

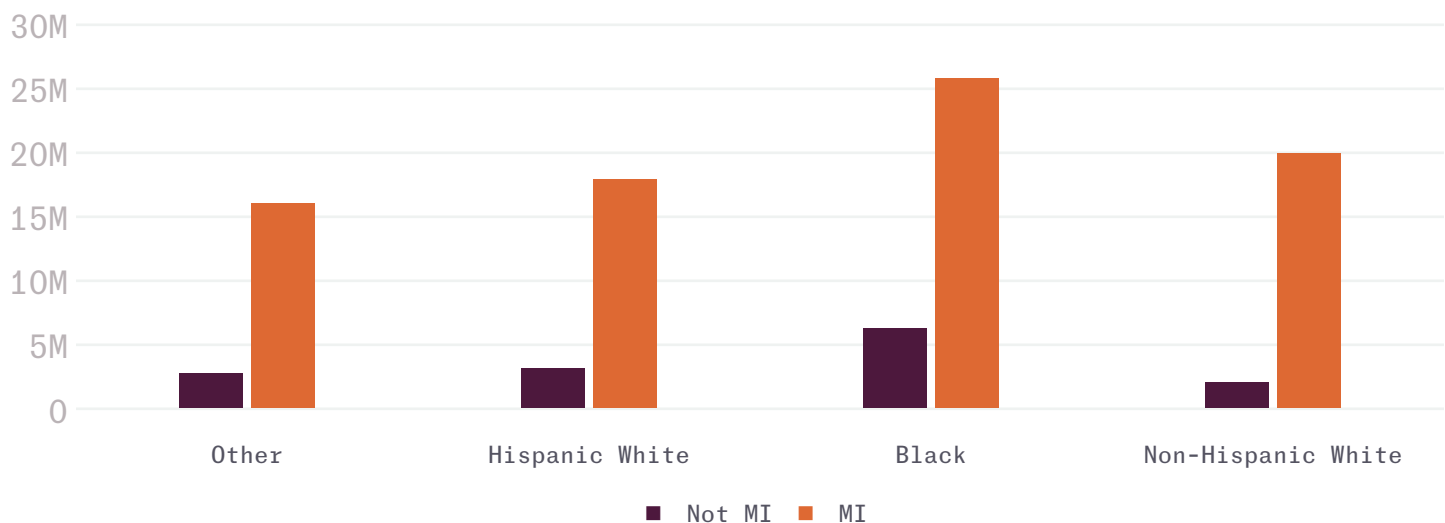
# END POLICE VIOLENCE AGAINST BLACK PEOPLE WITH DISABILITIES WITH COMMUNITY-BASED SERVICES



# PEOPLE WITH MENTAL ILLNESS, ESPECIALLY BLACK PEOPLE, ARE AT HIGH RISK OF POLICE VIOLENCE

- ➔ Black people are over three times as likely as white people to be killed by law enforcement.<sup>1</sup>
- ➔ From 2015 to 2020, 23% of shootings by police involved people with mental or behavioral health conditions, and 67% of these were fatal.<sup>2</sup>
- ➔ Black men with perceived mental illness or experiencing a mental health crisis<sup>3</sup> who were killed by police were more likely to be unarmed than white males with perceived mental illness who were killed by police.<sup>4</sup>
- ➔ People with mental illness encountering police are killed at a higher rate than their same-race peers without mental illness (10x increase for non-Hispanic white people with mental illness, 6x increase for Latinx people with mental illness, 4x increase for Black people with mental illness).<sup>5</sup>
- ➔ Police surveillance and encounters have a negative impact on the mental and physical health of people surveilled and encountered.
- ➔ 10% of calls to 911 involve people with mental illness. The vast majority of these would be better handled by trained service providers of a variety of backgrounds (mental health crisis teams,<sup>6</sup> clinicians, peer workers,<sup>7</sup> and street outreach teams).<sup>8</sup>
- ➔ In fact, people with serious mental illnesses are far more likely to be victims of violent crime than perpetrators of it.<sup>9</sup>

**FIGURE 1. U.S. Death Rate by police per million – 2015**



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# BLACK PEOPLE WITH MENTAL ILLNESS FACE DISCRIMINATION IN PUBLIC SAFETY AND MENTAL HEALTH SYSTEMS

