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A JOINT REPORT

Justifiable Homicides by Law Enforcement Officers: What is the Role of Mental Illness?

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Justifiable Homicides by Law Enforcement Officers What is the Role of Mental Illness?

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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

EXECUTIVE SUMMARY

As a consequence of the failed mental illness treatment system, an increasing number of individuals with untreated serious mental illness are encountering law enforcement officers, sometimes with tragic results. “Justifiable homicides,” in which an individual is killed by a law enforcement officer in the line of duty, may occur when criminals are being pursued, as in a bank robbery, or when an officer is threatened with a weapon, in other situations.

We assessed available data on justifiable homicides between 1980 and 2008 and found the following:

- Although the total number of justifiable homicides decreased by 5% between 1980 and 2008, those resulting from an attack on a law enforcement officer increased by 67%, from an average of 153 to 255 such homicides per year.
- Although no national data is collected, multiple informal studies and accounts support the conclusion that “at least half of the people shot and killed by police each year in this country have mental health problems.”
- There are suggestions that many of the mentally ill individuals who were shot were not taking their medications. Some of them were also well-known to the law enforcement officers from previous encounters.
- Studies suggest that approximately one-third of the shootings by law enforcement officers results from the victim attempting to commit “suicide-by-cop.”
- The transfer of responsibility for persons with mental illness from mental health professionals to law enforcement officers is both illogical and unfair and harms both the patients and the officers.

In view of these conditions, it is recommended that:

- The Department of Justice resolve to collect more complete and detailed information on justifiable homicides.
- Mental health agencies be clearly assigned the ultimate responsibility for the care of persons with mental illness in their communities and held accountable for providing it.
- More widespread use be made of assisted outpatient treatment (AOT) under which at-risk individuals who meet criteria established by the state are court-ordered to remain in treatment as a condition of living in the community – in the 45 states where it is authorized.
- The five states without AOT laws on their books (Connecticut, Maryland, Massachusetts, New Mexico, Tennessee) enact and use them.

INTRODUCTION

The most striking change in the care of persons with mental illness in the United States in the last three decades has been the transfer of responsibility from mental health professionals to law enforcement officers. It is now well-known that jails and prisons have become the *de facto* frontline “inpatient units” for seriously mentally ill persons. What is less well known is that law enforcement officers are now functioning as the frontline “outpatient system.” Both of these changes were unintended and unplanned, and are direct consequences of the progressive failure of state and county mental health programs to do their job.

The responsibility of law enforcement officers for seriously mentally ill persons has increased sharply in recent years and is continuing to increase. A recent nationwide survey of 2,406 law enforcement officers reported that police and sheriffs are being overwhelmed “dealing with unintended consequences of a policy change that in effect removed the daily care of our nation’s severely mentally ill population from the medical community and placed it with the criminal justice system.”ⁱ

From other reports we learn that, in Tucson in 2013, the police department was receiving more than 10 mental illness related calls per day – more calls than about stolen cars or burglaries.ⁱⁱ In California’s San Diego County, sheriffs’ calls related to mentally ill individuals approximately doubled between 2009 and 2011.ⁱⁱⁱ In 2011, police in Medford, Oregon, were dealing with “an alarming spike in the number of mentally ill people coming in contact with the police on an almost daily basis,” the number of contacts having doubled since 2010.^{iv} Many of the police calls were repeats, such as the 88 service calls made between 2000 and 2006 by the West Des Moines, Iowa, police to the home of Joe Martens. Martens, who periodically stops taking medication for bipolar disorder and becomes violent and threatening to his neighbors. When police respond to a Martens call, “they bring two units; a third helps if things are slow.”^v Such calls, of course, take time away from other law enforcement duties. As a police officer in Augusta, Maine noted:

“Sometimes we deal with the same [mentally ill] person two or three times a shift. It’s not enough to get them arrested, but it’s enough that it requires a police response.” One mentally ill person in Augusta calls police “about three times a week” and has “racked up more than 100 police incidents.” If the police did not have to deal with all the mental illness related calls, they would have more time for traditional police work. “We could be addressing the numerous speeding complaints we have in this town, or the car burglaries.”^{vi}

Inevitably, the increasing number of confrontations between law enforcement officers and persons with serious mental illness leads to some unfortunate outcomes. Among the most tragic are officer-related shootings of the mentally ill individuals, many of which are fatal. Such incidents are usually categorized as “justifiable homicides” and also referred to as “arrest-related deaths” (ARDs). Justifiable homicides may be of two types.

