

## BOOK REVIEW/ COMPTE RENDU

**Huey, Laura, Jennifer L. Schulenberg, and Jacek Koziarski.** 2022. *Policing Mental Health: Public Safety and Crime Prevention in Canada*. Cham: Springer International Publishing. ISBN: 978-3-030-94313-4. E-book, \$39.99 USD; Softcover, \$54.99 USD.

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**P**olicing Mental Health is part of a Springer Briefs in Criminology series on policing that produce short books summarizing research across disciplines on topics relevant to the study of police and police work. This volume is 65 pages organized into five chapters of no more than 11 pages that examine perceptions and work of police regarding mental health. The authors weave a review of past research with narratives from observations made in two ethnographic studies in Canada. The first study included systematic observation, interviews and analysis of calls for service to understand how antisocial behaviour is policed. The data included interviews with 16 participants, 74 police ride-alongs (637 hours) accounting for 406 police-citizen interactions. The second study examined frontline officer decision-making and also involved 74 ride-alongs that involved 402 encounters between police and citizens where 67 encounters had mental illness as a contributing factor.

Chapter one, "Calling the cops" considers how highly publicized police involved deaths of people diagnosed with mental illness has led to arguments that police should not be the first responders for mental health problems. One of the purposes of *Policing Mental Health* is to examine the complexities of how, when, where and why police become involved in situations involving persons with mental illness. The authors also consider how mental health has become "police property" (p.1) because of decades of erosion to the social safety net. The concept of police property dates to the 1970s and is intended to convey a long trend in relegating social problems to the police. Such problems involve power dynamics between dominant and marginalized groups that are generally perceived as morally objectionable and which the police are expected to manage. Examples include skid-row, urban areas containing problematic groups and which are associated with substance abuse, homelessness and mental illness. The chapter includes a review of general public

expectations for police that include the detection, investigation and prevention of crime.

Readers learn, that despite efforts toward change, police strategies are typically a one-size fits all approach that involves reacting to crime that has already occurred. Another police directive is to manage disorder which includes a broad mandate from public behaviour to property damage and public safety. As the authors point out, the police are regularly called on to deal with behaviour that offends the public's moral sensibilities. Any situation in which a member of the public has a concern or fear for safety may lead them to call the police in hopes of a resolution. In many ways, police have long acted as social workers, though this has not been formally recognized as their job. Ironically, the fact that they are not social workers is marshaled as criticism of the fact that they are expected to do such work. The authors stress the important point that calls for service are dynamic and situations can change rapidly. Despite current calls for non-police to manage mental illness related problems, many calls for service involve situations where mental health concerns are unknown until officers arrive and are in the thick of the interactions.

Chapter two further delves into police work by examining six non-crime related ways that police interact with people diagnosed with mental illness. These include mental health apprehensions; investigating missing persons reports; wellness checks; suicide threat response; follow-up calls; other calls where mental illness status is not known until officers are on scene. An important, and I think often overlooked point, about policed involvement with people diagnosed with mental illness is that provincial mental health acts mandate police as responsible for apprehending people with mental illness who have been ordered to appear for psychological examinations and treatment or if the person is likely to harm to themselves or others. There are institutional relations beyond police organizations that have a bearing on interactions between police and the public. For example, mental health professionals rely on police coercive authority to enforce patient compliance by declaring interventions as matters of safety, even though other means may be available to manage a situation. That is, social workers and psychiatric services call the cops to do their "dirty work" and police do not enjoy being put in such situations.

Chapter three examines police roles in preventing and responding to crime, paying particular attention to the fact that people with mental health problems are over represented among victims of crime and as the subjects of disorder complaints. Of course mental health is also sometimes related to criminal charges, but not necessarily because police believe a charge is warranted. Contrary to a criminalization hypothesis

that posits people diagnosed with mental illness are disproportionately more likely to be arrested for all types of offence, police in the studies conducted by the authors said it is often a waste of time and resources to arrest for low-level offences because it would not help the person with mental illness and prosecutors would likely not pursue a charge. While it has become popular to call for social workers and psychiatric professionals to respond to mental health calls, these individuals are also already more likely to be the ones who are violently victimized by people diagnosed with mental illness, likely due to the nature of their work.

The picture that emerges is one of police overwhelmed with the frequency of calls related to mental illness as well as the magnitude of work that goes into resolving them. Chapter four focuses on interviews with police officers whose perspectives vary from feeling empathy to frustration and even helplessness with this situation. Frustrations were often directed toward other institutional responses to mental health problems including psychiatric services calling police to report missing persons and spending entire shifts “babysitting” patients awaiting intake because mental health is not regarded as a priority. It is noteworthy that some of these frustrations are intertwined with empathy because officers recognized that systemic failures are affecting people diagnosed with mental illness. An effect of officers dealing with mental health problems so frequently is compassion fatigue, which the authors note as secondary trauma that has been documented in other research. The final chapter provides some consideration of upstream and downstream solutions to these problems including increased funding for mental health services, having specialized teams responding to known mental health calls, municipal data analysis to identify at risk individuals to engage in outreach, increased officer competency related to mental health act provisions, and transfer agreements with hospitals to reduce wait times. The authors final statement, a plea really, is for any set of solutions to be evaluated and implemented thoughtfully. This plea occurs in a context where there is a trend towards adopting proposed solutions with no evidence that these are effective in reducing police contact or improving the situation of individuals with mental health concerns. Given the severity of the situation, readers are reminded that blind policy adoption will not help.

*Policing Mental Health* is a timely contribution and its ethnographic observations into the practical reality of officer interactions with people experiencing mental health problems should give members of the public and critics of the police pause. That is not to say that police involvement in death or use of force is vindicated—far from it—the point is that there is a complex set of institutional relationships that require officers to respond and which shape their interactions in very dynamic and tense

situations, often when they are exhausted and traumatized themselves. It would be great to have an openly available version of some sections of this for the general public. I can imagine police services and government officials being interested in reading it as well. I plan to use sections of this in an undergraduate course on mental health and public safety, but given it is a brief look at a complex issue, the book must be supplemented with additional reading for students, political and institutional reformers.

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