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- ➔ Black people with mental illness are less likely to receive appropriate treatment and care from healthcare professionals,<sup>10</sup> and more likely to experience coerced treatment in the form of involuntary commitment.<sup>11</sup>
- ➔ Biased diagnoses for Black youth with mental illness deprive them of proper accommodations in school, contribute to disparities in disciplinary practices, and increase involvement in the juvenile corrections system.<sup>12</sup>
- ➔ Black men and people with mental illness are at greater risk of being perceived as noncompliant or disrespectful to officers.<sup>13</sup>





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# CRISIS INTERVENTION TRAINING MODELS ACKNOWLEDGE THE INADEQUACY OF LAW ENFORCEMENT RESPONSES TO MENTAL HEALTH CALLS, BUT ARE NOT A SUFFICIENT OR SAFER SOLUTION FOR PEOPLE WITH MENTAL ILLNESS

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When law enforcement officers respond to calls involving people with mental illness, whether by themselves or with mental health workers,<sup>14</sup> our public safety system not only fails to protect people with mental illness, but can actually cause more harm.

- ➔ Most police departments seek to improve law enforcement responses involving people with mental illness by either (1) training their officers in crisis intervention training (CIT), or (2) dispatching law enforcement officers alongside mental health professionals to respond to emergencies involving people with mental illness.
- ➔ Mental illness is not a crime and thus, should not involve law enforcement as a general matter.<sup>15</sup>
- ➔ Law enforcement has fundamentally different priorities than mental healthcare providers. Law enforcement officers prioritize immediate resolutions of potential threats with the possible use of force. By contrast, mental health workers have the expertise to safely and effectively engage with someone experiencing a crisis or mental illness with the time and patience necessary to deescalate the crisis situation. The mere sight of law enforcement officers may have the opposite effect of escalating an already heightened crisis and retraumatize people with mental illness who had traumatic experiences with law enforcement in the past.<sup>16</sup>
- ➔ Overall, CIT-trained officers do not arrest people with mental illness less frequently than non-CIT-trained officers.<sup>17</sup>
- ➔ CIT has had no significant effect on officer-use-of-force.<sup>18</sup>
- ➔ As a general matter, law enforcement agencies do not assess the effectiveness of trainings, including CIT.



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# COMMUNITY-BASED SERVICES ARE NEEDED

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## **Individuals Concerned About a Possible Mental Health Crisis Should:**

### **→ Call a Community-Based Hotline or Warmline.<sup>19</sup>**

Many community-based call centers are staffed by people with lived experience with mental illness themselves, and maintain a strict confidentiality policy; they do not trace the caller's location, and do not dispatch a response unless the caller agrees.<sup>20</sup>

Although 988 call centers<sup>21</sup> may also be a resource, they sometimes dispatch a police response without consent.<sup>22</sup>

