Chapter 7
Examining Police Interactions with the Mentally Ill in the United States

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Abstract Mental illness has already become a complication and controversial topic within the criminal justice system in the eyes of medical and psychological professionals and the public-at-large. People with such a medical condition cannot function normally and routinely make irrational decisions in many situations. According to the American Psychiatric Association, in a single year nearly 1 in 5 (or 19%) of U.S. adults experience some form of mental illness. The Statistics Help Officer Training (SHOT) project is an ongoing officer-involved shooting database at Western Connecticut State University in Danbury in Connecticut. According to the SHOT data, it is revealed that at least 1 in every 4 (or 25%) of all police shootings in the United States involve an individual who exhibited symptoms of mental illness. As such, it should be obvious that police officers should be better trained to deal with the mentally ill in order to better identify relevant and underlying mental health conditions, direct those individuals to proper resources for treatment, and to avoid the use of force by police personnel.

Keywords Mental illness · Policing · Police use of force · Police shootings

Introduction

Mental illness has already become a complication and controversial topic within the criminal justice system in the eyes of medical and psychological professionals and the public-at-large. People with such a medical condition cannot function normally and often make irrational decisions in many situations. Thus, the criminal justice
system has a separate application of the law in its various components. For example, after an arrest, a law enforcement officer may go through the arrestee’s medical history to identify any information that would be relevant to the case. Later, American courts try defendants who are “mentally competent to stand trial”; in other words, the law protects the defendants who cannot understand the character and consequences of the proceedings due to their mental disabilities. Defendants who plead insanity are placed in a mental health institution rather than a prison. Finally, when it comes to the ultimate punishment, “the U.S. Supreme Court has said a defendant’s mental illness makes him or her less morally culpability and must be taken into consideration as an important reason to spare his or her life” (Death Penalty Information Center, n.d.).

Before going in-depth, it may be best to take a look at the mental health situation within the United States. It should be noted that not all individuals who have had or are experiencing mental illness seek medical treatment, especially for cases where there are no severe visible symptoms of mental disorder. In many cases, mental illness occurs when the individuals experience a near post-traumatic event that has a drastic psychological impact on one’s health, such as the death of a loved one, divorce, and loss of financial wages cause. The most commonly recognized cases of mental illness involve schizophrenia, bipolar disorder, and depression. These disorders may cause a person to act violently against civilians, police officers, and in some cases themselves. Indeed, according to the American Psychiatric Association website, in a single year, “nearly one in five (19%) U.S. adults experience some form of mental illness” (Parekh, 2018; pp. 7–8). “Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe” (National Institute of Mental Health, 2020; pp. 2–3).

Today, policing in America is at odds over citizens dying by the use of deadly force by police personnel. It has caused many people to take competing sides. The use of deadly force by law enforcement can be said to have broken the country of the United States into many divisions. It is true that when one police officer unjustly kills someone, all officers are given a negative light, even when these incidents are statistically very rare. In a study conducted by the Associated Press-NORC Center for Public Affairs Research, the survey polls report that “most Americans—including a majority of white and Black adults—believe those police officers who cause injury or death in the course of their job are treated too leniently by the justice system” (NORC Center for Public Affairs Research, 2020).

This life-and-death issue demands a proper analysis with a competent data collection since there is no national public database in the United States. An attempt is currently being made to have the Federal Bureau of Investigations collate this data, but on a voluntary basis. This endeavor is in its initial stages and as such is presently incomplete. Fortunately, the Statistics Help Officer Training (SHOT) project is an ongoing officer-involved shooting database at Western Connecticut State University in Danbury in Connecticut. The SHOT project has been collecting data from various open sources primarily from newspapers, court transcripts, and police department press releases since 2012. The database has collected information and statistics on more than 4000 shootings nationwide from 2000 to 2018. This chapter examines the interaction between the mentally ill and the police via data from the SHOT project. It will be argued that police officers should be better trained to deal with the
mentally ill to avoid the necessary use of force by police personnel and to assist police officers in the field to better identify underlying symptoms and behaviors.

Use of Deadly Force and Preventing the Unnecessary Use of Force

Police officers are authorized to use “only the amount of force necessary to mitigate an incident, make an arrest, or protect themselves or others from harm...Officers receive guidance from their individual agencies, but no universal set of rules governs when officers should use force and how much” (National Institute of Justice-NIJ, 2020, March 5).