- One that occurs during pursuit of a criminal, e.g., law enforcement officers surround bank robbers, and the latter attempt to shoot their way out of the bank.
- One that takes place when a law enforcement officer is directly threatened, e.g., a man who is shooting a gun at passersby on the street points his gun at an approaching law enforcement officer.

In recent years, there have been suggestions that justifiable homicides may be increasing. For example, in June 2012, the Associated Press carried a story headlined “Killings by police up sharply last year in L.A. County,” which stated that such killings “rose nearly 70 percent in 2011 compared with the previous year.”^{vii} In view of such reports, we undertook a study to ascertain (1) whether justifiable homicides are increasing and (2) what role individuals with serious mental illness are playing in these incidents.

METHODS

For more than 70 years, the FBI has collected national data on crimes under its Uniform Crime Report (UCR) program. The last major revision to this program was in 1980 and since that time, the reporting of homicides has undergone little methodological change. As part of the UCR, the FBI collects data from each state on justifiable homicides carried out by law enforcement officials or citizens as happens, for example, when a thief is shot in the process of committing a crime.

Data on justifiable homicides by law enforcement officials was compiled for 1980-2008 by Alexia Cooper and Erica L. Smith in the Bureau of Justice Statistics, Department of Justice.^{viii} The data is available for the total number of justifiable homicides by law enforcement officials. It is also available for the number of justifiable homicides that take place as a result of an attack on the officer by the person who is killed.

An example of an attack-related justifiable homicide is the following: James Kirkland, diagnosed with schizophrenia, was shot by sheriff’s deputies in Escambia County, Florida, on July 6, 2012. The deputies had been called to the house by Kirkland’s mother. According to the report of the state attorney’s office, when the deputies arrived at the house, “Kirkland stepped out of the house holding a rifle and confronted deputies.” The deputies tried unsuccessfully to disarm him and then fired a Taser at him. Kirkland then “raised the rifle and continued to approach” the deputies, at which time they shot him.^{ix} This scenario is typical of many justifiable homicides reported in the media. The appendix provides summaries of 44 such homicides apparently related to mental illness as reported in the media in 2012.

RESULTS

The FBI data shows that between 1980 and 2008, there was a slight decline in the total number of justifiable homicides by law enforcement officers (Table 1). From 1980 to 1984, the average annual number was 395 such homicides, whereas for 2005 to 2008, the average number was 374. This was a 5% decrease in the total number of these justifiable homicides.

However, when the justifiable homicides carried out by law enforcement officers in response to attacks on them are examined, the result is quite different. From 1980 to 1984, the average number of such homicides was 153, or 39% of the total number. However, for 2004 to 2008, the average number was 255, or 68% of the total (Figure 1). This is an increase of 67% of attack-related justifiable homicides over the 38-year period.

Is any information available regarding how many of the victims of these justifiable homicides were seriously mentally ill?

Regrettably, the Department of Justice does not collect such information. However, there are anecdotal indications:

- In Maine, in 2012, the *Portland Press Herald* carried out an investigation of police-related shootings “involving hundreds of interviews and thousands of pages of documents,” including “police reports from around the county.” The investigators concluded that “*at least half* of the people shot and killed by police each year in this country have mental health problems.” In Maine itself, the investigators concluded that 58% of people who were killed by police between 2000 and 2012 “were mentally ill.”^x
- In New Hampshire in 2011, “four of five people shot and killed by police ... had mental health issues.”¹⁰
- In Albuquerque, New Mexico, between 2010 and 2012, police officers shot 24 men, 17 fatally; of these, 11 “had a history of either mental illness, substance abuse, or both.”^{xi}
- In Wichita, Kansas, in 2012, “police have seen more officer involved shootings than in the past three years combined....They say mental illness is playing a major role.”^{xii}
- In Portland, Oregon, between 2009 and 2012, 12 people were shot and killed by police officers; 9 of the 12 “were affected by mental illness.”¹⁰
- In Syracuse, New York, in 2011, police shot five people, three of whom were “emotionally disturbed.”^{xiii}
- In Santa Clara County, California, between 2004 and 2009, there were 22 officer-related shootings; “10 involved people who were mentally ill.”^{xiv}
- In West Warwick, Rhode Island, a city of 29,000 people, in 2008, five persons “described as having mental health issues” died in “police-related incidents” in a six-month period.^{xv}

- In Ventura County, California, in 2007, sheriff's deputies used Taser guns to subdue people 107 times; "the majority of those shot by deputies were mentally ill."^{xvi}

Given the anecdotal data that is available, it thus seems reasonable that the *Portland Press Herald* was correct in concluding that "at least half of the people shot and killed by police each year in this country have mental health problems."¹⁰

In reviewing published accounts of officer-related shootings of individuals with mental illness, two other aspects of these shootings stand out, although no formal studies have been done.

