# Deaths of people with mental illness during interactions with law enforcement

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## ARTICLE INFO

## ABSTRACT

Accounts of killings of civilians by police in the United States (U.S.) have attracted considerable public attention. In this study, using all civilian deaths (N = 1099) in the U.S. in 2015, compiled independently by *The Washington Post* and *The Guardian* newspapers, we identified characteristics of each interaction between the police and the deceased, such as whether the decedent was armed. We expanded the database to include systemic factors possibly related to these deaths, and examined death rates by demographics, presence of mental illness, and state-level predictors. Twenty-three percent (251 of 1099) of individuals killed during interactions with police in 2015 displayed signs of a mental illness. Race (African-American [RR = 2.57] compared to non-Hispanic Whites [95% CI 2.08–3.18]) and presence of mental illness (RR = 7.16 compared to no mental illness, 95% CI 6.21–8.25) were strongly associated with such fatalities. Individuals with mental illness were more likely to be armed with a knife (OR = 3.1, 95% CI 2.1–4.6), and were more likely to have been killed at home (OR = 2.8, 95% CI 1.9–4.0). The death rates for persons with evidence of mental illness during interactions with police are high. Our finding that many persons with mental illness were killed at home and were not brandishing a firearm suggests that more effective de-escalation methods might reduce the incidence of fatal outcomes.

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## 1. Introduction

Accounts of killings of civilians by police in the U.S.—especially members of ethnic minority groups—have attracted considerable public attention (Mullainathan, 2015; Somashekhar et al., 2015). Although systematic data are uncommon, several lines of evidence suggest that persons with mental illness are overrepresented among those killed during civilian-police interactions. A recent 45-state study reported that persons diagnosed with schizophrenia on Medicaid were more than three times as likely as people in the general population to die due to legal intervention (i.e., deaths caused by police or others with legal authority to use deadly force, acting in the line of duty) (Olfson et al., 2015). The *Washington Post*, which committed itself to tracking every fatal police shooting in the United States (U.S.) in 2015, reported halfway through that study that approximately 25% of those killed displayed evidence of mental illness (Lowery et al., 2015). An internal review by the Los Angeles Police Department of all police shootings in 2015, including non-fatal events, found that more than one-third of those killed had a mental illness (Mather, 2016). Evidence that the phenomenon is not limited to urban environments or ethnically diverse

states came from an investigation by the *Portland Press Herald*, which found that in Maine, from 2001 to 2012, 42% of those shot by police and 58% of those who died from their injuries had a mental illness (Bouchard, 2012). Nor is the U.S. the only affected jurisdiction: between 1989 and 2011, Australian police fatally shot 105 people, of whom 42% were reportedly suffering a mental illness, with psychotic disorders the most prevalent (Lyneham & Chan, 2013).

The absence of a comprehensive, official database of civilian-police interactions (including fatal outcomes) has stymied investigation of these incidents. The Bureau of Justice Statistics reported in 2015 that its Arrest-Related Deaths program during the period 2003 through 2009 and 2011 captured an estimated 49% of law enforcement homicides, while the Supplemental Homicides Reports (SHR) maintained independently by the Federal Bureau of Investigation (FBI) as part of the Uniform Crime Reporting (UCR) Program captured only 46% (Bureau of Justice Statistics, n.d.). An estimated 28% of law enforcement homicides in the U.S. were not captured by either system. As a result, little systematic information exists about persons with mental illness who die during interactions with police or about the characteristics of the interactions themselves. Further, we are unaware of any efforts to determine whether systemic factors, e.g., availability of mental health services, or variables that might affect police perceptions of risk from encounters, e.g., rates of gun possession, are related to rates of death during such interactions.

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**Box 1**
Cases coded to have a mental illness.

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**Case 1:** Jonathan Guillory, 32, white male, military contractor in Afghanistan, killed in Maricopa, Arizona on January 18, 2015
*Excerpts from the Washington Post media link (Maricopa shooting victim was armed war vet suffering from PTSD, n.d.):* Maria Garcia said her husband struggled for many years with PTSD brought on by a combat deployment in Iraq. He also spent time as a contract worker in Afghanistan. "Sometimes he couldn't even deal with day-to-day life. It was a struggle for him to get through each morning, but he did," Garcia said. Garcia said her husband proactively sought help for his condition. "He saw therapists, and was on the phone constantly with suicide hotlines," she said.

**Case 2:** Nathaniel Harris Pickett, 29, black male, killed in Barstow, California on November 20, 2015
*Excerpts from The Guardian media link (Quintero, n.d.-a):* Police initially responded at 7:45p.m. after a woman said her brother was attacking another man at the home and she pepper sprayed him. Her brother fled the home before police arrived, Espinoza said. Officers checked the area but said they could not locate the man. "The officers spoke to the victim of the assault and determined that he had been assaulted but he did not desire prosecution," Espinoza said. "Family members of the suspect advised officers that they were concerned about the suspect's mental condition and that he had not been taking his medications." Police were called back to the home again at approximately 8:09p.m. because the man had returned and was allegedly attempting to kick down the door. But he fled again before officers arrived, police said.
*Excerpts from the Washington Post media link (Quintero, n.d.-b):* Pickett was also admitted in the court's mental health program, court records show. Part of Pickett's terms of probation were cooperation with a psychiatrist and medical doctor at all times, taking all prescribed medication and participating and completing all phases of the Cedar House Rehabilitation Program, court records show.

