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SERVICES

"I don't want people to think I'm a criminal": Calling for more compassionate policing in child and youth mental health

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ABSTRACT

In this paper, we present the outcomes of a narrative study of thirteen interviews with six child and youth mental health practitioners and seven caregivers with a child between 12 and 24 years old involved with the mental health system and with a history of police involvement. The focus of the interviews was the how young people involved with the mental health system and their caregivers had experienced police encounters. Two main categories of themes emerged. Presented here are the outcomes in terms of the reasons for and nature of the police encounters. Across the interviews, police services were accessed primarily for support to deescalate physical or verbal situations involving a distressed child. As two subcategories, police encounters were described as negative and associated with stigma and criminalization, while positive encounters were associated with the appropriate use of police authority. A call is made for more compassionate policing.

Key Words Children and youth; crisis responses; parents; police.

INTRODUCTION

Police Encounters in Child and Youth Mental Health

With police officers often being the first responders to mental health–related emergency calls (Michalski, 2017), police intervention is often a main gateway by which an individual, adult or child, experiencing a psychiatric crisis enters the mental health system or is diverted into the criminal justice system (Yang et al., 2018). Yet the scholarship about policing and police encounters amongst psychiatrically distressed individuals is limited. The little that does exist focuses primarily on the experiences of adults, and not necessarily those of children and youth. In the case of adults, the main reasons for police involvement include being a suspect of a crime, being a victim of crime, attempted suicide, and escorts to the hospital for psychiatric care (Coleman & Cotton, 2010; Cotton & Coleman, 2008).

Based on adults' experiences, the main concerns with using police for mental health support are about the inappropriate use of force and physical restraints by police and the policing of mental illness (Brink et al., 2011; Fry et al., 2002; Corrigan et al., 2005; Watson et al., 2008; Morabito et al., 2012). Criminalization of mental illness is cited as a major form of structural discrimination for psychiatrized adults (Corrigan et al., 2005; Gur, 2010; Chaimowitz, 2012). Criminalization refers to the ways in which individuals facing mental health issues, for a number of reasons, including a lack of community services, housing, or crisis support (Fisher et al., 2006), are likely to become involved with the criminal justice system instead of being treated by the mental health system (Chaimowitz, 2012; Corrigan et al., 2005; Gur, 2010).

In the case of children and youth, although it is estimated that ten to twenty percent of young people worldwide experience mental health challenges (Kieling et al., 2011), very little is known about their experiences of police, policing, and police encounters as a mental health intervention. The little that does exist is focused primarily on young people already involved with the criminal justice system, thus post-police involvement (Drerup et al., 2008; Peterson-Badali et al., 2015; Shufelt & Cocozza, 2006). Furthermore, the scarce information we have is dispersed across research areas, for example, in studies examining referrals to police and arrest rates among youth receiving mental health care (Robst et al., 2013; Vander Koep et al., 1997), and the mental health and/or substance use needs of convicted youth who, at some point in their encounters with the justice system, had police involvement

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(Carswell et al., 2004; Chassin, 2008; Erickson & Butters, 2005; Odgers et al., 2005; Teplin et al., 2002; Townsend et al., 2010).

The most significant contributions to research on policing and police encounters in child and youth mental health (CYMH) come from stigma research (see Liegghio, 2017; Liegghio et al., 2017; Liegghio & Jaswal, 2015; Liegghio, 2013). According to Liegghio and colleagues (2017; 2015), for psychiatrically distressed children and youth, the main reasons for police involvement, similar to adults' experiences, are risks or threats of harm to self and others, in particular to parents and siblings; concerns related to a child's alleged criminal activities in the community; and physical interventions when restraints or transports to hospital are required for immediate psychiatric care. In most instances, encounters with police were described as helpful for deescalating high-conflict situations, but unhelpful as a mental health intervention because of the associated stigmatization and criminalization of the child, caregivers, and family (Liegghio, 2017; Liegghio, 2013). This paper adds to this emerging work.