## **911 Emergency Call Centers Should:**

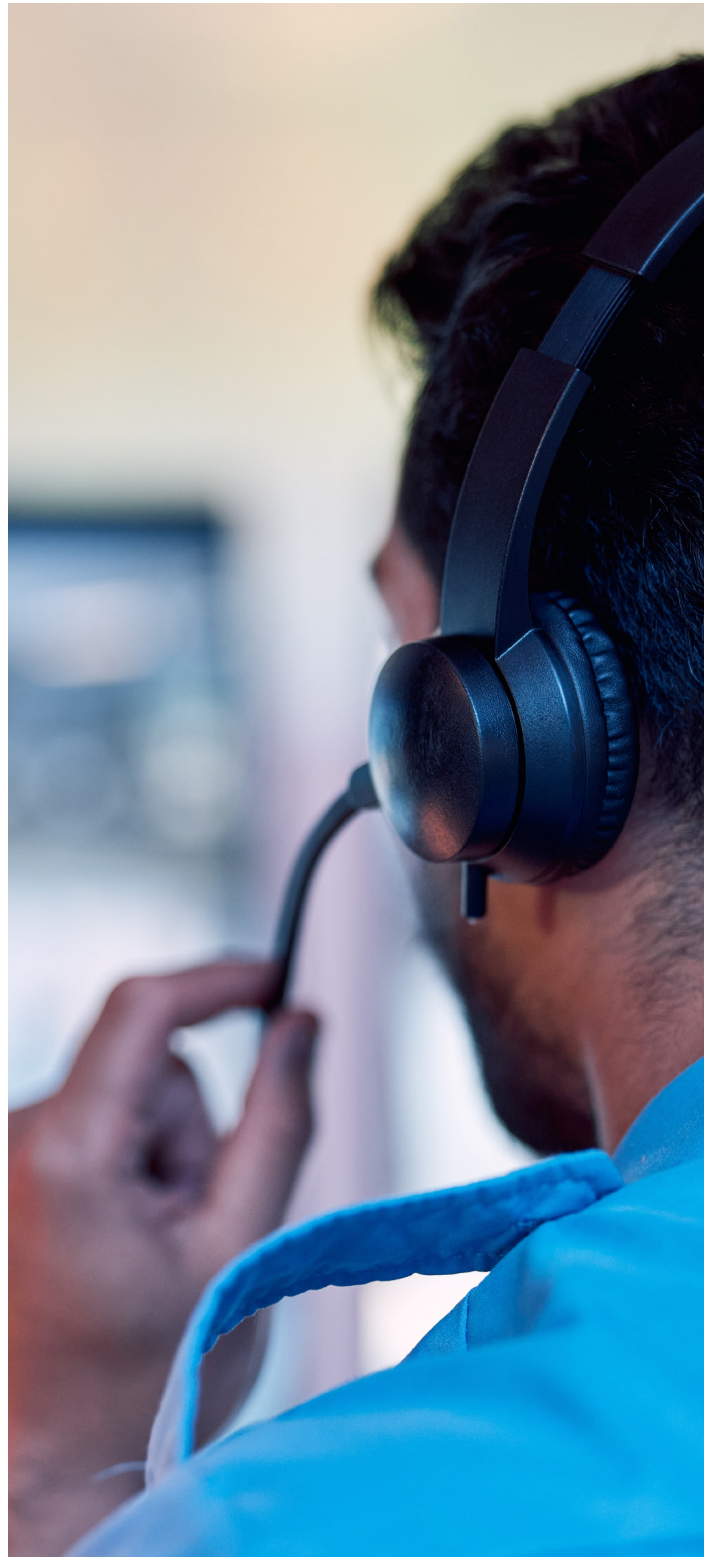
### **→ Screen and Redirect**

If the emergency involves someone possibly experiencing a mental health crisis or with mental illness, the emergency call should be redirected to experts and peers in the mental health system, except in very rare circumstances.

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Mental health workers have the expertise to safely and effectively engage with someone experiencing a crisis or mental illness with the time and patience necessary to deescalate the crisis situation. The mere sight of law enforcement officers may have the opposite effect of escalating an already heightened crisis and retraumatize people with mental illness who had traumatic experiences with law enforcement in the past.

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## Local Communities and Officials Should:

- **Provide Community-Based Services:** Each state and locality should have the services, including mental health mobile crisis services, needed to respond to calls involving an individual with mental illness or experiencing a mental health crisis.

These services can include:

- Access to transportation for the individual in crisis to a community-based service provider
- A list of referrals to quickly connect the individual with the appropriate mental health professional or setting
- Walk-in, drop-off, and other setting for crisis resolution and stabilization, scattered throughout the community

Localities should ensure that people with lived experiences with mental illness employed as peer workers are available to respond to help others experiencing mental health crises.<sup>23</sup>

States should seek and utilize federal funding through Medicaid or federal grant programs to help make these services available.<sup>24</sup>

- **Ensure All Services Are Culturally Responsive to Community Needs:** Black people often have difficulty finding culturally responsive practitioners with whom they feel comfortable sharing race-related trauma. Professionals with a social work background who are knowledgeable about the lived experience and cultural background of the client are critical.<sup>25</sup>

- There is a severe shortage of Black mental health professionals throughout the country. They comprise only 3% of American Psychological Association members,<sup>26</sup> 2% of all psychiatrists, and 4% of all psychologists.<sup>27</sup>
- Funding must be prioritized for community-based and peer-led mental health services, diversifying the mental health profession, and training in culturally-relevant service models<sup>28</sup> to ensure sufficient capacity and expertise to respond and provide services for all people in need.

