What Works and What Doesn't When Policing People with Mental Health Issues

Jerry Flores & Joyce Chua*

Over the last few years, police encounters with people who have mental health issues have increased and become a topic of conversation for academics and the public alike (Watson & Fulambarker 2012). A large portion of this population (especially those living on the streets) regularly come in contact with police and are often caught in a cycle of police contact, incarceration, and temporary stays in poorly funded hospitals until they end up back on the streets. This is exacerbated by the lack of training and resources police can access to address the unique needs of this population (Coleman & Cotton 2010). Most of these individuals only commit minor offenses, but with the stigma around mental health issues and the lack of mental health training, police often use excessive force to handle these situations (Watson et al. 2008).

In this article, we demonstrate what works and what does not when officers interact with people who have mental health issues. Building on theoretical work on intersectionality, we also demonstrate how these interactions are influenced by various interconnected identities like race, gender, and ability. Drawing on a video ethnography with a large police force in the United States and other publicly available videos, we respond to the following questions: do interpersonal approaches lead to officers successfully following the use of force guidelines when people they come into contact with have mental health issues? Second, what approaches do not work in these interactions? Lastly, how are these interactions influenced by multiple interlocking identities? In the following sections, we provide a brief overview of research related to policing and mental health. We also touch on theoretical work on intersectionality when analyzing our findings.

* Jerry Flores (jerry.flores@utoronto.ca) is an Assistant Professor in the Department of Sociology at the University of Toronto. Joyce Chua (joyce.chua@mail.utoronto.ca) is a graduate of the University of Toronto and is currently pursuing a master's degree in social work.

We follow this with a discussion of our methodological approach. This is followed by our findings section and a brief conclusion.

Police and Mental Illness

Police officers are required to protect the safety and welfare of the public as well as to protect so-called disabled citizens, a category that includes people with mental health issues (Teplin & Pruett 1992). Since the large scale deinstitutionalization of psychiatric facilities, police officers have become what Teplin and Pruett (1992) term street-corner psychiatrists. Police officers are often a community's first responders to mental health distress calls (Lane 2019, Rogers 1990), and they must use their discretion based on limited technical knowledge with respect to psychiatry (Teplin & Pruett 1992). Even though social care is not highly valued in police training and culture, officers experience scrutiny for not responding appropriately (Lane 2019). Not only do they have to recognize if the individual is mentally ill, but they also have to decide whether to initiate formal interventions and determine what would best meet the safety of the public and everyone involved (Rogers 1990, Wood et al. 2017). Additionally, mental illness often goes hand in hand with other vulnerable states such as homelessness and drug or alcohol addiction (Rogers 1990, Wood et al. 2017), thus blurring the lines between interventions police officers should use. Despite these responsibilities, current research demonstrates that police officers are not trained to handle mental health crises but are charged with handling the brunt of mental health related calls (Compton et al. 2011).

Police officers often have complex perceptions of people with mental health issues. According to current research, most mental health calls are often nonviolent and nonthreatening (Teplin & Pruett 1992, Wood et al. 2017). Officers nevertheless often view mental health related encounters as time consuming and undesirable (Watson & Fulambarker 2012). Research done with police in Australia found that officers often viewed individuals with mental health issues as potentially dangerous (Martin & Thomas 2015). Similarly, Heslin et al.'s (2017) research in the United Kingdom suggested that officers perceive individuals with mental health issues as confounding, frustrating, and largely time-consuming. Given this, police encounters with this population disproportionately end with the use of force, verbal abuse, and general disrespect (Lancaster 2016). Officers ultimately feel an inability to provide this population with proper resources (Lancaster 2016, Watson et al. 2008). Unfortunately, there is evidence that people with mental health

issues might also be increasingly agitated by law enforcement due to their previous mistreatment by criminal justice agents (Watson et al. 2008).

Issues related to mental health and policing can also be exacerbated by issues related to race. Nelson (2011) argues that people of color with mental illness usually experience higher rates of excessive force at the hands of police compared to people with no visible or perceived mental health issues. Nelson (2016) calls this felonization, a term used to describe how race and disability are morphed to create an idea of the perfect criminal. This double vulnerability is perceived as requiring force and punishment to handle situations involving people of color with mental health issues (Nelson 2016). Behaviors are assessed depending on the race of individuals, which often leads to misdiagnosis and disciplinary punishment (Nelson 2016). This is exacerbated by the long history of police violence against people of color (Rios 2011). Race plays a role in policing outcomes and encounters and makes certain individuals more vulnerable to misdiagnosis and disciplinary punishment.