METHODS

The research reported here is a pilot to a larger mixed-methods study currently under way. The purpose of the larger study is to explore the meaning young people make of their experiences of "distress" and of accessing and using crisis and police services for mental health support. The purpose of the pilot was to explore the lived experiences of children and youth involved with the mental health system, and their caregivers, during policing and police encounters. Using a narrative study design, a thematic content analysis was conducted of 13 semi-structured, one-to-one interviews with six frontline CYMH practitioners and seven caregivers with a child between 12 and 24 years old involved with the mental health system and with a history of police involvement. The research questions focused on gathering information about 1) the reasons for police involvement, and 2) the experiences psychiatrically distressed young people and their caregivers had of police encounters. Ethics approval was obtained through the Research Ethics Office of York University and the mental health agencies involved as collaborators.

Recruitment and Sampling

Recruitment occurred through two community-based mental health agencies located in a large urban area near Toronto, Canada. The agencies have long-standing histories of providing a continuum of mental health assessment and treatment services to children and youth, from birth to 24 years old, and their caregivers and families. Recruitment of both the mental health practitioners and caregivers consisted of connecting with service managers within the organizations and arranging for the distribution of two letters of invitation for participation in the study to frontline workers. One invitation was to frontline practitioners, and the second was to caregivers. In both letters, prospective participants were directed to contact the researcher (ML) directly. Full information about the study (i.e., purpose and risks and benefits) was then provided, and appropriate practitioners and caregivers were invited to participate in an interview. Participants signed an informed consent form prior to commencing the interviews.

Purposive sampling was used to identify both the practitioner and caregiver participants. The following inclusion criteria were used for the caregiver-participants: having a child between 12 and 24 years old nearing the end of their mental health treatment or who had used mental health services within the previous two years and who had had police involvement for a mental health concern. Inclusion criteria for practitioner-participants were to be a mental health professional (e.g., social worker, child and youth worker, etc.) with a minimum of two years of experience providing frontline mental health support to children and youth 12 to 24 years old. Caregivers received a $65 honorarium, while practitioners received a $20 gift card.

Data Collection and Analysis

Pilot data collection occurred between August 2016 and May 2018 and consisted of in-depth, semi-structured, one-to-one interviews with caregivers and CYMH practitioners. The interviews were conducted in a private office provided by the partner agencies where confidentiality could be assured. The interviews lasted 1 to 1.5 hours and were audio taped and transcribed verbatim. The data for analysis consisted of the demographic information collected about the participants and the 13 transcripts.

Data analysis of the transcripts was an inductive process consisting of a thematic content analysis (Braun & Clarke, 2006) conducted using the following three steps: 1) a general review of the transcripts for themes and patterns, similarities and differences, and a range of responses between caregivers, 2) a line-by-line review identifying discrete segments of meaning and concepts until the classifications of the concepts were exhausted and saturation was achieved, and 3) reorganization of the identified concepts in categories of themes that explained the phenomena under study. The goodness or rigor of the data depended on the consideration of all possible meanings for concepts as they were identified and labelled throughout the process (Weiss, 1994). As a validation of the categories, an inter-coder comparison was also conducted (Burnard, 1991). When presenting the findings, identifying information has been altered and pseudonyms used to protect the confidentiality of the practitioners, caregivers, and their family members.

The main limitations of the study are related to the sample and sampling of the participants. Participants were recruited primarily through the two programs for young people with severe or chronic mental health issues. The programs were provided through the two community-based mental health agencies. Consequently, the findings reflect a small range of experiences of mental health practitioners and caregivers, specifically those accessing or working in community-based (versus hospital) services. Presumably, caregivers with children facing moderate or situational issues may have different experiences of police encounters. In addition, diversity along the lines of race, class, gender, culture, sexual orientation, immigration and family status, or type of mental health issue was not well represented.

RESULTS

Participants

There was a total of 13 participants. Six were frontline CYMH practitioners and seven were caregivers with a child between

12 and 24 years old involved with the CYMH system and with a history of police involvement. Tables I and II summarize the demographic information of the mental health practitioners and the caregivers.

Two main categories of themes emerged from the interviews. In this paper, we present the outcomes in terms of the reasons for and nature of police encounters. Across the interviews, police services were accessed primarily for support to deescalate situations involving a distressed child. As two sub-categories, police encounters were most often described as negative and associated with stigma and criminalization, or positive and associated with the appropriate use of police authority—characterized as "compassionate policing." Reported elsewhere, the latter category described the contradictions between the mental health and police systems as exacerbating factors in negative encounters with police (see Liegghio et al., 2020).

