

Unchecked Power: Police Killings of Racial Minorities and the Mentally Ill

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Abstract

Introduction: Police brutality has gained a great amount of attention in both mainstream and social media over the years. It has plagued the non-dominant groups of our society since the inception of the first centralized police departments in the mid to late 1800's (*History*, 2020) and continues to impact them to this day. This paper seeks to analyze and review journal articles of police homicides in relation to race and mental illness. From there, literature was reviewed that examined the impact police brutality has on the surrounding community. Finally, literature around mobile crisis teams was reviewed to examine an alternative policing model.

Methods: For this paper, the authors reviewed both journal articles examining police use of lethal force, and studies examining police use of lethal force among racial minorities and among individuals with mental illness. Although official government data is often incomplete and unreliable (Frankham, 2018), many of the sources utilize data taken from journalistic efforts to catalogue police use of force (e.g., Fatal Encounters project).

Results: Several articles were reviewed that examined police brutality and response. First, police in the United States kill 33.5 people for every 10 million people, more than three times as many as Canadian police (Jones & Sawyer, 2020). In terms of race, nearly 100 African American men are killed per 100,000, while White men are only killed at a rate of 40 per 100,000 (Edwards et al., 2019).

Looking at the statistics for those with mental illness, nearly 25% of the roughly 2,000 people shot by police in 2015-2016 exhibited signs of mental illness (Frankham, 2018). For those with severe mental illness who are unable to afford or find treatment, the risk of being killed by an officer of the law is 16 times greater than for other citizens (Fuller, et al., 2015). Research shows mental health was a leading factor in as many as one out of every two fatal police encounters (Fuller, et al., 2015).

Discussion: This review showed the pervasiveness of police brutality in the United States and the effect on surrounding communities. These studies also show that both race and mental health status are significant factors in police brutality. In response to these statistics, researchers have begun to examine alternative methods of policing. This paper examines current research on the use and effectiveness of mobile crisis teams. These teams typically pair a mental health professional with a paramedic. More research on these response teams is necessary in order to deem them as evidence based

Keywords: police brutality, racial minorities, mental illness

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One of the most hotly debated and criticized issues in the United States currently is police brutality, which is typically categorized as the excessive use of force against civilians (Moore, 2020). This can include (but is not limited to): racial profiling and abuse, violent physical attacks, unlawful murder of innocent citizens, and more. George Floyd, Breonna Taylor, Tamir Rice, and Rodney King are just a few of the well-known victims of police brutality, a horrifying crime that has left a dark, red stain on the United States. These incidents do not stand alone in a vacuum and have far reaching effects, starting within the family and spreading to the rest of the community. Those left behind by police brutality must pick up the pieces and continue with life after having lost a family and community member.

Police suspects who are Black or Brown, or are of a racial minority, have a much higher rate of police brutality than those who are White (Edwards et al., 2019). In addition, those who are suffering from mental illnesses are also victims of police brutality more often than those who are neurotypical (Fuller et al., 2015). Due to an array of factors, these minority communities typically find much less success in seeking out and receiving adequate mental healthcare (*Black*, n.d.). This pattern has emerged in numerous articles over the course of several years and needs to be investigated for the safety and well-being of those Black, Brown, or other racial minority identities, and/or persons with a mental illness.

This paper will analyze the subjects of both race and mental health in police brutality as well as the impacts on the surrounding community. The paper will also explore data from cities that utilize mobile crisis response teams as a means of addressing police fatalities in people with mental illness.

Methods

Information was gathered from a wide range of sources, such as ScienceDirect, PsycINFO, and Google Scholar, in order to form the most comprehensive picture of police use of force on minorities and those with mental illness. The bulk of the data collected originates from individual, peer-reviewed journals. Many of these journals use a combination of Federal Government data and journalist-led efforts to catalogue use of force, such as the Fatal Encounters project. Journalist data is used because in 2015, the Washington Post found the official government data regarding use of lethal force from the Federal Bureau of Investigation and the Bureau of Justice Statistics was severely lacking and did not include nearly half of the fatal police shootings the press reported that year (Frankham, 2018). Because of this, resources that solely rely on Federal Government data are inadequate. Instead, data was gathered from journals that conducted their own studies or utilized data from some of the journalistic efforts.