In the United States Supreme Court case Tennessee v. Garner (1985), it was decided that it is unconstitutional to authorize the use of deadly force against an unarmed, non-dangerous fleeing suspect. Such force must only be used if necessary if the suspect fleeing poses a significant threat of death or serious physical injury to the officer or others. Each officer-involved shooting (OIS) case is unique, and situational awareness is essential in police officers’ discretion. Since there is no nationally recognized police of force policy across the United States, each police department trains its officers according to departmental policies and existing unwritten unique police culture. Consequently, officers are trained to judge when a crisis requires a certain level of force to regain control of a situation. The International Association of Chiefs of Police has described the use of force as the “amount of effort required by police to compel compliance by an unwilling subject” (International Association of the Chiefs of Police (IACP), 2001). So, what is excessive force then?

First of all, “the frequency of police use-of-force events that may be defined as justified or excessive is difficult to estimate” (Alpert & Dunham, 2004). However, it generally refers to situations where law enforcement agents are legally entitled to use force exceeding the minimum amount necessary to diffuse an incident or protect themselves or others of harm. In other words, the simple definition of excessive force is when a reasonable and prudent law enforcement officer would apply an amount of force higher and disproportionate to factors apparent in the scenario at hand.

“However, the opportunity to analyze information related to use-of-force incidents and to have an informed dialogue is hindered by the lack of nationwide statistics” (FBI.gov, n.d.). In 2019, the Federal Bureau of Investigation (FBI) launched the National Use-of-Force Data Collection project in collaboration with other law enforcement agencies nationwide. “Now, with another wave of protests against police brutality gripping the country, many police agencies have not responded to the voluntary call for information about their officers—only 40 percent submitted their data for 2019, the FBI said” (Jackman, 2020, June 17). Even today, during the extensive COVID 19 quarantine period of 2020, most OIS shootings are recorded and shared as evidence mainly through media. Once the press can get a hold of footage containing officers using force, it can cause the public to want to retaliate against that police department (Singh, 2017) and law enforcement at large. Indeed, such circumstances like the death of an apparently unarmed Black man, George Floyd,
the custody of Minneapolis officers in June 2020 triggered massive nationwide public protests. Officers often become huge targets after one case of an officer-involved shooting receives a lot of media attention and becomes a high-profile case. In effect, law enforcement personnel can face an untenable amount of scrutiny just for being police officers. “Much of the news coverage about fatal police encounters has focused on the race of the individuals killed by police, overlooking the fact that a quarter of those killed exhibited signs of mental illness” (Frankham, 2018). As such, the emphasis of these scenarios has moved away from mental illness.

Various Research on Deadly Encounters with the Mentally Ill

During an interview, the Treatment Advocacy Center’s executive director, John Snook, said that the country is “in the midst of a mental health crisis… We treat mental illness differently than we treat any other illness” (Barnett, 2018, September 20). According to the Washington Post, between 2015 and 2018, there were 3812 officer-involved shootings in the United States; in 900 of those shootings, the victims showed signs of mental illness. A joint report by the Treatment Advocacy Center and National Sheriffs’ Association in 2013 examined OIS cases between 1980 and 2008; it estimated that roughly half involved people with mental illness (Fuller, Lamb, Biasotti, & Snook, 2015). Although people with severe mental illness make up only 4% of the U.S. population, they are nearly 25% of the individuals involved in police OIS (Barnett, 2018, September 20). This unsettling statistic aligns with the data analyzed within the SHOT database.

Furthermore, as stated by American Psychiatric Association (APA) above, if one in five American adults live with some form of mental illness, imagine how often an officer has to respond to a call dealing with a person who has some form of mental illness. In fact, the Mental Health America website states (n.d.): “The increasing number of individuals with mental health and substance use conditions in the criminal justice system has enormous fiscal, health, and human costs.” In 2015, a study entitled Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters by the Office and Research of Public Affairs found that shootings involving apparently mentally ill persons have been progressively increasing because the “system that once delivered psychiatric care for them has been systematically dismantled over the last half-century” (Fuller et al., 2015). By leaving these people untreated, there is a higher likelihood of encountering and interacting with police officials out in the streets of communities.