One is that most of the mentally ill persons who were shot by law enforcement officers were not being treated for their mental illness at the time of the shootings. Phrases such as "he has a history of mental illness and wasn't taking his medications" commonly occur in reports of such episodes.¹³

Second, some of the individuals who were shot were well-known to the police. In Wichita, for example, "Police say they're familiar with the man they say threw a machete at police officers, causing them to shoot. They've dealt with him 14 times since 2010 and knew he had a history of mental illness and drug use."¹²

In reviewing the accounts of justifiable homicides committed by law enforcement officers, an additional mental illness issue becomes apparent. In some instances, the individual who was shot appeared to be provoking the police to shoot him or her. These episodes are sometimes referred to as "suicide-by-cop," and there have been three studies of them.

Hutson et al. examined all shootings by Los Angeles County sheriff's deputies between 1987 and 1997 and concluded that 13% of all fatal shootings were suicide-by-cop.^{xvii} The authors added that such incidents appeared to be increasing over the 11-year time period. Kennedy et al. reviewed newspaper accounts of 240 police shootings between 1980 and 1995 and concluded that 16% were suicide-by-cop.^{xviii} Most recently, Mohandie et al. reviewed the files of police and criminal justice agencies for an 11-month period in 2006 and 2007. They identified 707 cases of "officer-involved shootings" and concluded that 36% were suicide-by-cop. Of those, 21% had a previous psychiatric hospitalization, and 20% "were described as psychotic (delusional and/or hallucinating) at the time of the event."^{xix} The authors also concluded that suicide-by-cop was increasing in incidence compared to past studies.

DISCUSSION

The transfer of responsibility for persons with mental illness from mental health professionals to law enforcement officers has brought with it major problems for the latter. A conference of county sheriffs in Colorado called it "the top problem facing sheriff's departments statewide....By default, we've become the mental health agencies for the individual counties."^{xx} Existing data suggest that untreated serious mental illness is a large, and still increasing, causal factor in the justifiable homicides associated with law enforcement officers. The fact that

68% of all officer-related justifiable homicides are precipitated by attacks on the officers is disturbing. Anecdotal data suggests that many, if not most, of these individuals are seriously mentally ill, and some are committing “suicide-by-cop.”

Also disturbing is the paucity of studies and hard data available on this problem. The FBI’s Uniform Crime Reports covers 95% of the nation’s population but includes no information on mental illness. The Bureau of Justice Statistics, another branch of the Department of Justice, also collects data on police shootings, but the data is very incomplete. In 2009, the Department attempted to add a question regarding whether “the deceased exhibited any mental health problems,” but the replies were so incomplete that the question was subsequently deleted.¹⁰

The transfer of responsibility for mentally ill persons from mental health professionals to law enforcement officers is patently illogical. Law enforcement officers self-select and are trained to do traditional police work. If they had wanted to become mental health professionals, they would have done so. To take people trained in law enforcement and use them as mental health professionals is a grossly inappropriate use of their skills.

The transfer of responsibility for mentally ill persons from mental health professionals to law enforcement officers is also unfair. Shootings of mentally ill persons by officers have resulted in many lawsuits, the settlement of which has cost municipalities many millions of dollars. Such shootings have also led to investigations by the Civil Rights Division of the U.S. Department of Justice in at least three cities – Seattle, Portland and New Orleans. Law enforcement agencies are thus penalized for not doing a better job on something they are neither trained nor equipped to do.

Another unfair aspect of the present situation is the long-term effects of justifiable homicides on the law enforcement officer and his or her family. No law enforcement officer wants to take the life of another person, and yet they increasingly find themselves in situations that result in such deaths. These justifiable homicides may lead to post-traumatic stress disorder and a lifetime of second-guessing for the officer involved. One wonders how much such justifiable homicides contribute to the known high suicide rate among law enforcement officers. In any case, the present use of law enforcement officers as mental health professionals leading to justifiable homicides results in two victims – the mentally ill person who is killed and the law enforcement officer who is traumatized.