Results

Our research yielded two key themes as they were related to police brutality: race and mental illness. Each of the themes provides insight into how police brutality directly effects certain populations in the United States, and the ways in which those populations are impacted.

Police Brutality

Before analyzing demographic specific data, it is important to first understand police brutality statistics in the United States across the board. Larney (2015), as cited in Edwards et al (2019), showed police in the United States kill more people than law enforcement in any other advanced industrial democratic society. According to data provided by Jones and Sawyer (2020) using the most recent data available (Data for the United States, Netherlands, Iceland, England, and Wales came from 2019. Data for Australia, New Zealand, Japan, Germany, and Norway

came from 2018. Data for Canada came from 2017), 33.5 people are killed by police for every 10 million people in the United States. In comparison, the country with the second most police killings, Canada, has a far lower rate of 9.8 deaths per 10 million people, followed by Australia with 8.5, with every other nation listed below 2.5 per 10 million (Jones & Sawyer, 2020). The United States has more than three times the amount of police killings than our neighbors to the North, and an astounding 67 times more police homicides than England and Wales (Jones & Sawyer, 2020).

According to Jones (2020), U.S. police killed 1,099 people in 2019, while Canadian, Australian, German, Dutch, English, Japanese, and New Zealand police combined for just 78. The lifetime risk of being killed by the police for all people in the United States was 55 per 100,000 (Edwards et al, 2019). For reference, the yearly United States diabetes death rate is 26.7 per 100,000 (CDC, n.d.).

Race

In addition to reviewing these staggering statistics of police brutality within the United States, researchers have also examined these numbers by race and mental illness. When we first look at race, we find that African Americans seems to be most drastically impacted by police brutality. Black people make up only 13% of the country's population, yet they are killed by police at a disproportionate rate, nearly double the rate that White people are killed (WP Company, 2021).

When breaking down the data provided by Edwards et al. (2019), the differences among races paint an entirely different picture: Caucasian men are killed by police at a rate of roughly 40 per 100,000, while the number for African American men skyrocketed to nearly 100 per 100,000. Altogether, Black men are 2.5 times more likely to be killed by police than White men

are. Black women, Latinx men, and Native American/Alaskan Native men are all roughly 1.4 times more likely to be killed by police than Whites are (Edwards et al., 2019).

Looking at this data in the grand scheme of all deaths in the United States, for Black men, police homicide accounts for a little more than 1.5% of all deaths faced by that gender and race (Edwards et al., 2019). Especially for young men of color, police violence is the 6th leading cause of death, behind accidents, suicide, other homicides, heart disease, and cancer according to Ang (2020).

Mental Illness

One aspect of police homicide that is often overlooked is the victim's mental health. Using data from 2015 to 2016, police fatally shot almost 2,000 people, and about a quarter of those killed were exhibiting signs of mental illness (Frankham, 2018). People with mental illness in police encounters were also less likely to attack or otherwise provoke officers in addition to being less likely to be armed with a gun (Frankham, 2018).

Mental health is a factor in as many as one out of every two fatal police encounters (Fuller et al., 2015). For those facing mental illness without the ability to find treatment, the issue grows even more dangerous; of the estimated 7.9 million people in the United States with a severe mental illness, roughly half of them go unmedicated (Fuller et al., 2015). For these individuals, the risk of being killed during an encounter with law enforcement is 16 times greater than for other citizens stopped by law enforcement (Fuller et al., 2015).