Theoretical Framework

An intersectional framework provides "an account for the multiple grounds of identity when considering how the social world is constructed" (Crenshaw 1991, 124). Importantly, intersectionality scholars do not universalize experiences as representative of any one identity category; instead, they outline a forceful set of interlocking cultural and social forces that shape a group of experiences without conflating or homogenizing them (Crenshaw 1991) or dispensing of the individual dimension (Brewer 1992). Interlocking structural arrangements are salient within the criminal justice system and often operate to keep men and women of color in subordinated and marginalized positions (Alexander 2010, Ocen 2013). Several significant works have recently illustrated the ways that systems of surveillance and social control are racialized, gendered, and heteronormative. In his influential work, Victor Rios (2011) discusses the often criminalized lives of Black and Latino male youth in Oakland, California. Rios's work highlights how masculinity instilled in young men reproduces a hypermasculine outcome in order to earn respect from community peers who often deny them such dignity. The young adults were often hypercriminalized by what Rios calls the Youth Control Complex, an interlocking web of social institutions (the police, the schools, the community, for example) that systematically treats everyday marginalized youth behavior as deviant.

Brewer and Heitzeg (2008, 641) argue that in order to understand systemic oppression within the criminal justice system and the prison industrial complex, scholars must take on an intersectional analysis that incorporates "Black and third world people, working-class people, older people, women, gay/lesbians, and physically challenged people." An intersectional framework provides "an account for the multiple grounds of identity when considering how the social world is constructed" (Collins 1993, 1245). Importantly, intersectionality scholars do not universalize experiences as representative of any one identity category; instead, intersectionality scholars outline a forceful set of interlocking cultural and social forces that shape a group of experiences without conflating or homogenizing them (Crenshaw 1991) and also without dispensing of the individual dimension (Collins 1993).

As a whole, intersectional analysis and its nuanced understanding of power brought out a set of distinct but not homogenous experiences that required a deeper contextualization of individual experiences relative to multiple structures and institutions of social control. Taken together, this theoretical framework fits our discussion of police and citizen interaction, as it helps show that people of color often experience mistreatment at the hands of criminal justice agents like police (Rios 2011). The contemporary and historical racialized and gendered mistreatment of men and women of color is exacerbated when we think about how these identities intersect with issues of ability and disability (Erevelles & Minear 2019, Moodley & Graham 2015).

Methods

In this article, we used a unique two-pronged methodological approach. The first component included a video ethnography research project with one large police agency on the US West Coast. During this project, multiple researchers shadowed various police officers as they went about their daily jobs. The observations happened in blocks of 2 to 10 hours. We shadowed officers in every district and in every part of the city. We rode in their cars and responded to most calls they received. Additionally, we interviewed them during down time and collected handwritten fieldnotes. As a whole, this project investigated routine interactions between police officers and everyday people. The larger goal was to find a set of interpersonal approaches that would help officers deescalate potentially volatile situations without using lethal force. During this multiyear investigation, we studied hundreds of routine interactions with police and citizens. Approximately

24 of the interactions included someone who was identified by another person, themselves, or the police as having mental health issues or as being psychologically unstable. After reviewing these 24 cases we included eight interactions with people who had visible mental health issues that officers described as being mentally unstable or cognitively impaired. Additionally, these eight interactions all involved officers directly interacting with white citizens and six of these eight interactions involved white officers speaking to white individuals. In the recordings that we gathered ourselves, all officers followed the parameters for the use of force and provided good examples of how to interact with people who have mental health issues. In other words, they followed the use of force parameters and were kind and respectful.

The second portion of our data came from publicly available online venues. We found most of our videos using YouTube. We searched key phrases including police and mental health, police stop person with mental illness, and mental health and policing. Using this approach, we found eight videos that showed officers interacting with people who had mental health issues. Additionally, the description for these videos or information that was embedded in the video descriptions (like newspaper articles or reports) also described the people officers were interacting with as having mental health issues. Since our video ethnography only had interactions that went well we purposely looked for videos online where officers used force against people with mental health issues. We did this to provide a contrast between officers who use force and those that do not. Most of these videos included officers interacting with people of color. All but one officer was a white man.

We treated the material we found online as visual fieldnotes or interviews. After viewing them countless times, we transcribed our aggregate data verbatim. We then used Dedoose, a qualitative data analysis software package, to code these documents and paid special attention to the approaches that officers took when interacting with people with mental health issues. Our analysis also included a thorough examination of those so-called negative cases or alternative explanations. When we were confronted with a negative case, we addressed it in the text or incorporated it into the larger analysis. Looking for alternative explanations in this research ultimately strengthened our findings. This method of analyzing ethnographic data follows Emerson et al.'s (1995) process, and we addressed this by excluding cases involving people who did not have visible or ascribed mental health issues or cognitive impairment.

