‘If you call 911 they are going to kill me’: Mental health and deaths after police contact in the United States

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***‘If you call 911 they are going to kill me’: Families’ experiences of mental health and deaths after police contact in the United States***

***Abstract***

This paper examines families’ perceptions of deaths after police contact of persons with mental illnesses (PMIs) in the United States. It uses qualitative semi-structured interviews with the bereaved family members of citizens who died after police contact in the US in the period 1999-2015. The paper considers the factors that led to their death, and how families perceive police actions led to the death of their loved one. The paper uses three key tenets of policing identified by Bittner (1975) as a framework in aiming to understand how police interactions with PMIs can lead to deaths. It discusses how police have become a de facto response to a healthcare issue and how the use of force appears to be linked with these interactions. Interventions such as enhanced training and the implementation of Crisis Intervention Teams (CITs) are assessed in terms of families’ perceptions of their capacity to improve the outcomes of police interactions with PMIs. The paper concludes that the policing of PMIs in the US is problematic, and can result in the deaths of citizens.

***Key words:*** deaths after police contact, police use of force, mental health, Crisis Intervention Teams.

***Introduction***

The President’s Task Force on 21st Century Policing (hereafter PTF 2015) notes that the police role has become more complex in the United States, partly due to an increasingly pluralised society (PTF 2015). The key principles of policing societies, however, have remained relatively unchanged since Bittner (1975) wrote his seminal text on policing. Amongst his principal findings were the observations that policing requires simple and immediate solutions to complex problems. Police are able to manufacture such solutions because, if required, they have the legitimate authority to use coercive power (Bittner 1975). In addition to this, he noted that policing was ecologically distributed, because it focused disproportionately on marginalised sections of society.

In essence, then, Bittner portrays the police role as being characterised by three connected issues: it requires simplistic solutions, is dependent upon the possibility of coercion, and is disproportionately distributed. Police contact with citizens occurs in an increasingly pluralised and complex society that is marked by growing inequalities and divisions (Lamont Hill 2016, Reiner 2013). Furthermore, there is increasing societal focus on the police role as having the potential to exacerbate these inequalities and divisions partly due to the three tenets identified by Bittner (Katz 2015, Dunham and Petersen 2017, Weitzer 2017).

The relative ambiguity of the police role means that police are in a position to be both force and service, sometimes within the same encounter with citizens (Manning 2010, Reiner 2010). One strand within literature on policing is to examine whether they approach citizens with a mind-set based on enforcement or based on guardianship (Balko 2014, PTF 2015). The former implies a force-based approach where police view citizens through a lens of criminal justice enforcement; the latter implies a more welfare-based approach whereby the individual is viewed through a lens that prioritises their safety and well-being (Wood *et al*. 2011, Shane 2013). Writers have noted US policing has become increasingly aggressive since the turn of the century (Balko 2014, Kappeler and Kraska 2015, Crank 2016). However, the PTF (2015, p.1) clearly states that: ‘law enforcement culture should embrace a guardian – rather than a warrior – mindset.’ Bearing this twenty-first century aspiration in mind, the paper considers how relevant the tenets identified by Bittner more than forty years ago might be in determining police contacts with PMIs, and how they might lead to deaths after police contact.

***Deaths after police contact in the United States***

The warrior type mindset of police has become a notable factor in cases of death after police contact (DAPC)[[1]](#footnote-1) in the US (Balko 2014, Hall *et al*. 2016, Zimring 2017). The lack of data on these deaths has been outlined by a variety of academic authors (see, for example Katz 2015, Klinger *et al.* 2015, Marenin 2016, Dunham and Petersen 2017) and also by the Director of the FBI (Davis and Lowery 2015). In late 2015 he acknowledged that federal authorities could not accurately count these deaths, and that the Guardian Media Group and their website ‘The Counted’ represented the most accurate counting mechanism. In late 2016, the US Attorney General announced that from 2017 onwards, the Department of Justice would effectively replicate the methodology used by the Guardian as a pilot to collate data on this issue (National Public Radio 2016). The Counted calculated that cases of DAPC in the US numbered 1146 in 2015, and 1083 in 2016 (The Counted 2015 and 2016). Approximately three citizens per day die after contact with police in the US.

