The judge ordered Mr. Celia to report to the outpatient clinic for injections of Haldol.

In his police car after the hearing, Lieutenant Saul volunteered that he was uneasy at the idea of forcing psychiatric drugs on someone.

"I have a miniature soul-search about it, but then maybe if Deborah Stagg had been forced to take medication, Mike would still be alive," said Mr. Saul, who wears a small pin on his uniform in honor of Michael Padula, the dead policeman.

Mr. Celia's response was to flee. He went to New York City, checked in to Bellevue Hospital's psychiatric ward, returned to Ithaca, was arrested, hospitalized again and released, returned to New York City, was arrested and sent again to Bellevue before being transferred to a county hospital for long-term treatment.

In a telephone interview from Bellevue in August, Mr. Celia, now more subdued, insisted he needed no treatment, saying, "What's happening to me is an injustice."

An Appreciated if Unenvied Job

Even in this politically liberal college town, however, it is hard to find a civil libertarian or mental health consumer who objects to the work of Mr. Garahan and Mr. Saul. Some do oppose the law stemming from the Kendra Webdale killing, but all said in interviews that they were glad there were officials with mental health experience to call in emergencies.

Much of Mr. Garahan and Mr. Saul's work boils down to protecting emotionally disturbed people from hurting themselves or from being victimized by others. After months in which they tried to convince the woman obsessed with Martians to seek treatment, she set a fire in her apartment to exorcise the extraterrestrials. She walked to the police station and was hospitalized.

And when Mr. Garahan and Mr. Saul responded to the elderly man who had reported a jar of peanut butter missing, they found him living in a basement apartment swarming with flies, with feces tracked across the floor and a bare light bulb that had burned through a lampshade. They called building inspectors, who condemned the place. They called an ambulance for the man, in keeping with their approach that "medicalizing" a mental illness is less threatening for the person.

"I know it doesn't look like compassion, but it is for his best, and for the neighborhood's best," Mr. Saul said to neighbors curious about the ambulance. The landlord has since renovated the apartment, Mr. Garahan said.

As to whether they have ever stopped a rampage killer, Mr. Garahan said: "You do this stuff and you don't know whether you prevented something or not. But I do know that the ability of the two disciplines, police and mental health, to work together has a tremendous effect on a lot of people's lives."