- **Officer Presence — No force is used. Considered the best way to resolve a situation.**
  - The mere presence of a law enforcement officer works to deter crime or diffuse a situation.
  - Officers' attitudes are professional and nonthreatening.
- **Verbalization — Force is not-physical.**
  - Officers issue calm, nonthreatening commands, such as "Let me see your identification and registration."
  - Officers may increase their volume and shorten commands in an attempt to gain compliance. Short commands might include "Stop," or "Don't move."
- **Empty-Hand Control — Officers use bodily force to gain control of a situation.**
  - *Soft technique.* Officers use grabs, holds and joint locks to restrain an individual.
  - *Hard technique.* Officers use punches and kicks to restrain an individual.
- **Less-Lethal Methods — Officers use less-lethal technologies to gain control of a situation.**
  - *Blunt impact.* Officers may use a baton or projectile to immobilize a combative person.
  - *Chemical.* Officers may use chemical sprays or projectiles embedded with chemicals to restrain an individual (e.g., pepper spray).
  - *Conducted Energy Devices (CEDs).* Officers may use CEDs to immobilize an individual. CEDs discharge a high-voltage, low-amperage jolt of electricity at a distance.
- **Lethal Force — Officers use lethal weapons to gain control of a situation. Should only be used if a suspect poses a serious threat to the officer or another individual.**
  - Officers use deadly weapons such as firearms to stop an individual's actions.

Figure 1. An example of a use of force continuum as presented by the US National Institute of Justice in 2009 (at https://nij.ojp.gov/topics/articles/use-force-continuum).

To our understanding, this is one of the first times that police in the United States have allowed ethnographers to record them in a systematic fashion. Additionally, we feel that our two-pronged approach to studying police and mental health is unique. While we understand that our approach is not perfect, we feel it is unique and provides some key empirical, theoretical, and policy insights.

What Works

When officers in these videos followed the several steps in the use of force continuum, they seldom had to use force and were able to have successful interactions with people with mental health issues. The use of force continuum is a set of administrative parameters officers should follow before using force (Terrill & Paoline 2013). This continuum lays out a series of slowly escalating hands-on techniques that should guide the severity of force used by officers in the field (Terrill & Paoline 2013). The various levels in the use of force continuum show that officers should respond with a level of force that is "appropriate to the situation at hand" (National Institute of Justice 2009) (See Figure 1). This continuum should dictate the way all police and military force is used. However, this is not often the case. It is also important to keep in mind that officers can skip steps in this continuum and respond with force one level above what is used against them (National Institute of Justice 2009). In other words, if someone attempts to punch or kick an officer, they can use a baton, a taser, or pepper spray in order to have them follow officers' instructions. In our data officers were most successful when they followed the continuum.

The fieldnote below captures an example of a successful interaction with someone who has mental health issues. The interaction is between a white officer who is about 40 years old and a white woman in her mid-twenties. It takes place at a large park. Initially, the officer responds to a call about a group of men drinking in public. The interaction starts with the officer approaching a group of men who are drinking. Then he walks over to a couple. He asks them to pour out their drinks and the man does. Then he begins to speak with a white woman as she lays on the grass and looks up at the officer as he stands near her and asks her questions (see Transcript 1).

This interaction continues in this fashion until approximately minute 11, when two other officers arrive and call for an ambulance using their police radio. He also begins to inquire about a possible medical condition. At minute 19 of the video, an ambulance arrives and takes the woman away.

Transcript 1. Interaction between a white officer and a white woman at a park

Time	Actor	Words and Actions
:45	Officer	Are you ok?
:52	Officer	Can you tell me your name?
:53	Officer	What's your name?
:56	White woman	(Smiles)
:57	Officer	Smiles aren't going to work right now because you committed a crime. And I am going to take you to the police station if I don't hear some words from you.
1:08	White woman	(says something inaudible)
1:12	White woman	(takes a drink of her beer)
1:15	Officer	I am not going to play games with you right now. I'll just take you to the police station.
1:22	White woman	I think that is Bob Marley. (referring to the man she was with)
1:24	Officer	It could be. It does kinda look like Bob Marley.
1:28	Officer	I am going to ask your name one more time or now we are going to the police station.
1:32	White woman	Yeah.
1:33	Officer	All right. I am going to arrest you for being drunk in public. You understand?
1:36	White woman	(says something inaudible) So you are CPD?
1:37	Officer	Yeah.

1:39	Officer	Alright. I am going to arrest you for being drunk in public. Do you understand? You are drunk in public. You have alcohol with you, and you're intoxicated. So I am going to give probably a lot more than I should. I am going to ask you one more time your name and some ID. (stares at her a few seconds)
2:03	Officer	I am trying to get some information for you so I can release from here. But you are not answering any of my questions.