Cases of DAPC are seen to challenge the legitimacy of police to work with the consent of society (Marenin 2016, Zimring 2017). Similarly, police actions are increasingly perceived to be unaccountable, and this combination of factors can create a lack of societal trust and confidence in the police (Katz 2015, Marenin 2016, Dunham and Petersen 2017). Zimring (2017, p.19) believes that police killing citizens is the most important issue affecting police and community relations in the US today, as it affects the capacity of police to act with legitimacy and secure public trust. Cases of DAPC in the US occur disproportionately in marginalised groups in society, suggesting that Bittner’s (1975) assertion that the use of police force is ecologically distributed remains relevant today. Numerous academic articles on US policing have noted the disproportionate use of force on persons of colour and PMI (Engel and Silver 2001, Holmes and Smith 2012, Kleining 2014, Klinger *et al.* 2015, Kahn *et al.* 2017). Mulvey and White (2014) assert that PMI are four times more likely to be shot dead by police than citizens without mental health issues. International policing literature indicates that PMIs are disproportionately more likely to die after police contact in the US, UK, Australia, and Canada (see, respectively Kindy and Elliot 2015, Baker 2016, Australian Institute of Criminology 2013, Razack 2015).

It is widely acknowledged in the US, UK, Australia and Canada that dealing with PMI takes up a significant amount of police time (see, respectively Thompson and Kahn 2016, Cummins and Edmondson 2016, Chappell and O’Brien 2014, Hoffman *et al.* 2016). Similarly, it is noted that police are not necessarily best placed, or best trained to deal with what is, after all, a healthcare issue. That does not prevent these same authors concluding that the reality is that police are often de facto mental health ‘experts’ who must always respond to crisis calls in the absence of other emergency services. It is worth considering how these issues have come to be in the US, and what measures have been taken to improve the police response to PMI.

***Mental healthcare provision in the United States***

Following deinstitutionalisation in the 1970's, care for PMIs (Coleman and Cotton 2014, Rossler and Terril 2017) transferred from hospitals to a community-based model of care (Miller 2004). The shift in care provision was insufficiently supported by adequate state funding and police found themselves having to increasingly adopt the role of “street corner psychiatrists” (Teplin and Pruett 1992), while lacking the skills or access to the resources required to deal effectively with calls involving PMI (Wood *et al*. 2011, Chappell and O’Brien 2014). As police became first responders to crisis calls involving PMI and interactions with PMI became a regular part of policing, the challenges of working with this population became clear (Morabito 2012, Bonfine 2014). Traditional law enforcement methods were typically unsuitable for securing safe and effective resolution of calls involving PMI. Without clear policies and procedures there was heightened concern for the outcomes of such encounters (Kerr *et al.* 2014, Martinez 2010).

Police officers encounter PMI in a variety of situations and have to use their discretion to make split-second decisions about how best to respond (Fyfe 1986). They have a wide mandate for responding to calls involving PMI and their ability to manage such calls can significantly impact the safety of all involved (Chappell and O’Brien 2014). Officers can choose to do nothing, resolve a situation informally, arrest or utilise other formal approaches such as wellness checks, psychiatric hospitalisation or police initiated trans-jurisdictional transportation. These options have variable efficacy for resolving incidents with PMI and all too often lead to PMI becoming stuck in a revolving door between community living and a criminal justice system ill-prepared to meet their needs (Godfredson *et al.* 2011, Johnson 2011, Watson *et al.* 2014).

All of which leads numerous authors to identify the fundamental relevance of police being trained appropriately on issues relating to mental health and interactions with PMIs (Hails and Borum 2003, Morabito 2007, Chappell and O’Brien 2014, Coleman and Cotton 2014). Insufficient training and lack of officer confidence could lead to rushed evaluations and the use of inappropriate techniques on PMIs (Ruiz and Miller 2004). There is also a risk that police respond to PMI based on stereotypical views, tending to view PMIs as unpredictable, dangerous and violent (Ruiz and Miller 2004, Chappell and O’Brien 2014). If officers feel uneasy or threatened when dealing with PMI they may be more inclined to resort to physical force to secure a quick resolution to the situation (Borum *et al*. 1993, Morabito *et al*. 2012, Rossler and Terrill 2017). The wide discretionary powers available to officers mean that in the absence of appropriate training it is possible they might use force as a first, rather than last resort when confronted by a situation, event, or citizen they are unable to categorise (Tyler and Jackson 2014). Mulvey and White (2014) note that police in the US have historically had a poor record linked to using force when responding to PMI.

