

Mental Health Impacts of Police Violence and Reassessing Policing as a Community Safety Strategy

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This policy memo was written in response to the avoidable death of Najee Seabrooks and in solidarity with the community organizers who have taken on the responsibility of demanding real and sustainable justice. The memo goes to provide additional support to the demands outlined by the [Paterson Healing Collective](#), an evidence-based crisis intervention organization whose main purpose is to reduce violence within the Paterson community through holistically responding to the needs of local residents, a mission that Najee himself fervently upheld as staff of the Paterson Healing Collective and a Patersonian.

It is well documented that policing, as a vehicle for state violence, exacts cascading psychological effects on our most vulnerable people. Policing, in the context of the United States, has its roots in anti-Black oppression and the violent ways police interact with communities adhere to this tradition. Rather than reinvesting in policing which has repeatedly demonstrated its inefficacy, radically leaning into models of community care and mental health support with demonstrated efficacy and community buy-in are essential. In our role as mental health professionals, a field that has historically upheld and optimized the very state surveillance and violence that killed Najee, we feel it necessary to provide additional support to the demands outlined by the Paterson Healing Collective.

Mental Health Implications

Victims of police violence experience increased rates of suicidality, depression, PTSD, and anxiety. These psychological consequences also result from standard police encounters or a family member having a police encounter, as well as increasing the likelihood of future police contact and thus [additional mental health consequences](#). Unlike standard, interpersonal violence, state violence has widespread communal and racially traumatizing consequences. Studies show that police violence has “spillover” negative effects on mental health within communities, with these effects being more pronounced by those the most impacted. Further, each killing has the potential to and has consistently led to mass traumatization through the social media dissemination of death. As such, acknowledgment of and communal healing and restorative practices related to these events is essential.

Mental Health Crises and the Police

As in the case of Najee, the above risks are elevated among those in need of mental health support. At least a quarter of fatal police shootings are of individuals having a mental health crisis, [with some estimates as high as 58%](#). In a recent national survey of police mental health training, police departments on average rated their effectiveness in responding to mental health crises as a 3.5 on a scale of 1 (*not at all effective*) to 5 (*extremely effective*). This shows us that

even when rated by the police themselves, the standard of care in our communities is still only considered moderately effective.

Moreover, people perceived as having a substance use disorder or a co-occurring disorder are significantly more likely to be characterized as resistant and to have force used against them in police encounters than individuals perceived as having a single mental health disorder or no mental health disorder. Taken together, these findings indicate that police are not equipped to care safely and effectively for community members with complex psychiatric presentations. Additionally, public support for police use of force against individuals with mental illness differs by race. In particular, support for use of force is increased when Black suspected criminals have mental illness. These facts highlight that police involvement in mental-health-crisis response has particularly dire consequences for Black people.

Alternatives to Policing as a Community Safety Strategy

The police's consistent and violent ineptitude at providing community care has led to consistent calls to divest from policing for those in mental health crises. Additionally, there have been calls to [divest from and abolish policing](#) as a community safety strategy overall. While abolition has been met with some skepticism due to the moderate efficacy police have in lowering violent crime, this must be held up against the aforementioned psychological torment experienced by communities in response. Further, any relative efficacy must also be held up against the multitude of reported instances of police and federal officials actively sabotaging alternative interventions and movements. The death of Najee, who embodied and spread the type of care that his communities desired, represents the police once again enacting a history of interrupting local systems of promoting well-being and safety for Black youth. When looking to alternatives to policing as a community safety strategy, it is essential to lean into models of community care and mental health support that do not involve police intervention. Below are examples of successful local systems currently in place in Eugene Oregon, Denver Colorado, and Olympia Washington. The implementation of programs like these in communities across the country, may go to prevent further violence and killings at the hands of police.

- [Crisis Assistance Helping Out On The Streets \(CAHOOTS\)](#) – This mental health crisis unit in Eugene Oregon **has successfully responded to 99% of crisis calls without the need for police intervention.**
- [Denver Support Team Assisted Response \(STAR\)](#) – In its inaugural year, this program successfully responded to 1,396 911 calls relating to mental health, substance abuse, or homelessness. **Of those, there were no arrests, no injuries and no need for police back up.**
- [Crisis Response Unit \(CRU\)](#) – This program out of Olympia Washington offers mental health assistance as behavioral health specialists collaborate with community members to enhance trust and build relationships.

You can learn more about the Paterson Healing Collective and their demands [on their website.](#)

Read more in:

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Jordan DeVyllder, Jodi Frey, Courtney Cogburn, Holly Wilcox, Tanya Sharpe, Hans Oh, Boyoug Nam, and Bruce Link, “Elevated prevalence of suicide attempts among victims of police violence in the USA.” *Journal of Urban Health* 94 (2017): 629-636.

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Kristin Turney, “The mental health consequences of vicarious adolescent police exposure.” *Social Forces* 100(3) (2021): 1142–1169.

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Sarah DeGue, Katherine Fowler, Cynthia Calkins, “Deaths due to use of lethal force by law enforcement: Findings from the national violent death reporting system.” *American Journal of Preventive Medicine* 51(5) (2016): S173-S187.

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Mariame Kaba, *We do this ’til we free us: Abolitionist organizing and transforming justice* (Haymarket Books, 2021).

Melissa McLeod, Deliah Eller, Meredith Manze, and Sandra Echeverria, “Police Interactions and the Mental Health of Black Americans: a Systematic Review.” *Racial and Ethnic Health Disparities* 7 (2020): 10-27.

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