Discussion

In review of the literature, police brutality is pervasive in the United States and is particularly high within specific racial groups and those with mental illness. The rates of mental illness across all races and ethnicities are similar; however, the long-term effects of mental

illness on minorities are greater (*Mental*, n.d.). Specifically for depression, 24.6% of African Americans, 19.6% of Hispanics, and 34.7% of White people experience depression at some point in their life. Although White people show higher rates of depression amongst the various racial groups, depression in Black people has been shown to last for longer periods of time in their lives (Budhwani, 2014). Additionally, access to mental healthcare can also be a challenge. In 2015, among adults experiencing any sort of mental illness, 48% of White people sought and received mental healthcare, whereas just 31% of Black people and 22% of Asian people received help (*Mental*, 2015.) There are many factors that determine the level of access to healthcare such as income, insurance accessibility, stigma of mental illness within minority communities, cultural presentation of mental health disorder symptoms, language differences between patient and care provider, lack of diversity in healthcare providers, and distrust in the healthcare system (*Mental*, n.d.). In 2018, 58.2% of African American young adults aged 18-25 and 50.1% of adults aged 26-49 did not receive any form of treatment for their mental health issues and nearly 90% of Black people over the age of 12 with a substance use disorder received no treatment (*Black*, n.d).

Many studies focus solely on race as a factor in police brutality cases, with even fewer focusing on mental illness. This review shows the mental health and the race of an individual may play a heavy hand in determining the outcome of an encounter with law enforcement. However, less research has focused on the intersection of mental illness and race within cases of police brutality.

Impact on Communities

It is a tragedy for any member of the community to be killed--but when the killer is a member of a law enforcement agency, the impact on the community seems to extend much

farther than just the victim and their immediate family. According to Ang (2020), high school students who live in close proximity to a police officer killing are 2.5% less likely to graduate high school and 2% less likely to enroll in college compared to high school students with no proximity to a law enforcement killing. Additionally, Ang (2020) also found students living within a half mile of a police shooting are much more likely to miss school as well as experience drops in grade point average. It should be noted, however, this issue does not impact all races and ethnicities the same. There was no significant impact on White and Asian students when a police officer killing took place in the proximity, though Black and Hispanic students took a majority of the blow academically; specifically, Black and Hispanic students had a 3% decrease in GPA (Ang, 2020).

Police killings do not only have temporary impacts on the surrounding communities but also can leave scars that last for years, and not just academically. Students who live in the areas of police shootings are 15% more likely to be diagnosed with “Emotional Disturbance”—a condition where a student’s behavior negatively impacts a student’s ability to perform academically (Ang, 2020). These students are also twice as likely to feel unsafe in their own neighborhoods (Ang, 2020). In fact, Ford (2012) found communities experiencing these forms of trauma frequently are expected to undergo challenges like depression, anxiety, and general fear. Furthermore, bystanders of these sorts of crimes are much more likely to develop Post Traumatic Stress Disorder as well (Ford et al., 2012). No case of police brutality occurs in a vacuum. There are always witnesses, people around the incident, friends and family of the victim, coworkers: people who must continue on after the violence. Police brutality casts a dark cloud over an entire community.

Although yet to be empirically examined, current research shows mental health and race may act as a sort of double jeopardy with law enforcement, as mental health disorders leave a much greater impact on people of color and minority communities have the most difficulty receiving access to high quality mental healthcare. Without proper mental healthcare, those who are struggling with mental illnesses will be much less likely to be able to thrive in society. Police killings leave substantial impacts on the surrounding communities making it extremely difficult to function and thrive. A potential solution to this epidemic of law enforcement power abuse is to limit the types of situations for which police officers are responsible. Dealing with sensitive issues such as mental health crises are too advanced for the training many police officers receive, and thus those issues could possibly be handled by mobile crisis teams made up of mental health professionals and paramedics. The funding law enforcement agencies typically would use to deal with mental health scenarios should be redistributed to mobile crisis teams.

Mobile Crisis Teams

A handful of cities across the United States have installed programs that replace armed law enforcement officers with teams of paramedics and a mental health professional, such as a social worker, on certain nonviolent dispatch calls. One such example of this is Denver, Colorado's STAR program, or Support Team Assisted Response. These teams represent the response of many city councils across the nation seeking to move away from police responses for mental health calls that rely on deescalating situations as opposed to using physical force to stop an issue. Denver's STAR program started as a six-month trial run, and after those six months, with nearly 750 calls, not a single arrest was necessary, nor did they have to call for backup (Sachs, 2021). These programs are meant to change the mental health and substance abuse calls police receive from criminal issues to public health ones. Leslie Herod, Denver's representative

in Colorado's legislature, says these types of programs will "help us to begin to break the cycle of incarceration because this is a cycle (Sachs, 2021)."