Even with training there is evidence to suggest that officers feel ill-equipped to deal with calls involving PMI (Watson and Fulambarker 2001, Wells and Schafer, 2006). Ruiz and Miller (2004) surveyed a cross-section of the Pennsylvania police department about their perceptions of working with PMI and their ability to manage them. Only 47% stated that they felt confident responding to crisis calls involving PMI, whereas 49% said they felt uneasy, worried or threatened. Following a number of high profile cases in which PMI were seriously injured or killed by the police (Dupont and Cochrane 2000, Ruiz and Miller 2004), interactions between the police and PMI came under increasing public scrutiny (Wood *et al*. 2011). In response, police departments across the US implemented various training programmes and strategies to improve officer response to calls involving PMI (Coleman and Cotton 2014, Watson *et al.* 2014).

***Crisis Intervention Teams***

Crisis Intervention Teams (CITs) aim to foster effective working partnerships between police, local mental health providers, PMIs and their families. They aim to de-escalate crises, and facilitate referrals to the mental health system in order to reduce the number of PMIs involved in the criminal justice system (Bonfine *et al.* 2014). The Memphis model established in 1988 is the most widely implemented model of CIT training. Its purpose is to address the issues underlying the call for service involving PMI rather than incapacitating the individual or resorting to arrest (Thompson and Borum 2006). Self-selected officers and call dispatchers receive 40 hours intensive specialised training in identifying mental illness, de-escalation and crisis intervention techniques (Dupont and Cochran 2000, Lord *et al.* 2011). These officers then serve as front-line responders who are better able to support PMI and direct them away from the judicial system to appropriate mental health services. Whilst CIT originated as a specific model (see, for example Hanafi *et al.* 2008) it tends to be used as a catch-all term encompassing police responses to mental health crises (such as mobile crisis teams, for example), and also to officers who have undergone mental health training.

This ‘police response’ model is widely supported by advocates for PMI, mental health policy makers and CIT trained officers (Wood *et al*. 2011, Morabito *et al.* 2012, Bonfine *et al.* 2014). CIT is considered a ‘best-practice model’ for police and has been deployed in many law enforcement agencies worldwide (Franz and Borum 2011, Watson and Fulambarker 2012, Coleman and Cotton 2014, Watson *et al.* 2014). However, evaluations of the model have not produced clear findings that could lead it to be considered an ‘evidence-based practice’ (Watson and Fulambarker 2012) as the research methodologies employed mean that findings on its use are insufficiently generalisable (Compton and Chien 2008, Oliva and Compton 2008, Wood *et al.* 2011, Bonfine 2014). Morabito *et al.* (2012) note that much of the literature on CITs focuses on processes rather than outcomes.

There is evidence to suggest that CIT training improves officer self-efficacy and confidence in their ability to respond to calls involving PMI; increases officer knowledge and awareness about mental illness and treatment; reduces the use of force and arrest; increases referrals to psychiatric services; and reduces the risk of injury to both officers and PMI. Moreover, it has been shown that greater awareness of the stereotypes and stigma associated with mental illness amongst officers leads to a reduction in the use of force elicited by such misconceptions during interactions with PMI (Compton *et al*. 2006, Wells and Schafer 2006, Franz and Borum 2011, Johnson 2011, Morabito *et al.* 2012, Bonfine *et al.* 2014; Chappell and O’Brien 2014, Watson et al. 2014).

Whilst CIT might be viewed as a model of best practice, this does not necessarily translate into actual practice on the ground in US policing. The number of CIT trained officers varies significantly across jurisdictions with uptake heavily dependent on officer self-referral (Wood *et al.* 2011). The Memphis model CIT guidelines suggest 15-25% of police personnel should be trained, including officers, call takers and dispatchers (Thompson and Borum 2006). In 2016, the International Association of Chiefs of Police asserted that 20% of officers should be trained in this programme (Thomas and Watson 2017). The PTF (2015, p.56) states that all officers should undergo CIT training and refresher training, albeit this might be based on the belief that all officers should be trained on working effectively with PMIs rather than actually be trained in CIT as best practice, once again underlining the use of CIT as a catch-all term in the US. With more than 18000 police forces in the US (PTF 2015), it seems clear that organisational factors should not be underestimated when assessing the viability and effectiveness of models of practice and training.