This video as a whole demonstrates many key aspects of a successful interaction with someone who is suffering from mental health issues or is generally unstable. First, the officer follows the use of force continuum. He could have easily placed handcuffs on the woman and arrested her for refusing to give her name. Instead, he spent approximately 20 minutes attempting to get her name and identification. Additionally, he did this all without the use of force. Given what is depicted in the media (and what our next section shows), the officer in this interaction is giving her several warnings before attempting to arrest her. Midway through the interaction he begins to ask the young women if she needs medical attention. At minute 4:57 he says, "I am not sure what is going on but it's worrying me." By not using force the officer was able to figure out that this woman needed medical attention rather than the use of force. Coming to this realization took approximately five minutes after starting this interaction. This approach to policing is in line with the historical approaches of criminal justice agents toward white people, especially women they view as in need of protection (Goodkind 2005). Furthermore, when a white woman with mental health issues is defiant or commits crimes criminal justice agents often attribute this behavior as involuntary or unintended given their mental illness (Chesney-Lind & Shelden 2004). In observing this interaction, one of the researchers stated, "at first I thought she was just being defiant." The officer responded, "I did too but as more time went on, she had that blank stare every once in a while. She really didn't know some things. It is always better just to err on the side of caution." Being patient and following the use of force continuum thus resulted in an interaction without the use of physical force.

"Listen and Let Them Talk"

The use of patience was key for successful police-citizen interactions. For example, officers who had successful interactions spent a significant amount of time "listening and letting them talk," as one officer described it. This involved police officers spending significant amounts of time listening to people they interacted with and not using force or attempting to shout commands or impose their will on others. When officers took this approach to interacting with people with mental health issues, things often ended without the use of force. Even when they could have escalated the situation via the use of force continuum, they did not. The interaction below involves officers being called to a single-room occupancy building. The video starts with two officers (white men) walking up various flights of stairs. They reach an office and are greeted by a counselor, a white man that appears to be in his fifties. Below is an excerpt of the video we captured.

Transcript 2. Interaction between officers and a white man at a single-room occupancy building

Time	Actor	Words and Actions
5:31	Officer 1	Hi.
5:32	Counselor	Welcome.
5:33	Officer 1	You call?
5:33	Counselor	Yup. (walks into his office and officer follows him)
5:34	Counselor	I called because… (voice trails off and becomes inaudible)
5:42	Officer 1 Officer 2	(both walk into the office; a bald white man is crying and sitting in a chair to their right)
5:44	Counselor	(sits in chair behind desk)
5:44	Officer 2	Hi. What's up?
5:47	Bald man	Um, I took, I still didn't need the police. (turns to the counselor)

5:52	Counselor	No, they just… (waves his hands in an open fashion and says something inaudible)
5:54	Bald man	No, I didn't want to hurt myself or anything like that.
5:57	Bald man	Ok. I had body lice. And I put it all over my body. I'm sure you guys have heard of it and showered and got it all out of there.
6:12	Bald man	And I swallowed some of my medication and I bought a bunch of vitamin waters because I thought they would get my body back. You know? So I got four different kinds of body water and they have all the vitamins and amino acids and stuff.

During the rest of the interaction, the officers stand in the room with their arms crossed and listen while the man continues to talk. Paramedics arrived about 15 minutes after officers arrived and they decided there was nothing wrong with the bald man. About 24 minutes after they arrive the police leave, walk down multiple flights of stairs, and discuss this interaction with the researcher as they drive away. As a whole, this video provides a good example of what works when two officers can interact with someone who has mental health issues. This exchange followed the suggestion of the officer we interviewed: stay calm, listen, and let them talk. These officers spent approximately 24 minutes listening to this man and letting him talk. At any point they could have handcuffed him or escalated the situation. While we understand that spending this much time with someone can be tedious, it ultimately resulted in this exchange ending with no one being hurt.

Stay Calm and Do Not Raise Your Voice

Officers staying calm during these interactions were key. This included having a relaxed conversational approach and asking questions, and not raising one's voice or giving orders repeatedly. While officers can easily use force if someone does not respond to their commands, the officers we observed remained calm and followed the interactional approach we described. The video that we include below embodies staying calm. There is an African American officer who walks up to a white man in his sixties who is sitting

on the floor. Two seconds into the interaction the officer bends over and asks, "Hey sir, are you okay?" The man on the floor is dressed in blue jeans, red shoes, a red undershirt, a red button-up, and has stringy white hair. He slowly looks up and says nothing. The rest of the interaction goes as follows.

Transcript 3. Interaction where man hit his head

Time	Actor	Words and Actions
:06	Officer	(asks) What's your name?
:12	Officer	(says something inaudible)
:18	Officer	What's your name?
:20	Officer	(the officer stands up and calls some-one on his radio)
:38	Officer	(starts talking into his radio while he covers his mouth and walks back and forth in front of the man)
:56	Man on the floor	(starts fidgeting with this shirt)
1:12	Officer	(turns to researcher) They're (ambulance) en route already. Since he hit his head I want to make sure that he is definitely okay.
1:27	Officer	(Officer hunches down to talk to the man on the floor). Sir, the ambulance is going to come check you out. To see if you hit your head. Just relax. They are going to be here any minute.
1:39	Officer	To check you out to make sure you are okay.
1:42	Officer	They will probably take you to the hospital.
1:43	Officer	So you can sober up. All right.
1:44	Officer	I'll wait here with you no problem.
1:53	Officer	(officer stands back up and looks around for the paramedics)