DeGue and her colleagues examined the characteristics and circumstances of OIS-related deaths to inform prevention by using data (N = 812) from a public health surveillance system, i.e., the National Violent Death Reporting System data. Some of their findings showed that “cases related to the victim’s mental/behavioral health were significantly more likely to occur in a home, less likely to be precipitated by an alleged crime, less likely to involve injuries to law enforcement officers, less likely to involve civilians killed by the victim before or during the incident, and less likely to involve a black than white victim” (DeGue, Fowler, & Calkins, 2016).
A *Washington Post* analysis of 1000 fatal police shootings in 2015 revealed that police officers had been generally called to the scene by a family member of the person either for a welfare check or needed treatment (Fuller et al., 2015). According to Emma Frankham, a faculty member of the Department of Sociology at the University of Wisconsin–Madison, the mentally ill come in contact with police for different reasons. Those who are killed by police also behave differently than those without mental illness. Her analysis of the data from the OIS statistics collected by the *Washington Post* shows the different ways police come in contact with the mentally ill (2018), namely:

1. **Contact initiated by a patrol officer.** Example: “officers on patrol… began following the [car] after they saw the driver make an illegal U-turn.”

2. **Contact initiated by a local police department issuing a warrant or investigating an individual.** Example: “The Lauderhill police officer was conducting an investigation involving a stolen vehicle. When they confronted the driver in the stolen Hyundai Genesis, he rammed that car into a marked K-9 cruiser, which had an officer and a K-9 inside.”

3. **Contact initiated by a SWAT team or US Marshals issuing a warrant or investigating an individual.** Example: “he was wanted on a felony weapons charge after he failed to show up to court on Monday… The Riverside County Sheriff’s SWAT team made numerous attempts to get the suspect to come out.”

4. **Contact initiated by a family member or friend calling 911.** Example: “The resident placed the emergency call that day because of concerning statements her husband was making.”

5. **Contact initiated by someone other than a family member or friend calling 911, typically a stranger.** Example: “Police were summoned, following a 911 call reporting a man smashing windows at a nearby apartment.”

6. **Contact initiated directly by the individual who was subsequently killed calling 911.** Example: “Officers responded to a 911 call from a woman saying she planned to shoot her girlfriend and then herself.”

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**How police contact was initiated**

![Graph showing the percentage of police contact initiated by different means, with mental illness and no mental illness categories.](image)

*Data Source: Frankham (2018)*
The graph above shows that the most common cause of police contact for those with mental illness was a call to 911 from a family member or friend (41%), which is more than the triple of cases of those without mental illness (Frankham, 2018).

A prior and similar study, conducted by scholars from the University of British Colombia and Simon Fraser University in British Columbia, Canada, from August 2009 to March 2011, was undertaken to improve the understanding of how people with mental illness perceive and interact with the police. “The study participants were comprised of people who live with schizophrenia, schizoaffective disorder, other psychosis, or bipolar disorder and have had direct contact with the police, including 60 people who participated in interviews, 244 people who completed surveys, and 28 people who took part in focus groups” (Brink et al., 2011). This research revealed that:

- About 1 in 20 police dispatches or encounters involve people with mental health problems.
- Half of the interactions between the police and people with mental illness involve alleged criminal behavior.
- Around 2 in 5 encounters between the police and people with mental illness involve situations that are unrelated to criminal conduct.
- The majority of interactions between the police and people with mental illness are initiated either by the police (~25%), the person with mental illness (~15%), or their family (~20%).
- People with mental illness appear to be overrepresented in police shooting, stun gun incidents, and fatalities.

Although the study was carried out in Canada, some of these results reflect similar findings in cases involving American law enforcement as well.

**Findings from the SHOT Database**

The SHOT database is a brainchild of Hasan Arslan, who is currently an associate professor of Justice and Law Administration at Western Connecticut State University. The Statistics Help Officer Training (SHOT) database develops a protocol for collecting data from open sources using content analysis. One of the many inspirations behind the SHOT database is the lack of official data on OIS in the U.S. Historically and categorically, even though all police departments track their records on the use of force, many are unwilling to share their data nationwide, or even outside of their respective agency. Therefore, data collection on this matter had been spotty and varied from department to department. In fact, before the FBI’s launch for a national database in 2019, the Justice Department surveyed police departments nationwide in 2013, asking law enforcement officials to include for the first time a series of questions about how often officers used force. “About one-fifth, however, said they documented them by the number of police reports that mentioned the use of force, which means that each episode might be recorded
several times by different officers” (Apuzzo & Cohen, 2016, September 23). The SHOT database enables the research community and law enforcement to study the dynamics of shooting incidents, analyze this information, and be better prepared to understand trends and patterns. The SHOT database reveals dramatically similar results when compared to the Washington Post police officer-involved shootings statistics and summary report in identifying the factors that have often resulted in OIS in the United States.