It should also be noted that the quality and intensity of training varies significantly between jurisdictions as forces have adapted the Memphis model to meet the needs and resources available in their area, emphasising the catch-all nature of the ‘CIT’ acronym (Broussard *et al.* 2010, Godfredson *et al.* 2011, Coleman and Cotton 2014). Hails and Borum (2003) note that training on PMI in many forces occurs with training that focuses on other vulnerable populations, and that local mental health services generally have limited or no input into developing training content and delivery. Finally, only one third of CIT programs have formal agreements with local specialised crisis response centres and although some have informal arrangements that work well, there are some jurisdictions that are unable to engage collaboratively with local community psychiatric services (Hartford *et al.* 2006, Wells and Schafer 2006). It seems that the underlying principles of CITs represent an attempt to ameliorate the three tenets identified by Bittner (1975) earlier in this paper. These principles aim to eschew quick solutions to complex problems; to avoid the possibility of using force by instead focusing on de-escalation and communication; and to thus dilute the likelihood of force being ecologically distributed on certain sections of society. It should, however, be noted that the application of these principles throughout policing in the US has been at best variable. Consequently, CITs should not be viewed as a one-size fits all approach, a panacea for policing PMIs, or as a model which can actually be put into practice given the organisational contingencies of policing in the US. That said, it could be argued that CITs improve public perceptions of policing when faced with PMIs and this could have a positive effect on police legitimacy, particularly in relation to the use of force on vulnerable groups in society.

***Methods***

The paper uses qualitative data gathered from semi-structured interviews with the families of loved ones who died after police contact in the US in the period 1999-2015. Interviews focused principally on how the deceased met their death, and how families attempted to secure justice for their loved one in the aftermath of that death. The research project aimed to understand families’ experiences of DAPC in the US using a “bottom up” approach. The authors are not aware of comparable research into the issue of DAPC in the US from the perspective of families affected by it. Writing about miscarriages of justice in the UK, Charman and Savage (2009) note that families of the deceased possess special knowledge about these deaths, whilst Scraton (2002, p.112) notes that there is a ‘yawning gap’ between official discourse about controversial deaths and what families say.

Numerous academic authors (Liebling 2001, Snell and Tombs 2011, Westmarland 2011) note that research into sensitive subjects in the criminal justice system often depends on small sample sizes, but that the importance of the findings should outweigh the relative limitations of the sample size. The recruitment of participants in this research project was initially driven by enquiries to locally based civil-rights or community-activist organisations in the relevant US states. Personnel within these organisations identified relevant participants based on criteria supplied by the researchers. The key criterion of the research project was that participants should be family members of a citizen who died after police contact in the US. In addition, the organisations made their own assessment about the suitability of the participant to undergo the interview process. The majority of participants were recruited largely as a result of initial participants referring to known others who had similar experiences with deaths after police contact, what Bryman (2012, p.201-2) terms “convenience sampling”. This type of sampling is typical when dealing with sensitive subjects and special populations (Lee 1993, Bryman 2012). Lee (1993) notes this technique often represents the only way of obtaining a sample on some issues. Reiner (2000) and Westmarland (2011) note when considering criminological research methods on sensitive subjects, the solution often comes down to the practicalities of what is available.

The project received ethical approval from Coventry University’s Ethics Committee. In advance of the interviews, participants were made aware of the aims of the project by email via a participant information sheet, and spoke with the Principal Investigator by phone. The Principal Investigator used these calls as a way of informally assessing the participant’s emotional state and their suitability to be interviewed. Participants signed informed consent forms prior to conducting the interview. Before each interview, participants were made aware of the availability of counselling in the event of any distress they might feel during or after the interview process. Participants were made fully aware they could withdraw from the interview process at any time. Interviews typically lasted one hour and were usually conducted face to face. Data recorders were used in the interview phase, and this data was later transcribed.

The data was analysed interpretatively, using framework analysis, with the aim of uncovering subjective meanings and interpreting them within a variety of contexts. In this sense, a specific version of reality is revealed by the process of research as distinct to any definitive statement of such a reality (Bryman 2008). Applying framework analysis, (Ritchie and Spencer 1994) first, the authors became familiar with the corpus of data in order to gain an overview of the nature of its contents. Secondly, familiarisation enabled a thematic framework to be constructed using NVivo software; this identified by the key theme of mental health examined in this paper. Thirdly, a process of indexing took place, in the form of sub-nodes in NVivo to break down the themes into case numbers and key issues or terms. Fourthly, charting enabled indexing to be used to make associations within and between issues and terms. For example, the link between CITs and legitimacy in this paper. Finally, charting led to a process of mapping and interpretation. Maps emerged in the form of typologies such as the use of force and lack of police training, and the relationship between police responses to PMIs and stigmatisation.