Many law enforcement agencies have undertaken training to improve their mental health skills. Funds for such training are available from the U.S. Department of Justice, and programs such as Crisis Intervention Teams (CIT) are widely available. But all of these efforts are merely attempts to make the best of a bad situation. As the executive director of the Maine Chiefs of Police Association correctly noted, “Law enforcement officers, even those with specialized crisis-intervention training, are not mental health professionals. The fact remains that severe mental illnesses are diseases of the brain and should be managed by medical professionals....Our current system often results in police officers becoming armed social workers.”^{xxi}

RECOMMENDATIONS

The transfer of responsibility for individuals with serious mental illnesses from mental health professionals to law enforcement officers is incompatible with good psychiatric care. The current situation is victimizing both the patients and the law enforcement officers. The situation could be improved by the following:

1. **Collect better data.** The U.S. Department of Justice, through the FBI and Bureau of Justice Statistics, must collect more complete data on justifiable homicides committed by law enforcement officers. Currently, the quality and quantity of the data varies widely from state to state. The collection of reliable data is a legitimate federal responsibility and should be financed by the Department of Justice. This would allow the comparison of state data to identify states where such homicides are more or less frequent. Circumstances around each such homicide, including the history of psychiatric treatment and the identity of the most recent treating facility, should be included in reports on each case so that proper responsibility may be assigned. The collection of this psychiatric information can be justified under HIPPA regulations as part of Public Interest and Benefit Activities, to wit, “Covered entities may disclose protected health information to public health authorities authorized by law to receive such information for preventing or controlling disease, injury, or disability.”
2. **Return the ultimate responsibility for individuals with serious mental illness rests to mental health officials.** Each justifiable homicide that occurs should be assumed to involve both the law enforcement officer and the failed mental health treatment system. Why was the mentally ill person not being treated? Who is responsible? When the Department of Justice investigates possible excess justifiable homicides, as they have done in Seattle, Portland and New Orleans, the investigations should focus equally on possible failures of the mental health treatment system as on the possible failures of the law enforcement system. Similarly, when legal liability is being assessed, mental health officials should be held equally as liable as law enforcement officials.
3. **Use assisted outpatient treatment (AOT) to reduce officer-involved tragedies.** Many of the mentally ill individuals who are victims of justifiable homicides are well-known to law enforcement officials. Indeed, every police and sheriff department in the country can name a small number of individuals in their community who are at highest risk for becoming the victims of justifiable homicides. Most such individuals have already had interactions with law enforcement officers and demonstrated their propensity for violent behavior when they are not taking the medication needed to control the symptoms of their mental illness. Such individuals are obvious candidates for mandated outpatient treatment.

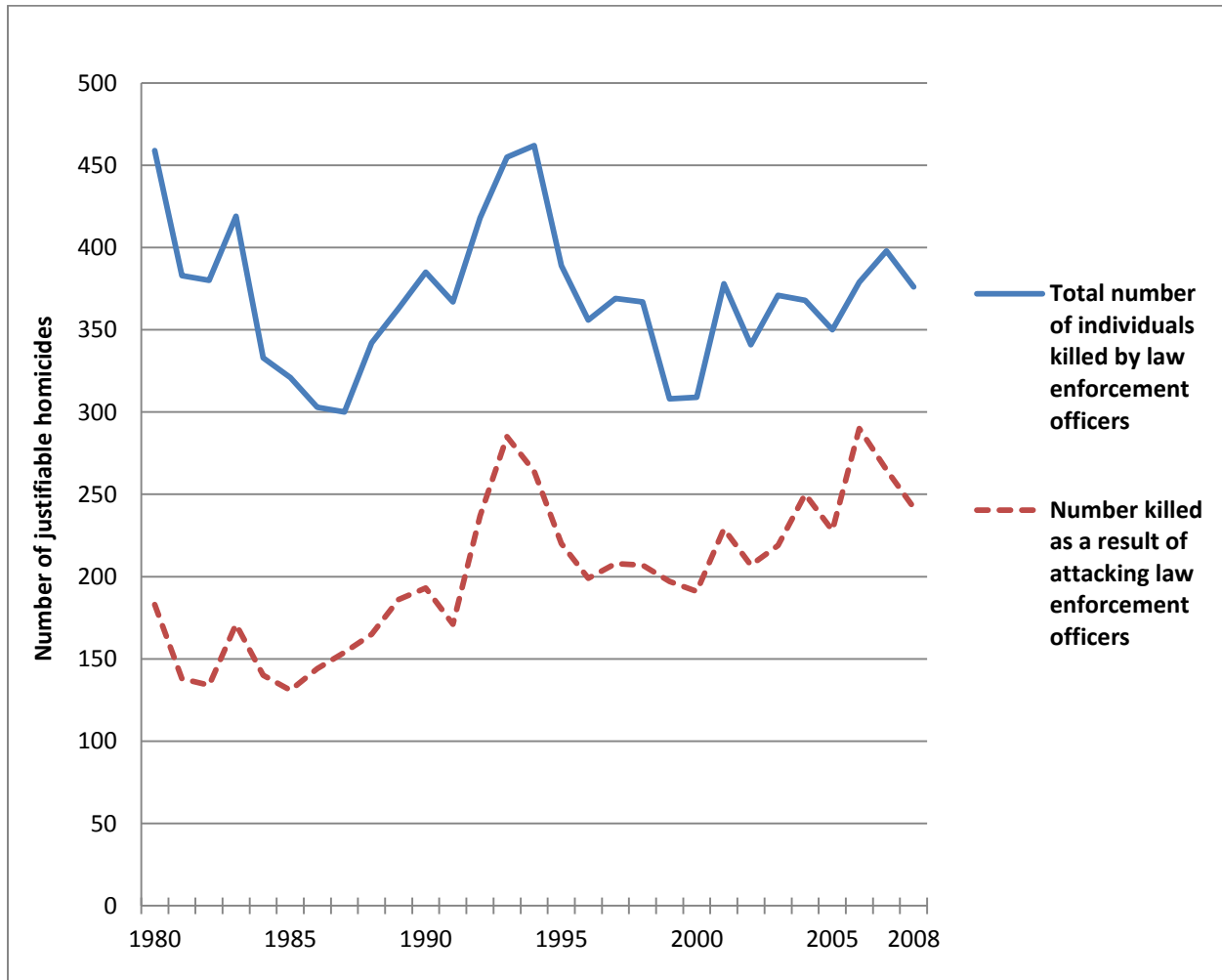
AOT specifies that individuals with serious mental illnesses who have demonstrated dangerousness may be court-ordered to take medication for their psychiatric disorder as a condition for living in the community. Provision for AOT exists in all states except five (Connecticut, Maryland, Massachusetts, New Mexico, Tennessee) but is little used in most states. The U.S. Department of Justice has deemed AOT to be an “effective” and “evidence-based” practice for reducing crime and violence. Studies of AOT have shown it to decrease psychiatric hospitalizations, homelessness and victimization. Most pertinently, AOT has been shown to decrease arrests or days incarcerated in four studies^{xxii,xxiii,xxiv,xxv} and to decrease violent behavior by mentally ill persons in three studies.^{23,xxvi,xxvii} In addition, AOT has been shown to save money. The selective and appropriate use of AOT for individuals with serious mental illnesses would probably decrease by half the approximately 250 such homicides each year associated with attacks on law enforcement officers, thus saving approximately 125 lives a year and preventing the wounding of many others who are not killed. Such use of AOT would significantly improve the professional lives of law enforcement officers as well as the lives of the individuals with severe mental illness.