At minute 3:15, the man on the floor lays down, and the officer comes over to ask "are you more comfortable when you lay down?" and to reiterate that "The ambulance is coming for you." At minute 3:43 he helps the man on the floor lean against a wall with no use of force. Then he hands him his hat and tells him his bag is next to him. He leans against a wall and waits until the paramedics arrive about seven minutes into the interaction. He watches the medical personnel give him attention and leaves about 13 minutes into the interaction after the man is loaded into an ambulance. The officer in this interaction embodies staying calm and not raising your voice. During the 13-minute exchange, he spoke to the man on the floor in a low voice and regularly repeated the same commands. He calmly explained to the man what would happen next and helped him become comfortable. Additionally, he did not escalate the situation or attempt to use force. Putting a hand on someone might help and walk them through what will happen, but we do not have data to support these policing approaches. However, remaining calm and using a low voice seemed to result in a successful interaction. Given that the three cases we presented here included interactions with white people we believe that officers' decisions to use these interactional approaches are deeply influenced by various intersecting identities like race, class, gender, and ability. While our current data cannot support this argument completely, other research in this field supports this assertion (Armenta 2016; Nelson 2011, 2016; Rawls et al. 2018; Rios 2011).

What Doesn't Work: Policing, Race, and Mental Health

In this section, we provide examples of interactions that do not work. In other words, interactions where officers used force in situations where they could have avoided it entirely. We noted that the officers in these videos tended to use less patience when speaking with people of color who have mental health issues. This again is consistent with research in this area (Armenta 2016; Nelson 2011, 2016; Rawls et al. 2018; Rios 2011).

The officers in our unsuccessful interaction data set tended to wait less time before using force. This is especially significant because the people they interacted with were (for the most part) people of color. This is in stark contrast to the previous videos we discussed, which show officers waiting long periods before ending their interaction. The first video involves two Dallas, Texas, police officers shooting a Black man with a history of mental health issues.[1] The video starts off with one officer knocking on the door of a house.

Transcript 4. Interaction where man lays on the ground

Time	Actor	Words and Actions
:13	Mother in orange blouse	(comes out of her home)
:14	Officer 2 (on the right)	How you doing ma'am? What is going on?
:19	Mother in orange blouse	(walks out of her home) … chopping up people (trails off)
	Man in white shirt	(follows behind her)
:20	Mother in orange blouse	bipolar-schizo (walks out of video)
:20	Man in white shirt	What's going on? (opens a screwdriver)
	Officer 1 (on the left)	Drop that for me. Drop that for me, guy.
:23	Mother in orange blouse	(yells) Jay!
	Officer 1	Drop that for me.
:24	Mother in orange blouse	Jay!
:24	Officer 1	Drop it.
:25	Mother in orange blouse	Jay!
:25	Man in white shirt	(shoes screech and man appears to walk toward officers)
:26	Mother in orange blouse	Don't shoot!
:26	Officer 1	(shoots his gun twice)
:28	Man in white shirt	(falls to the ground and looks up at his mother)
:28	Mother in orange blouse	Oh! You killed my child!

For the next minute or so both officers continue to yell at the man to drop it as he lays on the ground. In the background of the video, you hear his mother sobbing. Paramedics arrived about two minutes later. The video that we use here is vastly different from the ones in previous sections. In this interaction we see officers use deadly force within four seconds of starting a conversation with an individual. And in this interaction, we would argue that they did not follow the use of force continuum. Compared to the other videos where officers on average wait approximately ten minutes and eighteen seconds, this video and the others in this section show officers using force within approximately 2 seconds of coming within arm's

reach of an individual. This video helps to support our argument that using patience when interacting with people with mental health issues is key to having these encounters end without the use of force. It is also important to note that the videos we used in our data set demonstrate how officers tend to be quick to use force against people of color. The rush to use force against people of color, especially those with mental health issues, has been well documented by other researchers (Watson et al. 2008). In particular, officers are quick to use force against Black men and other men of color (Rios 2011) and this dynamic is exacerbated by their mental health issues. Here, we begin to see how the intersections of race and ability resulted in the shift to force.

Officers in the unsuccessful videos tended to not follow the use of force continuum when interacting with people with mental health issues. In other words, they used force in a way that was not professionally appropriate. This was also the case when individuals did not pose a threat to the safety of the officers. For example, we saw this take place in a video of a corrections officer interacting with a handcuffed man at Jackson Park Hospital in Chicago.[2] The video begins with an empty cell.