***Results***

The research project examined forty-three deaths, for which fifty-eight participants in sixteen US states were interviewed. Of the forty-three deaths in the dataset, sixteen were identified as PMIs based on participants explicitly stating that their loved one had mental health issues during the course of the interview. These represent the key dataset used for this paper. Of the sixteen, fourteen were shot dead by police, one died by suicide in police custody, the other died as a result of being restrained by officers. The youngest was aged sixteen, the oldest fifty-nine, with the mean age being twenty-eight years old. Eight of the deceased were Black, six were White, one was Latino and one of Mixed Heritage. Thirteen of the deceased were male, three were female. Although this is a relatively small-scale study, it does cover a number of US states, in addition to examining a demographic cross-section of DAPC that includes the variables of ethnicity, gender, and age. The authors make no claim to the generalisability of findings from a sample of sixteen cases, but would argue this research is highly original and produces findings that further knowledge about a subject of significant interest to both academia and society.

***Appropriate responses to mental health crisis calls***

The role of stereotypes in providing justification for the police use of force, and also the public support for it has been established by a number of authors (Hall *et al.* 2016, Moore *et al.* 2016). Portraying victims stereotypically in the aftermath of the use of force in order to justify police actions has also been established (Hirschfield and Simon 2010, Baker 2018). Authors have noted that the orientation of officers prior to arriving at an event, and the initial contact upon arrival can significantly affect the outcome of the encounter with citizens (Phillips 2010, Kleining 2014).

There is a link, then, between the perception of police about the nature of the call out prior to their arrival, and the mindset they adopt upon arrival (see, for example Kleining 2014, Rossier and Terrill 2017). In half of the sixteen cases families identified the initial emergency call as being ultimately focused on securing medical assistance for their loved ones, only to discover that it led to police being called to the scene. In two of the following three cases relatives noted that police arrived despite calls requesting healthcare interventions, and that in these instances officers arrived with guns drawn. In the first example, the wife of the deceased notes that once she mentions her husband has a bread knife to the emergency operator, the focus immediately shifts to a police response:

Case 28: ‘I say: “my husband hurt himself and need an ambulance to take him to hospital”. And she said: “does he have a knife?” And [I said]: “yes, he has a knife”; she said: “If he has a knife the police are going to come.”’

In the following case, a mother calls 911 because her son will not open his apartment door to her, and she is convinced he is mentally unwell. More than ten officers arrived at the apartment block and immediately evacuated the floor where her son lived:

Case 14: ‘We called the ambulance and the police respond, I look at them and say: “I don’t call the police.” They say: “Oh mum don’t worry, here is the system when you call an ambulance we will respond.”’

In the final example, a mother explains how her son had a mental health crisis that resulted in a call by a member of the public who explained his bizarre behaviour in public, leading her to question why police responded instead of mental health professionals:

Case 31: ‘Why wasn’t a mental health worker summoned, why didn’t that happen, why didn’t they come, why wasn’t they called?’

In all three examples, the person police are called to respond to is shot dead within fifteen minutes of officers arriving at the scene, underscoring Fuller *et al*’s (2015, p.1) observation that PMIs can be ‘killed at the very first step of the criminal justice process.’ Bittner’s (1975) conception of simple responses to complex problems by way of using force appears to be underlined in these cases. The increasingly aggressive mindset adopted by US officers might be seen to facilitate such a response as was noted previously (see Crank 2016, Kappeler and Kraska 2015, Balko 2014).

***Fear of the police use of force***

Engel (2015) notes that officer misperception of mental illnesses being linked to violence can cause police to use force against PMIs because of the perceived level of threat they pose. The appropriateness of the emergency response is mirrored in the families’ feelings about calling 911. This manifested itself as reflections on why they had called 911 and the implications of the call in the aftermath of the death. A common thread in participant responses about how their loved ones died focused on them equating the 911 call with the death of their loved one. In the following four cases, all were shot dead by police. In the first instance, the wife of the deceased recalls an exchange with her husband prior to her calling 911:

Case 28: ‘I said I am going to call 911, and he said: “no don't, if you call 911 they are going to kill me.”’