According to the summary data, almost all of these shootings involve a combination of factors including whether the subjects involved had been committing crimes, were armed with deadly or other weapons, or had been acting in a manner where an objectively reasonable person would believe they are about to cause serious injury or death.

The SHOT database has more than 50 categories of information broken into five primary units:

1. Subject-related data
2. Officer-related data
3. Incidental data
4. Lawsuit-related data
5. Geographically related data

For the analysis conducted within this chapter, the analysis of the data included shootings from 2000 to 2018.¹ Of the suspects involved in OIS, approximately 41% are white, 30% are Black, 25% are Hispanic, and 4% are Asian or Native American. More than 96% of the suspects were male, 73% died as a result of OIS, and approximately 36% of those individuals were between the ages of 20 and 29. While about 82% of the OIS victims were armed, only 21% fired a gun at officers, while another 6% physically assaulted an officer at the scene.

The types of the police call or encounter provided considerable insight, as it was revealed that 17% were for domestic disturbances, 14% were interactions with wanted suspects, 13% were traffic-related, 10% involved response to an in-progress robbery, burglary, or theft, 7% involved reports of individuals with a gun, while 5% concerned reports of shots fired (Fig. 7.1).

As shown in Fig. 7.2, most individuals were reportedly mentally stable (71%); however, approximately 23% of the individuals were in a dangerous psychological state and/or under the influence of controlled substances or alcohol. Figure 7.3 below demonstrates the subject’s race by apparent or reported mental status, age, and fatality status. The higher numbers are highlighted in different color spectrum for easier visual evaluation. Figure 7.3 displays that being a Caucasian/white subject of a police OIS was found to be significantly higher than any other race category. This is very consistent with the findings from some other reports and evaluations, such as that found by the Washington Post. Both white males and females lead to a higher casualty rate in OIS cases involving the mentally ill.

¹The 2018 data was not wholly entered in terms of all the 50 American states and the data for 2019 and 2020 are still being added to the databases.
Fig. 7.1 Police call or assignment types involved in officer-involved shootings

Fig. 7.2 Reported mental status of the subject involved in officer-involved shootings
# Current Status and Suggestions

OIS deaths that apparently involved the mentally ill have been disregarded for years. “Law enforcement agencies have reported that anywhere from 5 to 15% of their annual calls involve an individual struggling with mental illness. These calls may include a missing person, criminal activity, erratic behavior, or even someone threatening to harm themselves or others” (PowerDMS.com, n.d., pp. 15–18).

### Fig. 7.3 The mental status of the subject by race, age, and fatality

|            | INJURED | KILLED | total |
|------------|---------|--------|-------|
| **WHITE**  |         |        |       |
| mentally stable | 202     | 655    | 857   |
| suicidal / depressed | 68      | 205    | 273   |
| mentally ill | 23      | 217    | 240   |
| intoxicated | 18      | 72     | 90    |
| total       | 311     | 1149   | 1460  |

|            | INJURED | KILLED | total |
|------------|---------|--------|-------|
| **BLACK**  |         |        |       |
| mentally stable | 243     | 653    | 896   |
| mentally ill | 7       | 93     | 100   |
| suicidal / depressed | 5   | 45     | 50    |
| intoxicated | 5       | 33     | 38    |
| total       | 260     | 824    | 1084  |

|            | INJURED | KILLED | total |
|------------|---------|--------|-------|
| **HISPANIC** |         |        |       |
| mentally stable | 193     | 466    | 659   |
| suicidal / depressed | 6 | 70  | 76 |
| mentally ill | 5       | 69     | 74    |
| intoxicated | 13      | 55     | 68    |
| total       | 217     | 660    | 877   |