Transcript 5. Officer snaps and bashes mentally ill hospital patient's face in

Time	Actor	Words and Actions
:40	Officer	(holding him by the right arm, officer brings a handcuffed Black man into the cell)
:42	Officer	(walks handcuffed man toward the wall)
:42	Second officer	(walks into the room)
:43	Officer	(throws the handcuffed man into the wall)
:44	Officer	(punches handcuffed man in the face)
:45	Handcuffed man	(falls on the bed in the room)
:46	Officer	(punches handcuffed man twice)
:46	Second officer	(walks to other side of the bed and watches the interaction)
:47	Women dressed in nurse clothing	(walks into room)
:48	Officer	(walks away from man)

This recording shows an officer punching a handcuffed man who is suffering from mental health issues. Even though the handcuffed individual does not seem to pose a threat, the officer punches him in the face almost immediately after bringing him into a cell. He then continues to punch him until medical staff arrive. Within 5 seconds of bringing the man into the room, the officer threw him against the wall and punched him three times. The officer did not follow the use of force continuum. This video demonstrates how officers tend to use force almost immediately after interacting with people (especially people of color) with mental health issues. When officers do not follow the use of force continuum, they tend to have an unsuccessful interaction with these individuals.

We also found that officers who interact with people with mental health issues tend to use force within a few seconds of seeing a person or they use force almost immediately once they get out of their vehicles. Another video illustrates this dynamic.[3] Officers were called about a naked man in his 30s who was walking in the middle of the street. He is also cursing at the police as they follow him slowly in a police car. The police follow him for a little under three minutes and the rest of the interaction goes as follows.

Transcript 6. Officers interacting with man with mental health issues

Time	Actor	Words and Actions
2:53	(off screen)	(car door opens and closes)
2:54	(police off screen)	(crackling of a taser) No good.
2:54	Naked man	(turns away from police and puts his hands up)
2:56	Naked man	(does a half turn toward police who are off screen)
2:57	Officer in blue shirt	Get on the ground! (points with his right hand)
2:58	Officer in blue shirt	Get on the ground! (points with his right hand)
2:58	Officer (off screen)	Load another cartridge. (referring to taser)
2:59	Officer in blue shirt	On the ground. (points with his right hand)
3:00	Officer (off camera)	Get on the ground.

3:01	Officer in blue shirt	On the ground.
3:02	Officer	On the ground, ground, ground, now! (sound of taser again)
3:04	Officer in blue shirt, second officer, and naked man	(both officers walk toward the man as he lays down)
3:05		(sound of taser again)

The rest of the video shows the officers handcuffing the man and getting him to his feet. They eventually call an ambulance and the man is taken away without the further use of force. This video is unique in that the officers follow the man in their cars for almost 3 minutes but do not directly engage him. Once one officer steps out of his car, he uses his taser almost immediately. We argue this interaction was successful until one officer stepped out of his car and used his taser.

This video summarizes most of what does not work when officers interact with people who have mental health issues. Our data shows that officers tend to use force almost immediately after seeing the person they were going to engage. In one case, an officer waited for more police to arrive, but once they did the use of force was almost instantaneous. In the case of the last video, officers used force one second after getting out of the car. This is substantially different from the videos that we used in the previous section. It is also key to point out that when officers did use force it was usually against Black men with a visible or perceived mental health issue. This is in stark difference to the amount of time officers spent with white individuals. As a whole, this section demonstrates what does not work when officers interact with people who have mental health issues. They do not follow the use of force continuum and often use force immediately. Other research also demonstrates that police are more likely to use force against people of color (Taheri 2016, Watson & Fulambarker 2012, Watson et al. 2008). Our research demonstrates that this dynamic is exacerbated when people of color have mental health issues and interact with police. Our findings support other empirical and theoretical work on intersectionality that shows how men of color tend to be treated worse compared to white men and woman (Armenta 2016; Nelson 2011, 2016; Rawls et al. 2018; Rios 2011). Our research demonstrates how this is exacerbated by people suffering from mental health issues.

Conclusion

In this article, we discussed how police interact with people with perceived or ascribed mental health issues. As a whole, we divided our findings into two main sections. These sections show what works and what does not when officers interact with people with mental health issues. We expanded on work dealing with intersectionality, policing, and mental health to show how policing approaches are shaped by race and ability. Unsurprisingly, we found that officers tend to use force more often against people of color compared to white people. The use of force against people of color also tends to happen within seconds of police coming within arm's reach of these individuals. Finally, despite this swift use of force, officers do not discuss peoples' race, ability, or other identities.

Scholars like Armenta (2016) and Bonilla-Silva (2015) argue that institutions take on colorblind approaches to dealing with individuals. In other words, they do not explicitly discuss race or make racialized statements. Despite the assertion that race is not at play when institutional actors like police interact with people, it is clear that overt and implicit race specific treatment exists. Armenta (2016) found that police in the United States use the race of Latinos/as as a proxy for being undocumented despite never discussing race overtly. Additionally, Duck (2016) found that police are quick to punish Black residents when they do not adopt a passive interpersonal approach. We see these two things manifest themselves in our findings. Additionally, Erevelles and Minear (2019) show how the historical mistreatment of people of color by criminal justice agencies is exacerbated when issues of various intersecting identities include mental health issues. As a whole, both sets of data show one dynamic: officers are patient and use the use of force continuum with white people but not people of color. This was even the case when police themselves were people of color.