This supports Hanafi *et al*’s (2008) findings that PMIs confidence in police and their ability to respond to the needs of PMIs had been eroded by a succession of highly publicised fatal incidents. In the following case, the participant recalls how the partner of the deceased repeatedly stressed that her girlfriend was a PMI on the 911 call but that officers still shot her dead upon arrival at their apartment:

Case 7: ‘Even on the phone when the police called she even said…that she had a mental illness and all that, so the cops [knew] that before entering the house.’

In the next two examples parents reflect on the 911 calls that led to the deaths of their sons. In the first, the mother of the deceased reflects on how she believed that making an emergency call would help their son, but that she now regrets making the call as it led to a fatal encounter:

Case 20: ‘He wasn't a criminal, he wasn't out on the streets committing a crime…He was in his apartment. It was that one phone call, that one phone call destroyed everything. If I could just take it back.’

Case 5: ‘Then my wife called the police because [we figured that] they probably know how to deal with this, and in retrospect I should have realized what was gonna come. I actually thought one or two cops were gonna come and talk to him, that’s how dumb I was.’

In the final example, a SWAT team arrives at the family home within ten minutes of the 911 call and ultimately their 16 year old son is shot dead on their porch by a SWAT team sniper. It is not only the case, then, that police are able to use force to resolve complex situations, but that the public perception is that police are likely to do so (Balko 2014, Katz 2015). This can affect public trust in police as an agency that is sworn to serve and protect citizens, and consequently can damage the legitimacy of policing agencies (Tyler and Jackson 2014).

***Stereotyping and stigma***

Police appear to be more likely to use force on PMI due to a lack of training, stereotypical assumptions and misperceptions about how PMI might react in encounters with police (Ruiz and Miller 2004, Morabito 2007, Morabito *et al.* 2012, Rossier and Terrill 2017). Thus Bittner’s assertion that police can use force to solve complex incidents rapidly, and that this use of force tends to fall disproportionately on vulnerable groups is perceived to be particularly relevant in cases of DAPC (Lamont Hill 2016). An increasing propensity to use force in encounters with citizens is the flip-side of police being less likely to employ methods based on de-escalation, particularly as officers in the US are now trained to not back down from confrontation (Balko 2014, Crank 2016, PTF 2015).

Similar to participants’ perceptions that police would use force against their loved ones, one quarter of the participants explicitly identified issues of stigma and stereotyping in relation to the death of their loved one. In the following example, the mother of a victim believed that her son’s mental health issues were mistaken by police for drug use:

Case 42: ‘I think because of his disability they probably mistook him for someone who was on drugs or up to no good.’

In another example, the sister of the deceased noted that the behaviour of her sibling was often mistaken by officers:

Case 3: ‘I think it’s the idea of being schizophrenic [that] creates this image in people’s minds of you know a lot of times people you see in the streets yelling and screaming and walking in traffic.’

The brother of the deceased in the next example identified the link between stigma, stereotyping, police training and awareness of mental health issues:

Case 23: ‘We wanted the stigmas to be looked at you know, but we want to see how the police can also better themselves when dealing with mental health situations.’

In the final case, the wife of the deceased spoke about the need for better training explicitly in relation to de-escalation and better communication between officers:

Case 19: ‘They need to train these cops better, they need to solve an escalation. If they had just listened and paid attention, pre-shift meetings, anything.’

The issue of de-escalation as distinct to using force is a constant in the literature on policing and PMIs (see, for example Franz and Borum 2011, Bonfine *et al*. 2014, Chappell and O’Brien 2014, Baker 2016). One aspect of this suggests that offers tend to use force when citizens do not comply with demands, but the nature of interactions with PMIs is that those citizens might not understand or recognise officers’ demands to comply with their orders (see, for example Cordner 2006, Wood *et al.* 2011, Mulvey and White 2014). It is clear from the dataset that the perception and reality of policing PMIs in the US is intertwined, and that this affects police legitimacy. Perhaps nowhere is this more evident than in families’ perceptions of CITs.

***Crisis Intervention Teams***

Research participants uniformly referred to ‘CIT’ during the interview process. Consequently, the authors have adopted the term for this section of the paper whilst acknowledging it represents a generalisation in terms of police responses to PMIs. One quarter of participants explicitly commented that CITs represented a way of police more positively engaging with PMIs, thus demonstrating public knowledge of these teams and how they may be able to more effectively engage with PMIs. In the following example, the brother of the deceased talks about a desire to have more CIT personnel than is currently the case, for it not to be voluntary, and for improved officer training so that future deaths might be avoided:

Case 23: ‘60% of the phone calls that come to dispatch are dealing with mental health problems. You want to be trained appropriately for dealing with these issues; at least one out of two officers should have adequate training in mental health situations so [we wanted to introduce] CIT training and said that it needs to be enforced to all officers not just those that want to do it.’