- **Link People with On-Going Services:** After the immediate issue is resolved, the mental health system must follow-up and provide voluntary, community-based services on a continuing basis if needed.

- Many individuals with serious mental illness will need access to long-term housing, intensive case management, peer support services, Assertive Community Treatment,<sup>29</sup> and supported employment.<sup>30</sup>



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## Endnotes

- 1 Gabriel L. Schwartz & Jacqueline L. Jahn, *Mapping fatal police violence across U.S. metropolitan areas: Overall rates and racial/ethnic inequities, 2013-2017*, PLOS ONE 15(6): e0229686 (2020), <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0229686&type=printable> (finding that Black people are 3.23 times more likely to be killed by police than white people); Frank Edwards et al., *Risk of Being Killed by Police Use of Force in the United States by Age, Race—Ethnicity, and Sex*, 116 PNAS 16793, 16793 (2019), <https://www.pnas.org/content/pnas/116/34/16793.full.pdf> (finding that Black women are 1.4 times more likely to be killed by law enforcement than white women); Judge David L. Bazelon Center for Mental Health Law, “*Defunding the Police*” and *People with Mental Illness* (Aug. 2020), <http://www.bazelon.org/wp-content/uploads/2020/08/Defunding-the-Police-and-People-with-MI-81020.pdf>.
- 2 Johns Hopkins Bloomberg School of Public Health, *Study of Fatal and Nonfatal Shootings by Police Reveals Racial Disparities*, Dispatch Risks (March. 2024), <https://publichealth.jhu.edu/2024/study-of-fatal-and-nonfatal-shootings-by-police-reveals-racial-disparities-dispatch-risks#:~:text=Injuries%20associated%20with%20behavioral%20health,behavioral%20health%20episode%20were%20fatal>.
- 3 The term “crisis” is both over inclusive and under inclusive of persons who need help. Anyone may engage on occasion in behavior that attracts attention because it is outside the norm seen in public spaces. This may be the product of a cultural difference between observer and observed, or simply behavior that does not align with societal expectations for public conduct. Conversely, sometimes people who are in fact experiencing a crisis do not engage in behavior that draws the attention of others. An individual who experiences an episode of major depression may not externalize symptoms, despite feeling significant distress. The same can be said for others with mental health challenges, including anxiety, bipolar disorder, and post-traumatic stress disorder. These individuals may not seek help, or engage in behavior that suggests a need for help, but regardless may be experiencing intense feelings of distress. Bazelon Center for Mental Health Law, *When There’s a Crisis, Call a Peer* (Jan. 2024) <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf>.
- 4 M.D. Thomas, N.P. Jewell, & A.M. Allen, *Black and Unarmed: Statistical Interaction between Age, Perceived Mental Illness, and Geographic Region among Males Fatally Shot by Police Using Case-Only Design*, 53 ANNALS OF EPIDEMIOLOGY 42, 42 (2021), <https://pubmed.ncbi.nlm.nih.gov/32835768/>.
- 5 Saleh, A. Z., et al. *Deaths of people with mental illness during interactions with law enforcement*, 58 Int. J. Law Psychiatry 110-116 (2018), <https://pubmed.ncbi.nlm.nih.gov/29853001/>.
- 6 Alexander Black et al., *The Treatment of People with Mental Illness in the Criminal Justice System: The Example of Oneida County, New York*, LEVITT CTR. FOR PUB. AFFS. AT HAMILTON COLL. 9 (June 2019), [https://digitalcommons.hamilton.edu/cgi/viewcontent.cgi?article=1005&context=student\\_scholarship](https://digitalcommons.hamilton.edu/cgi/viewcontent.cgi?article=1005&context=student_scholarship).
- 7 See Bazelon Center for Mental Health Law, *When There’s a Crisis, Call a Peer: How People With Lived Experience Make Mental Health Crisis Services More Effective* (Jan. 2024) <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf>.
- 8 Street outreach teams can vary and provide a wide range of services. See NYC Health+Hospitals, *Street Health Outreach & Wellness Mobile Units* <https://www.nychealthandhospitals.org/street-health-outreach-wellness-mobile-units/> (last visited Apr. 29, 2024) (describing mobile units providing “COVID-19 tests and vaccinations, wound care, basic material necessities, and harm reduction services to New Yorkers who are unsheltered”); Kimberly Y. Su. et al., *Behavioral Health Care Delivery Through Street Medicine Programs in California*, 60(2) Comm’y Ment. Health J. 283-291 (2024) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10822007/> (street medicine teams provide a broad range of services including “conducting physical