There are a few key limitations of this work. First, we focused on a small group of interactions. Thus, we cannot make statements that are generalizable to policing across the United States, Canada, or other parts of the world. While we feel that using intersectionality as a theoretical framework is useful, our data set does not help us address the various intersecting identities of both officers and citizens and how this shapes interactions. A larger analysis of data similar to our own might help with this issue.

Several policy and practice implications should be considered in response to our findings, which are likely to contribute to understandings of police-civilian encounters within communities of color and between officers and

nonwhite civilians in public space more generally. Currently, residents in low-income communities of color, and perhaps especially young people in these neighborhoods, are underserved by law enforcement in at least two ways that contribute to inequality. First, as Harris's (2009) research has revealed, nonwhite citizens are often subject to increased surveillance for low-level offenses, as well as more frequent ticketing, fines, and incarceration, which has a direct economic impact both on their capacity to earn money and to keep what they earn. Second, although the police are often visibly present in so-called hot spot neighborhoods, the persistence of chronic violence continues to mark many poor communities of color. Not only are young Black men most likely to be killed by the police, but men between the ages of 15 and 34 also have the highest homicide rates in the United States. That is, even though the police are persistently present in some communities, residents in these neighborhoods appear to receive less protection from violent crimes (including robbery and murder), thereby reducing the capacity for members of those communities to live, work, and participate peacefully in civic and public life. A recent study from the Center for Policing Equity (Goff et al. 2016) also documents these disparities in police use of force against Black civilians. When we consider issues of disability, these issues are exacerbated. For example, due to limited mental health training and resources, police officers have become the first responders to mental health related calls and are often not equipped to deal with mentally ill individuals. Over the last few decades, new trainings and approaches to mental health related calls have emerged. These approaches use techniques such as verbal de-escalation strategies to handle situations rather than physical confrontation and excessive use of force. However, officers are still more likely to use force against people of color who have mental health issues. We hope this article helps to redress these issues.

NOTES

1. "Dallas Police Shoot Mentally Ill Man on His Porch, Footage Reveals," YouTube video, 6:53, posted by "RT America," March 19, 2015, *https://www.youtube.com/watch?v=EUp4bDa9M3o*.
2. "Cop Snaps and Bashes Mentally Ill Hospital Patient's Face In—Judges Promises Him No Jail Time," YouTube video, 9:00, posted by "The Free Thought Project," May 18, 2016, *https://www.youtube.com/watch?v=uW5gcopoHA4&list=PLq1c6GBV1si3CjgqmNPhJGNNqWia8J_JF&index=7*.
3. "Officers Get Training to Help People with Mental Illness," YouTube video, 6:08, posted by "Pioneer Press," June 3, 2016, *https://www.youtube.com/watch?v=xDpdl6rgY1s&index=7&t=0s&list=PLq1c6GBV1si3CjgqmNPhJGNNqWia8J_JF*.

REFERENCES

Alexander, Michelle
2010 *The New Jim Crow: Mass Incarceration in the Age of Colorblindness.* New York: The New Press.

Armenta, Amada
2016 "Racializing Crimmigration: Structural Racism, Colorblindness, and the Institutional Production of Immigrant Criminality." *Sociology of Race and Ethnicity* 3(1): 1–14.

Bonilla-Silva, Eduardo
2015 "More Than Prejudice: Restatement, Reflections, and New Directions in Critical Race Theory." *Sociology of Race and Ethnicity* 1(1): 73–87.

Brewer, Rose M.
1992 "Review of *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* by Patricia Hill Collins." *Contemporary Sociology* 21(1): 132–33.

Brewer, Rose M., and Nancy A. Heitzeg
2008 "The Racialization of Crime and Punishment: Criminal Justice, Color-Blind Racism, and the Political Economy of the Prison Industrial Complex." *American Behavioral Scientist* 51(5): 625–44.

Chesney-Lind, Meda, and Randall G. Shelden
2004 *Girls, Delinquency, and Juvenile Justice*. Belmont, CA: Wadsworth Cengage Learning.

Coleman, Terry G., and Dorothy H. Cotton
2010 "Reducing Risk and Improving Outcomes of Police Interactions with People with Mental Illness." *Journal of Police Crisis Negotiations* 10(1/2): 39–57.

Collins, Patricia Hill
1993 "Toward a New Vision: Race, Class, and Gender as Categories of Analysis and Connection." *Race, Sex & Class* 1(1): 24–45.

Compton, Michael T., Berivan N. Demir Neubert, Beth Broussard, Joanne A. McGriff, Rhiannon Morgan, and Janet R. Oliva
2011 "Use of Force Preferences and Perceived Effectiveness of Actions Among Crisis Intervention Team (CIT) Police Officers and Non-CIT Officers in an Escalating Psychiatric Crisis Involving a Subject with Schizophrenia." *Schizophrenia Bulletin* 37(4): 737–45.

Crenshaw, Kimberlé
1991 "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43(6): 1241–99.