Police Support to Deescalate Situations with a Distressed Child

Across all the interviews, practitioners and caregivers described accessing police services most often for support to deescalate high-conflict, physical, verbal, or emotionally-charged situations involving a distressed child or youth. Police were accessed not only by parents and youth themselves, but also by mental health practitioners working in counselling, residential or drop-in centers. Practitioner Karen described the main reasons police would be called for support.

> **Karen [practitioner]:** In my work with clients, we've often used police for crisis situations, if a parent needs support, if a child has an aggressive presentation or difficulty regulating their emotions, and the parent is not able to work with them, and it's escalating. There's been several situations where, for example, some of my kids have expressed suicidal ideation, have been out on balconies threatening to jump, and parents have had to call 911, and access police support for help.

Similar to the reasons reported about adults' experiences (Coleman & Cotton, 2010; Cotton & Coleman, 2008), in most instances, concerns for the safety of the child or others, in particular family members (when at home) or other residents or staff (in the case of residential programs) were determining factors for calling police. However, across the interviews, in most instances, the nature of the encounters with police was described as negative and dehumanizing, and the encounter often resulted in an overall experience of stigma and criminalization.

Negative Police Encounters—Stigma and Criminalization

Across the interviews, caregivers and practitioners poignantly attributed negative police encounters to the (mis)use of police power and authority through verbal and physical practices

TABLE I Demographic information of the child and youth mental health (CYMH) practitioners

Total CYMH practitioners	***n* = 6**
Sex/gender	
Female	5
Male	1
Race	
Caucasian	4
Racialized (black)	2
Profession	
Social worker (MSW)	4
Counselling degree (Masters)	1
Child and youth worker (college)	1
Number of years working in child and youth mental health (mean)	8[a]

[a]Individuals worked in child and youth mental health 4, 4, 7, 9, 11, and 13 years, respectively.

TABLE II Demographic information of the caregivers

Total caregivers	***n* = 7**
Sex/gender	
Female/mother	6
Male/father	1
Age (at the time of the interview, years, mean)	50[a]
Race	
Caucasian	4
Racialized (Black, Latino/a, Middle Eastern)	3
Highest education	
High school	1
Some co some or undergraduate university degree	3
College or college degree	2
Doctoral university degree	1
Family composition	
One-parent household	3
Two-parent household	4
Annual family income	
$39,000 and below	2
$40,000 to $49,000	1
$50,000 to $59,000	3
$150,000	1
Age and gender (male/female) of identified child	
14 years	1 M, 1 F
15 years	1 M, 1 F
16 years	1 F
17 years	1 M, 1 F
Number of mental health diagnoses of identified child	
One diagnosis;	2
Two diagnoses;	4
Three or more diagnoses	1
Nature of identified child's mental health issues	
Depression	3
Anxiety	3
Suicide talk/ideation	2
ADHD	3
ODD	2
Query psychosis (hearing voices)	1
Query Asperger's	1
Trauma counselling/no diagnosis	1

[a]Caregivers's ages, respectively, were 39, 49, 52, 52, 53, 54, 59 years

and interventions considered judgmental, harsh, or lacking understanding. Negative encounters were associated with "being treated like a criminal." Tara, a mother, described the ways in which specific police practices contributed to negative experiences.

> **Tara [mother]:** Being treated like a criminal, being handcuffed when you're having a mental health episode. I always try to think of safety of others and safety of yourself, so I try to spin, put it back and say, maybe people weren't feeling safe and that's why you were handcuffed. But then Raquel [daughter, 17 years old, diagnosed with attention deficit and hyperactivity disorder (ADHD) in early childhood, Oppositional Defiant Disorder (ODD) in older childhood, Asperger's – Autism Spectrum Disorder and suicidal ideation in adolescence, with a history of police escorts to hospital for suicidal ideation] says, "when I was at the hospital, I was still handcuffed, and so other people were able to stare at me, and I don't want people to think I'm a criminal because I'm there." And so those kinds of experiences, being handcuffed at the hospital, can make for a not-so-great experience.