Mobile crisis teams can be more effective at handling citizens with sensitive needs than police officers because mental health professionals and paramedics are trained extensively to handle these situations non-violently. In the United States, law enforcement is not always trained in mental health issues, which is possibly why so many situations are handled in manners that end in injury or even death for the 'suspects.' The Institute for Criminal Justice Training Reform found the average basic training requirement for a law enforcement officer is 647 hours (*State Law*, n.d.). Comparing this data to the training requirements for mobile crisis teams, most mental health professionals require at least a bachelor's degree in psychology, social work, or other such fields. Paramedics are required to complete roughly 150 hours of training to be certified as an EMT-B, and from there an additional 1,200 to 1,800 hours of training to be certified as a paramedic (*What*, 2016). The Institute (n.d.) found that 37 states allow law enforcement officers to begin working before they have even attended any training.

Not only are law enforcement officers often trained less than the paramedics and mental health professionals, but they also lack necessary de-escalation and crisis intervention training. De-escalation training teaches law enforcement the tools needed to defuse dangerous and tense situations. Crisis intervention training prepares officers to deal with sensitive mental health-related crises. Due to the nature of the situations, de-escalation and crisis intervention training go hand-in-hand. Many states have little law enforcement de-escalation training requirements; in fact, 34 states have yet to mandate de-escalation training for officers (Gilbert, 2020). Even the states that *do* have this training required do not seem to place much emphasis on it. In Georgia, for example, 385 of the 582 police precincts in the state required less than one hour of de-

escalation training each year. Georgia has since mandated all officers take de-escalation training; however, they are only required to take one hour of training each year (Gilbert, 2020). The University of Memphis CIT Center (n.d.) claims there are 2,700 crisis intervention training sites across the nation, but with nearly 18,000 police departments spread across the United States, it's not as common as it could be.

Mobile crisis teams and similar programs seem to be key to a future with safe policing. Adding more mental health professionals and paramedics to response teams will have benefits for both U.S. citizens and its law enforcement. Scott (2000) analyzed the effectiveness and overall efficiency of Dekalb County, Georgia's mobile crisis team. The study found Dekalb County's crisis team handled a higher percentage of crisis situations without hospitalization compared to traditional law enforcement. The mobile crisis team were able to avoid hospitalizing those in crisis 55% of the time, compared to only 28% by regular law enforcement. Additionally, 36% of the hospitalizations by the mobile crisis team were involuntary, compared to law enforcement's 67%. The mobile crisis team in DeKalb County had much higher rates of success in assisting individuals in crisis across the board. However, not only did the team have better results than law enforcement, but they were more cost-effective too. The mobile crisis team was also 23% more cost efficient than when police officers responded to mental health calls due to the lower amount of unnecessary hospitalization (Scott, 2000). Data shows that implementation of these response teams lead to increased satisfaction from all parties involved across the board. The average satisfaction rating from the clients and their families were 27.4 and 27.7 out of maximum rating of 32 respectively. Most notable was the level of satisfaction from the officers themselves, as 75% of the officers involved in the study were satisfied with the results.

Police officers currently have a lot on their plate and little training to accommodate for it. Forcing police to perform jobs they simply are not trained for, such as handling people experiencing a mental health crisis, is a recipe for disaster – not only for the police, but for their victims and those victims’ communities as well. To make policing the safest and most efficient it can be, the role of law enforcement officers should be radically reconsidered: different responsibilities, more training, and more community collaboration.