The issue of mandatory CIT training is questioned by Thomas and Watson (2017) on the basis that it might effectively turn into a ‘box-ticking’ exercise for police as distinct to having a group of specialised officers capable of dealing effectively with PMI. Whilst participants used ‘CIT’ as a catch-all term, it was clear they believed some form of specialised police response to PMIs was required, whether that was the CIT as best practice model, or in the form of improved officer training on PMIs. In the final two examples, both participants note the limited availability of CITs in their local areas, and that the deaths of their loved ones occurred as a result of this. In the first case, the CIT was not working because it worked only half of the day in that area:

Case 3: ‘Because in [place redacted] they only call mobile crisis during certain hours, so if you are going to have a crisis it needs to be within a certain time period or else you get the cops.’

In this case the deceased had been visited by a CIT for a wellness check during the day and had a calm and cordial interaction. Later in the evening, a 911 call from neighbours elicited a quite different police response which ended with fatal consequences. In the second example, because the single CIT in that area was responding to another call, the 911 operator elected to send a police unit in their place:

Case 39: ‘She called crisis, I mean they weren’t available, they were busy so she called 911 and they said they can handle the call.’

CITs appear to confer legitimacy on police responses to PMIs. As has been noted, there has been insufficient evaluation of their efficacy (Compton and Chien 2008, Oliva and Compton 2008, Wood *et al.* 2011, Bonfine 2014). Yet policing is not only about efficacy, it is also about perception, and numerous studies have linked improved public perception to increased police legitimacy (Bonfine *et al.* 2014, Kleining 2014, Katz 2015, Baker 2016). This may account for the aspiration of the PTF (2015) to ultimately ensure all US officers are trained in this programme. However, the variable application of CIT across different forces (note Broussard *et al.* 2010, Godfredson *et al.* 2011, Coleman and Cotton 2014) is also apparent in the participant responses, and clearly this can lead to fatal consequences.

***Discussion***

Police in the US have become a de facto emergency mental healthcare service in an attempt to provide a service for an increasingly pluralised and diverse society (Morabito *et al.* 2012, Bonfine *et al.* 2014). That a healthcare service provided by an organisation primarily focused on enforcement is problematic is unsurprising. Police adopting a more aggressive approach to their work sits uneasily with their capacity to deal with PMIs (Mulvey and White 2014). Evaluating literature in the context of examining the empirical research in this paper has demonstrated that the police capacity to deal with PMIs in the US is variable. The link between the police use of force and PMI has long been established, and this paper has gone some way to illustrating how it can lead to deadly encounters (see, for example Engel and Silver 2001, Kindy and Elliott 2015). The best available evidence suggests that the number of PMIs who die after police contact is disproportionate compared to other societal groupings in the US, supporting Bittner’s (1975) view that the use of police force is ecologically distributed.

The stigma that attends to mental health in the US can be seen in both 911 operators and officers who respond to emergency calls regarding PMIs. The lack of adequate training for officers on mental health issues can lead them to misunderstand certain situational contingencies (see, for example, Ruiz and Miller 2004, Chappell and O’Brien 2014). Stigma can lead to a degree of stereotyping of the PMI before officers have even arrived at the scene and can consequently mean that police might be more likely to use force due to the belief that the PMI is dangerous or unpredictable, when this manifestly might not be the case (Morabito 2007, Rossler and Terrill 2017). The data in this paper illustrates that a number of citizens were shot dead despite police having prior knowledge that they were attending a PMI.

If officers have a mindset which is more aggressive than a ‘guardian’ type approach, they may initially confront the PMI rather than attempt to de-escalate the situation. This can inflame the situation, potentially leading to force being used as police attempt to find a quick solution to a complex problem (Bittner 1975, Morabito *et al*. 2012). In the absence of a care-based approach, police have the legitimate right to use coercion, much as Bittner (1975) observed. In this sense, the fear that victims and their families often felt about police responding to calls about PMIs appears to be based on a clear understanding of possible outcomes. That this challenges the legitimacy of police to respond to such calls should not be in doubt, nor should the concomitant breakdown in trust that occurs in certain communities as a result.