Similar to concerns expressed in the adult literature, negative experiences were related to police practices, in particular, safety protocols for using handcuffs or physical restraints (Fry et al., 2002; Watson et al., 2008; Morabito et al., 2012). Handcuffs, physical restraints, police escorts, and police supervision are powerful symbols associated with criminality. The display of the handcuffs and police supervision, when in the public space of the hospital, for example, further exacerbated the experience of being criminalized or being potentially perceived by others as "dangerous" and thus "criminal." In subsequent calls, police often used the threat of laying charges (for minor misdemeanors) against the youth if they felt that police were being mis-used (Liegghio et al., under review).

In another instance, the experiences of Rosa (a mother) highlight the ways in which police legal mandates and support roles intersect in complicated ways, especially when psychiatrically distressed youth are also engaged in criminal activities.

> **Rosa [mother]:** They treated him [Ron, son, 15 years old, diagnosed with ADHD in early childhood, and anxiety in older childhood, latest query for post-traumatic stress disorder (PTSD), with a history of childhood exposure to police interventions due to physical violence between parents] as if he were a hardened criminal. And, it seemed there was no respect, no respect…. Ron broke the law…and that's not good, but the police dealings with my son, they didn't take the care…it never dawned on them that, you know, this guy's 15 years old, like, what's going on with him?…It wasn't like that. It was just, you're a criminal and going to jail, and they even treated him verbally bad…it was hurtful, just hurt a lot that these people [responding officers], they don't see that person as a life, as a human being. They see the crime and they just treat the person badly, cold, you know? Just really, really cold.

Rosa brings into question whether or not police are seeing or understanding her son as vulnerable due to his age as a "child/young person" and his need for mental health support; however, more importantly are the ways in which legal mandates collide with the needs for mental health support. While negative encounters were associated with the inappropriate use of police authority, leading to stigma and criminalization, positive police encounters were associated with the appropriate use of their authority.

Positive Police Encounters—The Appropriate Use of Police Authority

Across the interviews with practitioners and caregivers, positive police encounters were associated with the use of their roles, mandates, and, importantly, their authority to create and hold a space, both physical and emotional, that made the child and caregiver feel they were listened to, heard, understood, and ultimately, respected.

> **Grace [mother]:** They spoke to me initially, and then they spoke to my daughter [Carol, daughter, 14 years old, anxiety and trauma related to a sexual assault by an older male peer and close friend of the family], and then they brought us back together in the room…They explained to Carol that they felt there was enough evidence that he would be arrested and charged… Carol became very defensive, very guarded, and she panicked. She didn't want him to be in trouble. The [responding officer] really took their time, took the initiative to speak to her and explain to her.

In other instances, mothers Tara and Gloria each described the significance of taking the time and being transparent as important factors for positive encounters, along with compassion.

> **Tara [mother]:** They [the police] were very good about keeping us informed about what was going on with the whole situation, and they were very compassionate towards [Raquel, daughter]…you know, it was a female officer and she was sort of almost motherly with Raquel, you know [said things like], "oh, come here and I'm just going to talk to you for a few minutes about this, and you didn't do anything wrong," and that kind of thing, right?

> **Gloria [mother]:** The first and the third time, when they were home, they sat down with him [Tomas, son, 17 years old, depression, history of suicidal ideation with one experience of being hospitalized involuntarily] and, as far as I know, as far as I could notice, they were very friendly with him, telling him, "okay, don't worry, we are here to help you, tell me what is going on, what happened," always listening to him, giving him the opportunity to express, which is very good, I think. They weren't at all aggressive or, *imponiendo su autoridad* [Spanish, English translation: *imposing their authority*].

Finally, Rosa also describes compassion by police as essential but emphasizes its importance in relation to the appropriate use of their authority for countering dehumanizing practices, especially with psychiatrically distressed young people also involved in criminal matters.

> **Rosa [mother]:** If the police showed a little bit more compassion and understanding, it would really go a long way…The police have a lot of authority and they're the ones that really could shift things…I would like to see the police have more compassion when dealing with youth who commit offenses, just step back a little bit, don't be so quick to treat them as if they're like nothing, like just a piece of wood that you just move around from here to there…like cattle, you know, you're just herding cattle. What I would like to see [is] that they do a little bit more delving into what might be going on inside their minds.