|            | INJURED | KILLED | total |
|------------|---------|--------|-------|
| **ASIAN**  |         |        |       |
| mentally stable | 11     | 81     | 92    |
| mentally ill | 2       | 24     | 26    |
| suicidal / depressed | 1 | 12 | 13 |
| intoxicated | 2       | 9      | 11    |
| total       | 16      | 126    | 142   |
Typically, when police respond to such a 911 call, they are expected to control and resolve the situation in the least dangerous way possible or to take measures to eliminate the threat. Sadly, approximately one in four cases where police officers resorted to using deadly force with their firearm involved persons with a history of mental illness. Unfortunately, there have been no recent significant laws implemented with the goal of helping the mentally ill receive appropriate treatment for their disorders. In reality, the stigma surrounding those with mental illness often keeps them and their families from asking for and receiving proper services. How to handle tense situations with individuals with mental illness may require new and better training curricula for police officers. Regrettably, it is likely that police officers in the United States and likely elsewhere across the globe have not been properly and sufficiently trained to deal and recognize the signs, or lack thereof, of a person struggling with mental health. Here are two examples of police encounters with mentally ill individuals that ended tragically:

- Deborah Danner, a 66-year-old black woman from the Bronx in New York City, was shot and killed in her home. Danner was diagnosed with schizophrenia and had published her book “Living with Schizophrenia” in 2012. The police report indicated that after receiving a disturbance call from security personnel at her building, officers found the victim completely naked, wielding a pair of scissors. Officers had confronted her, asking her to drop the scissors. Danner complied but picked up a long baseball bat and held it above her shoulder. When officers began to move toward her, she swung the bat, and one officer fired in self-defense. In 2017, the officer involved in her shooting was charged with second-degree murder and was later acquitted after the judge found him not guilty (Mckinley, 2018).

- William Tarrant, a 39-years-old man from Paulding County in Georgia, was shot when social workers were trying to remove his infant son from his residence. Tarrant pointed a gun at the deputies, causing them to shoot and kill him. His wife said that he had post-traumatic stress disorder (PTSD) due to his years spent in the military (Washington Post, 2015).

Contemporary Options for Police Engagement with the Mentally Ill

It should be highlighted that every situation that involves the mentally ill is unique. There is no standard operating procedure that serves as a solution in every case for every police department. Furthermore, the lack of mental health crisis services across the U.S. has made many police officers serving as first responders to most situations involving the mentally ill in American communities. Consequently, according to the National Alliance on Mental Illness (NAMI), thousands of law enforcement agencies across the United States have established Crisis Intervention Teams (CIT), which is “an innovative, community-based approach to improve the outcomes of these encounters” (National Alliance on Mental Illness (NAMI), n.d.).
In over 2700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety (NAMI, n.d.).

The CIT program routinely requires 40 h of police officer training on how to de-escalate a crisis with a mentally ill person. During this training, the officers learn about the signs and symptoms of mental illnesses and the psychiatric medications used to treat different mental health problems (PowerDMS.com, n.d., pp. 52–56). When police encounter a victim or suspect with an apparent mental illness, they often do not realize that the subject’s actions are the result of mental illness or related medications. Therefore, CIT programs have been introduced in many jurisdictions in an effort to teach police officers what can adequately be done to view the situation accordingly and what help may be most appropriate for that individual. In addition, police officers are taught to better understand how to de-escalate a situation between them and a mentally ill person to achieve a positive and peaceful outcome.

There appears to be a little concern involving these CIT programs. Policing in America is not easy and carries huge burdens for police officers, especially across the last decade. It is the officer’s job to protect and serve the community. The public demand and expectation of multitasking are already overwhelming for many police officers. Indeed, the vast majority of police work is service-related, rather than crime prevention. One might even think that expecting cops to serve in the capacity of a mental health expert or social worker might bring additional stress next to the already existing job-related factors and ensuing public and media scrutiny targeting the police and their agencies. As an example, during an interview referring to the opioid-related crises, Wayne Kowal, from the Connecticut State Police Narcotics Task Force, stated, “law enforcement are out in the community...they can recognize if someone is in crisis, but they are not social workers. To recognize that you have a person in crisis and connect to a social worker, that is the key to success to any initiative” (Perkins, 2020, July 18).