Emerson, Robert M., Rachel I. Fretz, and Linda L. Shaw
1995 *Writing Ethnographic Fieldnotes*. Chicago: The University of Chicago Press.

Duck, Waverly
2016 "Becoming a Drug Dealer: Local Interaction Orders and Criminal Careers." *Critical Sociology* 42(7/8): 1069–85.

Erevelles, Nirmala, and Andrea Minear
  2019 "Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality." *Journal of Literary & Cultural Disability Studies* 4(2): 127–45.

Goff, Phillip, Tracey Lloyd, Amanda Geller, Steven Raphael, and Jack Glaser
  2016 "The Science of Justice: Race, Arrests, and Police Use of Force." Center for Policing Equity, UCLA, July. At *https://www.policingequity.org/images/pdfs-doc/CPE_SoJ_Race-Arrests-UoF_2016-07-08-1130.pdf.*

Goodkind, Sara
  2005 "Gender-Specific Services in the Juvenile Justice System: A Critical Examination." *Affilia* 20(1): 52–70.

Harris, D.A.
  2009 "Leveraging the Politics of Racial Profiling to Effectuate Reform." *Criminology & Public Policy* 8(2): 381–86.

Heslin, Margaret, Lynne Callaghan, Barbara Barrett, Susan Lea, Susan Eick, John Morgan, Mark Bolt, Graham Thornicroft, Diana Rose, Andrew Healey, and Anita Patel
  2017 "Costs of the Police Service and Mental Healthcare Pathways Experienced by Individuals with Enduring Mental Health Needs." *British Journal of Psychiatry* 210(2): 157–64.

Lancaster, Andrew
  2016 "Evidence for Joint Police and Mental Health Responses for People in Mental Health Crisis." *Mental Health Practice* 19(10): 20–26.

Lane, Rhiannon
  2019 "'I'm a Police Officer Not a Social Worker or Mental Health Nurse': Online Discourses of Exclusion and Resistance Regarding Mental Health-Related Police Work." *Journal of Community & Applied Social Psychology* 29(5): 429–42.

Martin, Trish, and Stuart Thomas
  2015 "Police Officers' Views of Their Encounters with People with Personality Disorder." *Journal of Psychiatric and Mental Health Nursing* 22(2): 125–32.

Moodley, Jacqueline, and Lauren Graham
  2015 "The Importance of Intersectionality in Disability and Gender Studies." *Agenda* 29(2): 24–33.

National Institute of Justice
  2009 "The Use-of-Force Continuum." Office of Justice Programs, US Department of Justice, August 3. At *https://nij.ojp.gov/topics/articles/use-force-continuum*.

Nelson, Camille A.
  2011 "Racializing Disability, Disabling Race: Policing Race and Mental Status." *Berkeley Journal of Criminal Law* 15(1): 1–64.
  2016 "Frontlines: Policing at the Nexus of Race and Mental Health." *Fordham Urban Law Journal* 43(3): 615–84.

Ocen, Priscilla A.
  2013 "Unshackling Intersectionality." *Du Bois Review: Social Science Research on Race* 10(2): 471–83.

Rawls, Anne W., Waverly Duck, and Jason Turowetz
2018 "Problems Establishing Identity/Residency in a City Neighborhood during a Black/White Police-Citizen Encounter: Reprising Du Bois's Conception of Submission as 'Submissive Civility.'" *City & Community* 17(4): 1015–50.

Rios, Victor
2011 *Punished: Policing the Lives of Black and Latino Boys.* New York: New York University Press.

Rogers, Anne
1990 "Policing Mental Disorder: Controversies, Myths and Realities." *Social Policy & Administration* 24(3): 226–36.

Teheri, Sema A.
2016 "Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis." *Criminal Justice Policy Review* 27(1): 76–96.

Teplin, Linda A., and Nancy S. Pruett
1992 "Police as Streetcorner Psychiatrist: Managing the Mentally Ill." *International Journal of Law and Psychiatry* 15(2): 139–56.

Terrill, William, and Eugene A. Paoline, III
2013 "Examining Less Lethal Force Policy and the Force Continuum: Results from a National Use-of-Force Study." *Police Quarterly* 16(1): 38–65.

Watson, Amy, and Anjali J. Fulambarker
2012 "The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners." *Best Practices in Mental Health* 8(2): 71–81.

Watson, Amy, Beth Angell, Melissa Morabito, and Noel Robinson
2008 "Defying Negative Expectations: Dimensions of Fair and Respectful Treatment by Police Officers as Perceived by People with Mental Illness." *Administration and Policy in Mental Health and Mental Health Services Research* 35(6): 449–57.

Wood, Jennifer D., Amy C. Watson, and Anjali J. Fulambarker
2017 "The 'Gray Zone' of Police Work during Mental Health Encounters: Findings from an Observational Study in Chicago." *Police Quarterly* 20(1): 81–105.

Copyright of Social Justice is the property of Social Justice and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.