Central to compassionate policing were perceptions that the responding officers understood that, even in criminal matters, an underlying mental health issue and a need for support by a vulnerable child or youth was at play. However, more importantly, what is suggested is an intentional shift in what the adult literature describes as a "philosophy of care" for how systems work with one another—an alternative approach whereby police and social and mental health services work collaboratively and as an integrated service system for psychiatrically distressed individuals (Chopko, 2011; Sestoft, et al., 2014).

CONCLUSIONS

A Call For Compassionate Policing

In summary, these outcomes add to our professional and academic knowledge of the situations of young people living with a mental health issue, and their caregivers, and the needs they have that may bring them into contact with police. In most instances, police services were accessed by caregivers and mental health workers for support to deescalate high-conflict, physical, verbal or emotionally charged situations involving a distressed child. Similar to adults, the police were called because of concerns about a child's safety, the risk of harm to others, escorts to hospital for emergency psychiatric assessments, or because the young person was suspected of being involved in criminal activities. Negative encounters were associated with the inappropriate use of police authority through verbal and physical practices, such as the use of restraints and handcuffs when a child was distressed or threats to lay criminal charges for misdemeanors on subsequent calls. Negative encounters often resulted in an overall experience of stigma and criminalization of the youth and of the mental health issue.

When positive, in all instances, the encounters were described as responding police officers holding both a physical and emotional space, taking their time to listen and explain the situation to the child, and using non-confrontational verbal and physical practices that demonstrated an understanding by police that underlying mental health issues and a vulnerable child in need of support were at play. Positive policing was associated with transparent practices, with officers taking the time to reassure the child, making sure the child felt heard and understood, and ultimately, respected. Central to positive police encounters was "compassion." The main implication to come from these outcomes is the call for more compassionate policing—that is, practices and interventions rooted in a use of police authority that is less reliant on demonstrations of "authority" and more geared to emotional support.

As suggested by these findings, children and youth and their caregivers need verbal or physical practices to offer and reflect an emotional and physical space that is safe, essentially for the distress and crisis to subside and for the child or youth and their family to be connected to appropriate mental health supports—provided they exist. As noted in the adult literature, reliance on police for assistance has evolved over time as a result of the deinstitutionalization movement alongside the underdevelopment of community supports for families and individuals facing mental health issues. These supports include a lack of safe housing, crisis services, and alternatives to police for ensuring personal and public safety (Bonfine et al., 2014; Cummins & Edmondson, 2016; Lamanna et al., 2018). Similarly, it can also be said that there is a lack of supports in the CYMH system (Doulas & Lurigio, 2010; Geller & Biebel, 2006; Moskos et al., 2007), with children being caught between the mental health and police systems (see Liegghio, et al., under review). For adults, other models have been proposed, including the use of crisis intervention teams that require a collaborated and integrated response between police, mental health and social services (Lord & Bjerregaard, 2014). However, little is known about the applicability of these models in children's mental health, signalling the need for research about the systemic reasons for the reliance on police with children and youth.

Police interventions and practices tailored to the experiences of youth and their needs for support are important to not only the youth but also their families, just as they are for psychiatrically distressed adults. As a place to start, crisis intervention training (CIT) may have a role to play in providing police officers with the necessary knowledge, skills, and tools for recognizing and differentiating mental health issues and adopting appropriate de-escalation and conflict resolution strategies (Ritter et al., 2010; Watson et al., 2011). To conclude, as suggested by these findings, positive police encounters were associated with responding officers being knowledgeable, not only of mental health issues, but in particular, of child and youth mental health, distress and crisis, and development.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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REFERENCES

Bonfine, N., Ritter, C., & Munetz, M. (2004). Police officer perceptions of the impact of crisis intervention team (CIT) programs. *International Journal of Law and Psychiatry, 37,* 341–350.

Braun, V., & Clarke, V. (2006). Using thematic content analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Brink, J., Livingston, J., Desmarais, S., Greaves, C., Maxwell, V., Michalak, E., … & Weaver, C. (2011). *A study of how people with mental illness perceive and interact with the police.* Calgary, Alberta: Mental Health Commission of Canada. Retrieved on October 2, 2013 from https://www.mentalhealthcommission.ca.

Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse Education Today, 11,* 23–37.

Carswell, K., Maughan, B., Davis, H., Davenport, F., & Goddard, N. (2004). The psychosocial needs of young offenders and adolescents from an inner-city area. *Journal of Adolescence, 27*(4), 415–428.

Chaimowitz, G. (2012). The criminalization of people with mental illness. *Canadian Journal of Psychiatry, 57*(2), 1–7.

Chassin, L. (2008). Juvenile justice and substance use. *The Future of Children, 18*(2), 165–183.

Chopko, B. A. (2011). Walk in balance: Training crisis intervention team police officers as compassionate warriors. *Journal of Creativity in Mental Health, 6*(4), 315–328.

Coleman, T., & Cotton, D. (2010). *Interactions with persons with a mental illness: Police learning in the environment of contemporary policing.* Calgary, Alberta: Mental Health Commission of Canada. Retrieved on October 2, 2013, from www.mentalhealthcommission

Corrigan, P., Watson, A., Byrne, P., & Davis, K. (2005). Mental illness stigma: Problem of public health or social justice? *Social Work, 50*(4), 363–368.

Cotton, D., & Coleman, T. (2008). *A study of police academy training and evaluation for new police officers related to working with people with mental illness.* Calgary, Alberta: Mental Health Commission of Canada. Retrieved on October 2, 2013, from http://www.mentalhealthcommission

Cummins, I., & Edmondson, D. (2016). Policing and street triage. *The Journal of Adult Protection, 18*(1), 40–52.

Doulas, A., & Lurigio, D. (2010). Youth crisis intervention teams (CITs): A response to the fragmentation of the educational, mental health, and juvenile justice systems. *Journal of Police Crisis Negotiations, 10*(1-2), 241–263.

Drerup, L., Croysdale, A., & Hoffmann, N. (2008). Patterns of behavioral health conditions among adolescents in a juvenile justice system. *Professional Psychology Review, 39*(2), 122–128.

Erickson, P., & Butters, J. (2005). How does the Canadian juvenile justice system respond to detained youth with substance use associated problems? Gaps, challenges, and emerging issues. *Substance Use and Misuse, 40*(7), 953–973.

Fisher, W., Silver, E., & Wolff, N. (2006). Beyond criminalization: Toward a criminologically informed framework for mental health policy and services research. *Administration and Policy in Mental Health and Mental Health Services Research, 33*(5), 544–557.

Fry, A., O'Riordan, D., & Geanellos, R. (2002). Social control agents or front-line carers for people with mental health problems: Police and mental health services in Sydney, Australia. *Health and Social Care in the Community, 10*(4), 277–286.

Geller, J., & Biebel, K. (2006). The premature demise of public child and adolescent inpatient psychiatric beds, Part II: Challenges and Implications. *Psychiatric Quarterly, 77,* 273–291.

Gur, O. (2010). Persons with mental illness in the criminal justice system: Police interventions to prevent violence and criminalization. *Journal of Police Crisis Negotiations, 10,* 220–240.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., … & Rahman, A. (2011, October). Child and adolescent mental health worldwide: Evidence for action. *The Lancet, 378*(9801), 1515–1525.

Lamanna, D., Shapiro, G., Kirst, M., Matheson, F., Nakhost, A., & Stergipoulos, V. (2018). Co-responding police-mental health programmes: Service user experiences and outcomes in a large urban centre. *International Journal of Mental Health Nursing, 27,* 891–900.

Liegghio, M. (2017). Our biggest hurdle yet: Caregivers' encounters with structural stigma in child and youth mental health. *Families in Society, 98*(4), 300–309.

Liegghio, M., Van Katwyk, T., Freeman, B., Caragata, L., Sdao-Jarvie, K., Brown, K., & Sandha, A. (2017). Police involvement among a community population of children and youth accessing mental health services. *Social Work in Mental Health, 15*(1), 14–27.

Liegghio, M., & Jaswal, P. (2015). Police encounters in child and youth mental health: Could stigma informed crisis intervention training (CIT) for parents help? *Special Issue on Mental Health: Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community, 29*(3), 301–319.