Unlike a Hostage Negotiation Team during hijacking and hostage situations, the CITs should mostly consist of civilian workers aided by the police when responding to and addressing a crisis. In the summer of 2020, the Correct Crisis Intervention Today (CCIT-NYC) Coalition via the New York City Mayor’s Office outlined a proposal for a pilot program in two New York City Police Department precincts (police stations), in which a team comprised of a mental health counselor and an emergency medical technician would respond to calls and assignments related to mental health, rather than mandating a police response. “The new teams would be accessible 24/7 through 911 and a dedicated mental health number, 988. They would be able to call for backup from police in certain situations if they think it is necessary” (Lewis, 2020, June 14). This program was welcomed and supported by the New York City chapter of the National Alliance on Mental Illness. It will clearly be interesting to see the results of evaluation of the outcomes and findings of this initiative.
This brings us to another important element involving police response to incidents involving the mentally ill, namely the 911 operator. These 911 operators are the real first responders in many cases. As shown in some research, many of the police responses start with a call to the 911 system. Therefore, 911 operators should also be included in a similar training program, similar to the CIT, on how to better deal with someone reportedly experiencing a mental health crisis. When someone calls in and says that somebody is having a mental health crisis, 911 operators and police dispatchers should be able to recognize it as a mental health issue and divert that call to a mobile crisis team in their community. In a way, accurate exchange of information must be disseminated by dispatch centers to either patrol officers who are going to respond, members of the CIT in a police department, or other identified response team. The vital part is that police or fire dispatchers should obtain information about the medical history of the person in stress from the callers, who are routinely kin or close friends of the subject. This information should be disseminated to responding personnel effectively and in a timely fashion. In the absence of a medical record of mental illness, this could be surveyed from family members or friends during any response and subsequent investigation. A few American states like Washington, Oregon, Illinois, and Minnesota have already started mental health training programs for 911 operators and police dispatchers.

**Conclusion**

In certain occasions, some activists and social media users sometimes depict police officers as people creating crime, rather than fighting it. Like any other organization, there are always a few bad apples that bring shame and disrespect to their profession through their abusive or unlawful actions. The field of policing is no exception! However, research has consistently indicated that only a very small amount, reportedly less than 1% of police officers, may act in a deviant fashion (Albrecht, 2017). As such, it is very wrong to create a false stereotype of all police officers in America. As it relates to the use of deadly force and police OIS, in most cases, the police officer’s actions have been ruled as legally justified with the explanation that the use of lethal force had to be used under the given circumstances. Some particular factors might even turn an officer-involved shooting incident into a high-profile case nationwide, especially when the subject is mentally ill and possesses no weapons. People do not realize how routinely police officers in the United States, and likely globally, have to respond to an incident dealing with those with mental illness. In many of those situations, the subject may get scared and act aggressively toward the officer, which leads them to get into further trouble and continue to have more interaction with law enforcement personnel in the future. This can significantly increase and lead to more dangerous situations, which could rise to the use of force by police officers, and even OIS.

It is obvious that improving mental health care in the United States (and internationally for that matter) would be a giant step toward achieving this goal. If mental
health issues were openly discussed and the negative stigma around them was not present, it would be easier for society-at-large to feel comfortable learning and understanding more about this common subject. Police officers and health care professionals should be better versed in recognizing the signs of severe mental health condition. This would potentially lead to fewer mental health police encounters that result in police shootings and suicide-by-cop incidents. Training on how to identify and handle people who may be suicidal during a confrontation may also greatly decrease the number of injuries and deaths involving these police officer encounters. Also, clearer, more defined use-of-force policies can easily diminish the discretion that is put into the hands of law enforcement officers to better understand when physical, nonlethal, or deadly force may be warranted.

Applying such actions and precautions to police officers training and preparation for duty in the field is critical. However, it must be acknowledged that decision-making in live situations is unique to each individual incident and specific to the real-time perceptions of police officers engaged with those individuals. An important perspective was recently raised in that “(f)or far too long, law enforcement agencies have held onto the notion that officers should never back down. Police avoided second-guessing each other’s actions. And officers were told their No. 1 priority should be getting home safely at the end of each shift. But departments that instill the importance of de-escalating situations that are willing to acknowledge and learn from their mistakes, and that strive to get everyone through the day alive can, in fact, prevent citizens from being shot” (Wexler, 2018, January 19). Police in America must now face the new reality and strongly consider the institution of comprehensive reform into use-of-force policy and practices.

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