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THE VIOLENT INTERSECTION OF POLICE RESPONSE AND MENTAL HEALTH CRISES

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In the United States, fear around mental health conditions experienced by people of color exacerbates violence against individuals experiencing mental health crises. On both the individual and systemic level, this violence stems from decades of **racist policies** that criminalize mental illness, reinforce **negative stereotypes** about **mental and behavioral responses** to poverty and discrimination among racial minorities, and shift responsibility for culturally responsive, non-threatening mental health treatment to **under-resourced** communities.

Police officers are as susceptible as the general public to stigma and biases that equate Black and brown people as **non-compliant and threatening**, including when they experience mental health crises. This mindset contributes to a **pattern** of **preemptive and excessive** use of force against people with mental health conditions:

- People with mental health issues are**16 times** more likely to be killed by police officers than the general public.
- **Nearly half** of all individuals killed by the police had mental health conditions.

- Just last year, the police killed **119** people during responses to reports of someone having a mental health crisis or behaving erratically.
- **Black men** are more likely than any other racial demographic to be killed during an encounter with the police, **whether or not** they are armed.

WHO IS MOST AT RISK?

Individuals with multiple marginalized identities are even more likely to encounter police violence. Transgender people are **seven times more likely** to be victims of police brutality than cisgender people; overall, members of the LGBTQIA+ community are **twice as likely** to experience mental health concerns and have increased contact with police, and face an elevated risk of incarceration.

Similarly, residents of neighborhoods impacted by a heavy police presence; punitive **immigration enforcement policies**; and/or **high rates of incarceration** suffer from elevated mental health concerns relative to those that don't. These neighborhoods tend to be predominately Black, Latino, Asian, and/or impoverished. This suggests that racialized minorities are more likely to receive a carceral response instead of mental health support for their mental illnesses.

More than **50 percent** of incarcerated adults and **20 percent** of incarcerated youth have mental health needs. Even with additional trauma-informed and culturally responsive **training**, police involvement in mental health crisis responses creates a negative feedback loop between individuals, their communities, and the legal system. The **very presence** of police can traumatize individuals already experiencing a heightened level of emotional re/activity who may have had past problematic encounters with law enforcement.

WHAT TO CONSIDER IN THE MOBILE CRISIS RESPONSE EQUATION

- The breadth of a term like a "mental health crisis" **is so broad** that it can create ambiguity and lead to different interpretations across different settings. This, in turn, influences who is called upon to respond and what training is appropriate.
- **Mobile crisis teams** typically consist of mental health **professionals and peers** (licensed clinicians, trained mediators, paramedics, community members with lived experience) who assist those in need of more assistance than can be offered over the phone. Law enforcement are included in "high-risk" situations. The goal of the team is to de-escalate crises and connect individuals with stabilization services and other programming. However, police are **typically unprepared** to deal with de-escalating a situation involving someone experiencing a mental health crisis. Their presence may also be unnecessary: a study found that up to **68 percent** of calls for police services could be handled without an armed officer. No civilian personnel have **reported** being harmed during a mobile crisis intervention, and police are rarely called for additional assistance. It remains unclear how the inclusion of police in mobile crisis response teams increases safety for responders or the public.

BUILDING THE INFRASTRUCTURE TO RESPOND TO MENTAL HEALTH CRISES

- While the prevalence of alternative response teams have increased in recent years, many programs in states like **New Jersey** and **Oregon** suffer from acquiring long term support and buy-in from local institutions. Communities would benefit from allocating more funding toward staff and resources for mobile crisis teams.
- Making this work a viable career path would attract more people to serve in their own communities. The means to achieve this include compensation at a similar level to first responders, establishing workforce development programming for community members impacted by local legal and health systems, and community engagement around the impact of alternative response models.
- Training **emergency dispatchers** to make decisions regarding where to channel calls beyond police stations and including national hotlines within the mobile crisis team ecosystem would likely lead to even more incidents being handled without the presence of an armed officer.

For more information about how CLASP sees mobile response, check out these resources:

- **Youth Mobile Response Services: An Investment to Decriminalize Mental Health**
- **Youth Mobile Response: A Tool for Decriminalizing Mental Health**
- **Challenges to Just and Effective 988 Implementation**
- Youth Mobile Response Principles (to be published in late Summer 2025)