Liegghio, M. (2013). *The stigma of mental illness: Learning from the situated knowledge of psychiatrized youth, caregivers and young siblings.* (Unpublished doctoral dissertation). Wilfrid Laurier University, Waterloo, ON, Canada.

Liegghio, M., Canas, H., Truong, A.H., & Williams, S. (Submitted for review). *A call to de-policing crisis responses: Distressed children and youth caught between the mental health and police systems.*

Lord, V., & Bjerregaard, B. (2014). Helping persons with mental illness: Partnerships between police and mobile crisis units. *Victims and Offenders, 9,* 455–474.

Michalski, J. H. (2017). Mental health issues and the Canadian criminal justice system. *Contemporary Justice Review, 20*(1), 2-25.

Morabito, M., Kerr, A., Watson, A., Draine, J., Ottati, V., & Angell, B. (2012). Crisis intervention teams and people with mental illness: Exploring the factors that influence the use of force. *Crime & Delinquency, 58*(1), 57–77.

Moskos, M., Olson, L., Halbern, S., & Gray, D. (2007). Utah youth suicide study: Barriers to mental health treatment for adolescents. *Suicide and Life-Threatening Behavior, 37*(2), 179–186.

Odgers, C., Burnette, M., Chauhan, P., Moretti, M., & Reppucci, D. (2005). Misdiagnosing the problem: Mental health profiles of incarcerated juveniles. *The Canadian Child and Adolescent Psychiatry Review, 14*(1), 26–29.

Peterson-Badali, M., McCormick, S., Vitopoulos, N., Davis, K., Haqanee, Z., & Skilling, T. A. (2015). Mental health in the context of Canada's youth justice system. Canadian Criminal Law Review, 19(1), 5–20.

Ritter, C., Teller, J., Munetz, M., & Bonfine, N. (2010). Crisis intervention team (CIT) training: Selection effects and long-term changes in perceptions of mental illness and community preparedness. *Journal of Police Crisis Negotiations, 10*(1–2), 133–152.

Robst, J., Armstrong, M., Dollard, N., & Rohrer, L. (2013). Arrests among youth after out-of-home mental health treatment: Comparisons across community and residential treatment settings. *Criminal Behaviour and Mental Health, 23,* 162–176.

Sestoft, D., Rasmussen, M., Vitus, K., & Kongsrund, L. (2014). The police, social services and psychiatry cooperation in Denmark—A new model of working practice between governmental sectors. A description of the concept, process, practice and experience. *International Journal of Law and Psychiatry, 37,* 370–375.

Shufelt, J., & Cocozza, J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study.* Delmar, NY: National Center for Mental Health and Juvenile Justice. Retrieved on February 5, 2020, from http://www.ncmhijj.com/resources/publications

Vander Koep, A., Evens, C., & Taub, J. (1997). Risk of juvenile justice system referral among children in a public mental health system. *Journal of Behavioral Health Sciences and Research, 24*(4), 428–442.

Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59,* 1133–1143.

Townsend, E., Walker, D., Sargeant, S., Vostanis, P., Hawton, K., Stocker, O., & Sithole, J. (2010). Systematic review and meta-analysis of interventions relevant for young offenders with mood disorders, anxiety disorders, or self-harm. *Journal of Adolescence, 33*(1), 9–20.

Watson, A., Ottati, V., Draine, J., & Morabito, M. (2011). CIT in context: The impact of mental health resource availability and district saturation on call dispositions. *International Journal of Law and Society, 37,* 287–294.

Watson, A., Angell, B., Morabito, M., & Robinson, N. (2008, November). Defying negative expectations: Dimensions of fair and respectful treatment by police officers as perceived by people with mental illness. *Administration and Policy in Mental Health and Mental Health Services Research, 35*(6), 449–457.

Weiss, R. (1994). *Learning from strangers: The art and method of qualitative interview studies.* New York: The Free Press.

Yang, S. M., Gill, C., Kanewske, L. C., & Thompson P. S. (2018). Exploring police response to mental health calls in a nonurban area: A case study of Roanoke County, Virginia. *Victims and Offenders, 13*(18), 1132-1152.