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examinations, performing diagnostic services including lab tests and imaging, providing certain medical procedures, [] prescribing and dispensing medications. . . counseling, case management, referrals for specialty and behavioral health, health education, and connecting patients to social and housing services”)

- 9 Linda A. Teplin, et al., *Crime Victimization in Adults with Severe Mental Illness*, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) (“Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates . . .”); Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 123 (June 2003) (“It is far more likely that people with a serious mental illness will be the victim of violence,” rather than its perpetrator).
- 10 Vickie Mays et al., *Perceived Discrimination in Health Care and Mental Health/Substance Abuse Treatment Among Blacks, Latinos, and Whites*, 55 MED. CARE 173, 180 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5233585/pdf/nihms807350.pdf>.
- 11 See, e.g., Supriya Misra et al., *Structural Racism and Inequities in Incidence, Course of Illness, and Treatment of Psychotic Disorders Among Black Americans*, 112(4) Am. J. Public Health. 624-632 (April 2022), <https://pubmed.ncbi.nlm.nih.gov/35319958/>; Timothy Shea, M.D. et al., *Racial and Ethnic Inequities in Inpatient Psychiatric Civil Commitment*, 73.12 Psychiatric Services 1322-29 (Dec. 2022), [https://psychiatryonline.org/doi/10.1176/appi.ps.202100342?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%20pubmed](https://psychiatryonline.org/doi/10.1176/appi.ps.202100342?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed).
- 12 Matthew C. Fadus et al., *Unconscious Bias and the Diagnosis of Disruptive Behavior Disorders and ADHD in African American and Hispanic Youth*, 44 ACAD. PSYCHIATRY 95, 98-99 (2019), <https://link.springer.com/content/pdf/10.1007/s40596-019-01127-6.pdf>.
- 13 L. Song Richardson & Phillip Atiba Goff, *Interrogating Racial Violence*, 12 OHIO ST.J. CRIM. L. 115, 121 (2014), [https://kb.osu.edu/bitstream/handle/1811/73475/OSJCL\\_V12N1\\_115.pdf](https://kb.osu.edu/bitstream/handle/1811/73475/OSJCL_V12N1_115.pdf).
- 14 Co-response should be used in rare circumstances. In most circumstances, mental health staff should lead responses to mental health calls.
- 15 Mobile crisis responders are able to evaluate the unique facts and circumstances of each call and in the rare instance that they feel that a law enforcement officer’s presence would be helpful, are able to call law enforcement officers for assistance.
- 16 Taleed El-Sabawi & Jennifer J. Carroll, *A Model for Defunding: An Evidence-Based Statute for Behavioral Health Crisis Response*, 94 TEMPLE L. REV. 1, 17 (2021).
- 17 Sema A. Taheri, *Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis*, 27 CRIM. JUSTICE POL’Y REV. 76, 85 (2016).
- 18 *Id.* at 86. Some studies suggest that CIT training may reduce officer stigma towards mental illness, but this is based on the subjective officer experiences rather than objective outcomes of individuals to whom officers are responding. See Gilbert A. Nick, et al., *Crisis Intervention Team (CIT) Training and Impact on Mental Illness and Substance Use-Related Stigma Among Law Enforcement*, 5 DRUG & ALCOHOL DEP. R. 100099 (2022), <https://doi.org/10.1016/j.dadr.2022.100099>.
- 19 A “warmline” is a phone line, often operated by people with lived experience with mental health issues, that is designed as an alternative to “hotline” services for people who are not actually in crisis but who are still seeking support. See, e.g., Warmlines (last visited Apr. 20, 2023), <https://warmline.org/>. Warmlines can assist callers by listening, providing feedback,



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and linking them to other resources, thus serving as a crucial component of a community behavioral health system.