Efforts to repair legitimacy and build trust can be seen in various programmes that attempt to provide a more guardian-based approach to PMIs. The CIT model has been adapted by police in England and Wales to produce similar schemes called ‘street triage’ and in New South Wales (Australia) termed ‘Mental Health Intervention Teams’ (see respectively Cummins and Edmondson 2016, Herrington and Pope 2014). In this sense, the CIT model in the US is both visionary and progressive, but as this paper has demonstrated, it also has significant drawbacks. The organisational contingencies that determine the operational reality of policing in the US mean that any attempt to implement models or policies will run up against the obstacle of how they might be put into practice due to both the huge number of police forces and the general drift towards a more aggressive style of policing. This might account for why Bittner’s (1975) tenets still appear relevant to US policing more than forty years after they were published.

***Conclusion***

There is evidently a lack of empirical academic research into the relatives of victims of DAPC in the US, and this paper has made an early step in addressing this. The paper highlights the views and perceptions of a largely overlooked and unheard group within the criminal justice system. Just as there is a lack of statistical data regarding the annual number of cases of DAPC, there also appears to be a lack of qualitative primary research into the issue of DAPC, echoing Fyfe’s (2002) view that most of our knowledge on this issue comes from investigative journalism. This paper has given a voice to those most intimately affected by cases of DAPC in the US. It makes no claim to the generalisability of its findings but does reveal a significant number of findings that chime with the extant literature on policing, mental health and the use of force in the US. Bittner’s (1975) belief that policing tends to rely on force to solve complex issues and is ecologically distributed continues to be of fundamental importance in understanding police interactions with PMIs. The paper also goes some way to understanding the concerns and perceptions of families who have experienced the loss of a loved one after police contact. The role of CITs, while seen as being insufficiently evaluated in practice by the literature is viewed by families as being fundamental to ensuring what is perceived to be a more legitimate and proportionate response to calls involving PMIs. These findings should be put into the context of failing mental healthcare provision in the US combined with an increasingly aggressive approach to policing that is fragmented across 18000 forces.

More research of a quantitative nature is required to establish the relative rate of deaths amongst PMIs in the US (Wood *et al.* 2011), and it seems possible this might be facilitated by the improved Department of Justice data on deaths after police contact which should be available from 2018 onwards. Further qualitative research into PMIs and their perceptions of police interactions could produce a better understanding of their needs and anxieties during these interactions. Such research could be extended to their families who often have a wealth of knowledge about their loved one’s health and are involved in their healthcare. In England and Wales there has recently been an institutional shift to considering the views of PMIs and their families in order to gain a more holistic understanding of police interactions with PMIs (see, for example Adebowale 2013, Angiolini 2017). The more that is known about how PMIs come to meet their death after police contact, the more likely we are to be able to formulate improved policies, training and systems of accountability that might minimise the danger of physical harm or death in these interactions. Furthermore, the effects of mental ill-health on police officers should not be overlooked (see, for example Vickers *et al*. 2016, Bullock and Garland 2018). Given the number of interactions that officers have with PMIs it seems likely that a number of them are traumatised in the aftermath of such encounters. Further research is also required in this area.

If Bittner’s (1975) tenets on policing, stated at the outset of this paper are to alter in the 21st century, a number of factors related to policing PMIs in the US need to change. Police need to acknowledge that they face a potential legitimacy crisis with the number of deaths after police contact. In order to address this they need to acknowledge the fundamental importance of society conferring legitimacy on police actions, and to work towards securing an improved consensus with citizens which involves working more proactively with vulnerable groups in society and their advocacy groups. Wood *et al*. (2011) note that buy in from governmental agencies and policy makers is key in this respect as police do not work in a vacuum, and the issue of PMI is of significant societal importance. The aspirations of the PTF (2015) for police to provide a guardian role to citizens and for all officers to be trained in CIT practices appears to represent a positive first step, but whether it can be applied in practice in the US is perhaps the key question in this discussion.

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1. The term ‘death after police contact’ is used in England and Wales by the Independent Office for Police Conduct (IOPC). Due to the lack of official data and lack of definitional criteria on this issue in the US, the authors have used the IOPC’s term which broadly denotes any citizen who dies after being in contact with police in a place which is public, private, or custodial (IOPC 2018). [↑](#footnote-ref-1)