

Re: What can we expect of police in the face of deficient mental health systems? Qualitative insights from Chicago police officers

Dear Editor,

In Volume 28 Issue 1, Wood et al. (2020) provided an excellent summary of qualitative insights from Chicago police officers regarding mental health-related calls. Through a robust methodological framework, qualitative data were amassed through 46 "ride-alongs" with police officers. Key highlights included a lack of training, the complexity of the mental health calls, and the need for follow-up and long-term solutions.

Most notably, Wood et al. suggest the use of mental health and police co-response teams in order as a community-based solution to improve the interfaces between the law enforcement and health care. The use of mental health and police co-response teams have been linked to greater patient satisfaction and reduced use of police custody (Puntis et al., 2018). These teams have been previously well-received by police officers (Kirubarajan et al., 2018), many of whom may feel unequipped to respond adequately to health-related calls, as was similarly noted in the paper by Wood et al.

However, I believe that it is also important to highlight another benefit of mental health co-response teams, which is the prevention of criminalization of already marginalized populations. For one, it has been posited that mental health and police co-response teams may reduce the use of restraints as well as the undue escalation of physical force. This is particularly important when we consider the potential racial biases of the criminal justice system, and the increased likelihood of police custody due to racial profiling (Cénat, 2020 and Ehrenfeld & Harris, 2020). Particularly, the tragic deaths of Ejaz Choudry, Chantel Moore, Regis Korchinski-Paquet, and D'Andre Campbell have highlighted the gaps in urgent mental healthcare for Black, Indigenous and People of Colour (Khare et al., 2020 and Wortley & Lanionu, 2020).

Of course, it is important to note that the mental health system is unfortunately not free of racial bias and discrimination (Pavkov et al., 1989). As such, mental health co-response teams are not a "one-size-fits-all" solution and do not necessarily ensure equitable outcomes. However, there may be additional benefit from the expertise of mental health nurses, the deliberate intention to avoid criminalization, and the role of bias training. In addition, programs may wish to triage calls, so that the use of police officers can be avoided entirely if not necessary.

Ultimately, further investigation is required to better serve individuals who suffer from emergent mental healthcare needs. While


mental health co-response teams are a promising adjuvant, further accountability and research is required on the impacts specific to racial and ethnic minority groups.

CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

Data sharing not applicable – no new data generated.

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