**Case 3:** Mark Flores, 28, male, Hispanic/Latino, killed in San Antonio, Texas on June 11, 2015
*Excerpts from The Guardian media link (Baucum, n.d.):* The father of a man who was shot and killed by Bexar County sheriff's deputies says his son's mental health problems sparked the gunfight. Cars with flashing lights and paramedics on standby lined his northeast side street Thursday night - a stark contrast to what started out as a quiet evening. "I'm just in shock," Mark Flores says. He says the trouble began when he called his son, Mark Jr., to dinner. "I just went upstairs. I told him," 'Hey mijo, you hungry? I cooked burgers.' "He just looked at me and said something and just pointed the gun and shot," Flores says. "I felt it - the gunshot." Flores says it happened so quickly, he doesn't remember what his son said. "No real fighting or nothing like that," he says. Flores knew he was injured and ran to a neighbor's house to call 911. "The bullet's in there," he says while pointing to a wound on his cheek. "They weren't able to take it out." While Flores received medical treatment, Mark Jr. fired at sheriff's deputies, who fired back - killing the 28-year old. "It still hasn't hit me," Flores says while choking back tears. The two deputies who fired shots are on administrative leave while an investigation takes place. While Flores mourns his son, he says he does not blame the deputies for returning fire. "No, no, no," he says. "I'm sad that it came to that. They were doing their job." Flores says Mark Jr. had been diagnosed with mental health problems. "Trying to get him help but he just refused it," he says. "He just wouldn't go to the doctor and get checked." Through his grief, Flores believes the tragedy holds an important lesson for the community. He hopes to reach anyone struggling like his son before it's too late. "Just if you have mental issues, get help," he says.

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Recent, independent efforts by two large media organizations—the *Washington Post* and the *Guardian*—to collect a complete set of data on all people killed during interactions with police in the U.S. during calendar year 2015 created a unique opportunity to explore this issue (Swaine et al., n.d.-a; Tate et al., n.d.). We used these data and related media reports about the deaths to investigate the prevalence of mental illness among those who died, the characteristics of the interactions, and the systemic variables that may be related to deaths among people with mental illness.

## 2. Methods

### 2.1. Data sources

The *Post* and the *Guardian* independently tracked fatal civilian-police interactions, citing a lack of reliable or comprehensive data. For example, the UCR Program, administered by the FBI since 1930, is a nationwide, cooperative statistical effort of more than 18,000 city, county, state, federal, university and college, and tribal law enforcement agencies voluntarily reporting data on crimes brought to their attention (https://ucr.fbi.gov/, n.d.). In 2011, it reported covering 98.8% of the population in Metropolitan Statistical areas, 92.3% of the population in cities outside metropolitan areas, and 93.1% of the population in nonmetropolitan counties (https://ucr.fbi.gov/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/aboutucrmain, n.d.). However, as noted above, the program only captured 46% of law enforcement homicides (Bureau of Justice Statistics, n.d.).

The *Post* tracked fatal interactions in which civilians were killed by police officers by culling local news reports, law enforcement websites and social media, and by monitoring independent databases such as killedbypolice.net and fatalencounters.org. The *Guardian* also tracked such deaths using traditional reporting on police reports and witness statements, by monitoring regional news outlets, research groups and open-source reporting projects such as those mentioned above. They also invited readers to provide tips. We do not know the number of tips the *Guardian* received and eventually used in the construction of their database.

The two news organizations used somewhat different inclusion criteria in the construction of their respective databases. The *Post* documented "only shootings in which a police officer, while on duty, shot and killed a civilian." The *Post* did not include deaths of people in custody, fatal shootings by off-duty officers, or deaths in which police gunfire did not kill the individual (Tate et al., 2015). In contrast, the *Guardian* documented a somewhat broader group of incidents: "Any deaths arising directly from encounters with law enforcement." This included people who were shot, tasered, struck by police vehicles, or died in police custody (Swaine et al., n.d.-b). As of February 2, 2016, the *Post* database contained 990 fatal encounters in 2015, while the *Guardian* documented 1139 law enforcement-related deaths. Over 90% of the deaths appeared in databases of both newspapers.

### 2.2. Case/incident-level variables

Using the *Post* and *Guardian* reports to identify cases, we constructed a database that included demographic characteristics of the decedent and key information about the interactions. Because the deceased were identified by name and the data sets largely overlapped, it was possible to combine data from both sources. Most of the case reports in both databases contained links to two or more newspaper/media articles about the incidents. Our study team reviewed all such articles, which often contained more detailed information than the *Post* and *Guardian* databases. For this study, we included only cases involving deaths of civilians due to events related to initial interactions (defined as events occurring within 24 h of first contact) with police or other law enforcement personnel. Persons who died as a result of an event that occurred after 24 h in custody were excluded so as not to capture deaths associated with events after apprehension; however, people