

APA Official Actions

Position Statement on Engaging Law Enforcement Personnel and Correctional Staff to Address Mental Health and Racial Inequities in Jails and Prisons

Approved by the Board of Trustees, March 2023

Approved by the Assembly, November 2022

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

- The United States leads the world in incarceration: despite constituting only 5% of the world’s population, the U.S. confines 25% of the world’s people who are imprisoned.
- People incarcerated in the U.S. reflect more racial minorities when compared to the general U.S. population: Black Americans are imprisoned at a rate of approximately five times the rate of White Americans, while Hispanic Americans are incarcerated at 1.3 times the rate of White Americans. More Black and Hispanic men populate jails and prisons than any other racial group. Up to 39% of the racial disparate rate of imprisonment is attributable to factors such as racial bias.
- People detained and confined by the U.S. criminal legal system have a high rate of mental health diagnoses. In fact, jails and prisons are the largest mental health providers in the United States; across 44 U.S. states, jails and prisons house more people with mental health diagnoses than at the state’s largest state mental health institution.
- The initial encounter with the U.S. criminal legal system engages a disproportionately higher percentage of people with mental health diagnoses when compared to the general population. An estimated one out of five emergency calls involves a mental health crisis, and law enforcement personnel are frequently first responders to 911 or other emergency hotline calls arising from mental health or substance use disorder–related crises. A subset of this population, the 5.6% of U.S. adults living with a severe mental illness (SMI), suffers a disproportionate risk for criminal legal system involvement. They account for 17% of use-of-force cases and 20% of people injured in police interactions, and so are 11.6 times more likely to experience use of force and 10.7 more times likely to be injured in a police interaction than adults without SMI. The 2% of U.S. adults who have untreated SMI are involved in at least 25% — and perhaps as high as 50% — of all fatal police shootings.

As in the general U.S. population, health disparities and inequities exist throughout the U.S. criminal legal system and disproportionately affect minoritized and marginalized communities, especially racial/ethnic minorities and people living with mental health disorders. Research demonstrates that while most inequities in the criminal legal system are related to systemic issues that must be directly addressed to foster long-term structural change, specialized training programs that focus on the individual’s unconscious or implicit bias may be helpful. While it is crucial that “upstream” systemic approaches be prioritized, in addition, “downstream” individual approaches may be helpful tools to deploy when addressing deep-rooted racism and stigma.

The U.S. criminal legal system must improve its ability to address the health disparities and inequities of the people it serves, and to better meet the needs of people living with mental health diagnoses, beginning with the initial engagement, while in custody, and continuing through to reentry. Examples of ways to serve these needs include but are not limited to:

- Education, at both orientation and during employment through periodic training (e.g., annually), for law enforcement personnel and correctional officers about ways their own unconscious or implicit racial bias and stigmatization of people with mental health diagnoses may present, including evidence-based education on:
 - How to recognize, address, and reduce behaviors related to unconscious or implicit racial bias and stigmatization of people with mental health diagnoses.
 - How to effectively collaborate with mental health service providers to engage with and meet the needs of people living with mental health diagnoses.
 - How to safely de-escalate a situation involving a person experiencing a mental health crisis, including training that addresses how people experiencing a mental health crisis may be unable to understand or follow directives, especially complex instructions.
 - How to make appropriate referrals for mental health intervention and care.
- Hiring law enforcement personnel and correctional staff who reflect the same, or similar, diversity as the communities they serve.
- The adoption of police transparency measures, including the use of body cams, and databases/registries that transparently document law enforcement conduct and actions.
- The filing of periodic public reports on:
 - The use of force data (disaggregated by race, gender, ability, religion, and age).
 - The impact of various forms of anti-racism and implicit bias training on police-involved injuries and deaths.
 - The impact of a more diverse workforce on police-involved injuries and deaths.

APA Position:

The criminal legal system can reduce racial bias, lessen stigma against people with mental health diagnoses, and enhance culturally sensitive approaches by recruiting and retaining a racially sensitive, culturally informed, and culturally diverse law enforcement personnel and correctional staff who reflect the citizens they serve. In addition, anti-racist and culturally sensitive training in how to meet the mental health needs of the people served by the criminal legal system is a critically important part of advancing care and addressing mental health and racial inequities in jails and prisons.

Author: Dionne Hart, MD, Katherine Kennedy, MD, Maria I. Lapid, MD, Linda Gruenburg, MD, Mina Ossei, MD, Ahmed Alhassan, MBBS

Collaborators: Council on Advocacy and Government Relations