Conclusion

In its current state, United States law enforcement does not seem to have the proper training to successfully assist individuals with severe mental illness without harm. Police in the U.S. kill far too many people, too many people of color, and too many people in a mental illness crisis. It is possible that, in order to stop the blight of police violence that many minority communities face, sensitive, non-life-threatening situations could be handled by mobile crisis teams. As it stands, more research into these response teams is necessary, as while there is information that suggests it is a possible alternative to police intervention, not enough research currently exists to solidify them as an evidence-based practice. Additionally, more training seems necessary, as the current level law enforcement must undergo does not appear adequate enough even on the base level and should be increased in order to possibly raise the quality of policing in the nation. With expanded, improved training, as well as increased use of mobile crisis teams, we believe it will be possible to reduce the number of police brutality cases over time, which is a step of utmost importance for the safety and prosperity of future generations.

References

- Ang, D. (2020, September 15). *Wider Effects of Police Killings in Minority Neighborhoods*. Econofact. <https://econofact.org/wider-effects-of-police-killings-in-minority-neighborhoods>.
- Black and African American Communities and Mental Health*. Mental Health America. (n.d.). <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>.
- Budhwani, H., Hearld, K. R., & Chavez-Yenter, D. (2014). Depression in Racial and Ethnic Minorities: The Impact of Nativity and Discrimination. *Journal of Racial and Ethnic Health Disparities*, 2(1), 34–42. <https://doi.org/10.1007/s40615-014-0045-z>.
- Edwards, F., Lee, H., & Esposito, M. H. (2019). Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex. *Proceedings of the National Academy of Sciences*. <https://doi.org/10.31235/osf.io/kw9cu>.
- FastStats - Diabetes*. Centers for Disease Control and Prevention. (n.d.). <https://www.cdc.gov/nchs/fastats/diabetes.htm>.
- Ford, J. D., Chapman, J. C., Connor, D. F., & Cruise, K. C. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice & Behavior*, 39(5), 695–724.
- Frankham, E. (2018). Mental Illness Affects Police Fatal Shootings. *Contexts*, 17(2), 70–72. <https://doi.org/10.1177/1536504218776970>.
- Fuller, D. A., et al. (2015). Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters. *Treatment Advocacy Center Office of Research and Public Affairs*.

Gilbert, C. (2020, September 16). *Not Trained to Not Kill: Most states neglect ordering police to learn de-escalation tactics to avoid shootings*. APM Reports.

<https://www.apmreports.org/story/2017/05/05/police-de-escalation-training>.

The History of American Police Brutality. The National Trial Lawyers. (2020, July 27).

<https://thenationaltriallawyers.org/2020/07/the-history-of-american-police-brutality/>.

Jones, A., Sawyer, W. (2020, June 5). *Not just "a few bad apples": U.S. police kill civilians at much higher rates than other countries*. Prison Policy Initiative.

<https://www.prisonpolicy.org/blog/2020/06/05/policekillings/>.

Leary, J. G. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Milwaukee, OR: Uptone Press.

Mental Health Disparities: Diverse Populations. American Psychiatry Association. (n.d.).

<https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>.

Moore, L. (2020, July 27). *Police brutality in the United States*. *Encyclopedia Britannica*.

<https://www.britannica.com/topic/Police-Brutality-in-the-United-States-2064580>.

Overview. University of Memphis CIT Center. (n.d.).

<http://www.cit.memphis.edu/overview.php?page=7>.

Sachs, D. (2021, March 8). *6-Month Experiment Replacing Denver Police with Mental Health Teams Dubbed a Success*. NPR. <https://www.npr.org/2021/03/08/974941422/6-month-experiment-replacing-denver-police-with-mental-health-teams-dubbed-a-suc>.

Scott, R. L. (2000). Evaluation of a mobile crisis program: Effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services*, 51(9), 1153–1156.

<https://doi.org/10.1176/appi.ps.51.9.1153>.

State Law Enforcement Training Requirements. The Institute for Criminal Justice Training Reform. (n.d.). <https://www.trainingreform.org/state-police-training-requirements>.

What are the requirements to be a paramedic? EMS1. (2016, September 13).

<https://www.ems1.com/ems-products/books/articles/what-are-the-requirements-to-be-a-paramedic-SoHHGkJ2os1h1FiH/>.

WP Company. (2021, August 16). *Fatal force: Police shootings database*. The Washington Post.

<https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>.