- 20 See, e.g., Call BlackLine, Frequently Asked Questions (last visited Apr. 20, 2023), <https://www.callblackline.com/aboutfaq> (“BlackLine can provide immediate crisis counseling to those who call upset, need to talk with someone immediately, in distress. . . . You do not have to provide any personal information to use the service. All calls remain private and will never be shared with law enforcement or state agencies of any kind.”).
- 21 See Our Crisis Centers, 988 suicide & Crisis Lifeline, <https://988lifeline.org/> (describing a crisis center as “a resource for individuals going through mental health crises. They provide mental health services and emotional support for their state or local communities. Most crisis centers are non-profit and many utilize trained volunteers as well as mental health professionals”).
- 22 See Wireless Competition Bureau, Fed. Comm’n Comm’n, 988 Geolocation Report – National Suicide Hotline Designation Act of 2020 11 (Apr. 15, 2021) (“[S]ome commenters have raised concerns that the conveyance of geolocation information with 988 calls could undermine the benefits of the Lifeline by dissuading at-risk and vulnerable populations from using the service in a time of need, out of fear of embarrassment, aversion to intervention by authorities, or other similar reasons.”); Bazelon Center for Mental Health Law, *A New Day or More of the Same? Our Hopes & Fears for 988 (and 911)* 10-12 (2022), <https://www.bazelon.org/wp-content/uploads/2022/06/A-New-Day-or-More-of-the-Same-Our-Hopes-Fears-for-988-and-911.pdf> (“988 call-takers may feel they need to sometimes dispatch a response without consent, [but] they should not. This practice, which risks a police response and forcible transport to a hospital or jail, discourages many people from calling for help in the first place.”).
- 23 See, e.g., Bazelon Center for Mental Health Law, *When There’s a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective* (Jan. 2024), <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf>.
- 24 See, e.g., Substance Abuse and Mental Health Services Administration, *Biden-Harris Administration Announced Millions of Dollars in New Funds for States to Tackle Mental Health Crisis* (Oct. 18, 2022), <https://www.samhsa.gov/newsroom/press-announcements/20221018/biden-harris-administration-announces-funding-states-tackle-mental-health-crisis>.
- 25 See, e.g., National Ass’n of Black Social Workers, Inc. (NABSW), *Our Mission Statement* (last visited Apr. 20, 2023) (NABSW, “comprised of people of African ancestry, is committed to enhancing the quality of life and empowering people of African ancestry through advocacy, human services delivery, and research. Our mission is to work to create a world in which people of African ancestry will live free from racial domination, economic exploitation, and cultural oppression.”).
- 26 American Psychological Association, *Demographics of U.S. Psychology Workforce [interactive data tool]*, <https://www.apa.org/workforce/data-tools/demographics>.
- 27 Lisa O’Malley, *Addressing the Lack of Black Mental Health Professionals, Insight to Diversity* (Nov. 17, 2021), <https://www.insightintodiversity.com/addressing-the-lack-of-black-mental-health-professionals/>.
- 28 See Comas-Díaz, L., *Racial trauma recovery: A race-informed therapeutic approach to racial wounds*. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), *Cultural, racial, and ethnic psychology book series: The cost of racism for people of color: Contextualizing experiences of discrimination* (pp. 249–272). American Psychological Association, <http://dx.doi.org/10.1037/14852-012>. See also Helms, J. E., Nicolas, G., & Green, C. E. *Racism and ethnoviolence as trauma: Enhancing professional and research training*. *Traumatology*, 18(1), 65–74, <http://dx.doi.org/10.1177/1534765610396728>; Chavez-Duenas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. *Healing ethno-racial trauma in Latinx immigrant*

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*communities: Cultivating hope, resistance, and action*, 74(1) Am. Psychol., 49-62, <https://dx.doi.org/10.1037/amp0000289>.

- 29 See Spivak et al., *Availability of Assertive Community Treatment in the United States: 2010 to 2016*, 70 Psychiatric Serv. 948, 948-9 (2019) (defining ACT as “a multi-disciplinary clinical team approach [which] helps those with serious mental illness live in the community by providing 24-hour intensive community services in the individual’s natural setting”).
- 30 See Substance Abuse and Mental Health Services Administration Center for Mental Health Services, *Build Your Program: Supported Employment*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (2009), <https://store.samhsa.gov/sites/default/files/sma08-4364-buildingyourprogram.pdf> (“Supported Employment (SE) is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.”)



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