Table 1. Number of justifiable homicides by law enforcement officers

Year	Total number of justifiable homicides by law enforcement officers	Total number of justifiable homicides as a result of officers being attacked
1980	459	183
1981	383	138
1982	380	134
1983	419	171
1984	333	140
1985	321	131
1986	303	144
1987	300	154
1988	342	165
1989	363	186
1990	385	193
1991	367	171
1992	418	237
1993	455	285
1994	462	264
1995	389	220
1996	356	199
1997	369	208
1998	367	207
1999	308	197
2000	309	191
2001	378	229
2002	341	207
2003	371	219
2004	368	250
2005	350	228
2006	379	290
2007	398	265
2008	376	242

Source: Copper, A. and Smith, E.L. Homicide trends in the United States, 1980-2008. Washington: U.S. Department of Justice, November, 2011. NCJ 206018.

Figure 1. Number of justifiable homicides by law enforcement officers and by circumstance, 1980-2008



Source: Copper, A. and Smith, E.L. Homicide trends in the United States, 1980-2008. Washington: U.S. Department of Justice, November, 2011. NCJ 206018.

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APPENDIX: EXAMPLES OF HOMICIDES BY LAW ENFORCEMENT OFFICERS IN 2012 REPORTED BY THE MEDIA

The following are brief summaries of 44 homicides reported by the media in 2012. They were summarized by D.J Jaffe, the Executive Director of MentalIllnessPolicy.org., from accounts on the preventable tragedies database of the Treatment Advocacy Center. These justifiable homicides are not a complete listing of all those occurring in 2012 but merely those that came to our attention.

1. Los Angeles, CA

On January 3, 2012, 40-year-old Jazmyne Ha Eng became involved at an incident in a treatment facility. When police arrived she attacked a deputy with a hammer and was fatally shot by a sheriff's deputy. Eng had a long history of mental illness. Staff members believed she was off her medication at the time.

2. Glendale, CA

On January 5, 2012, 38-year-old Richard Hughes's girlfriend called paramedics reporting he had overdosed. After police arrived, Hughes came out of his home holding a knife. Police shot him after he refused to drop it. Hughes had bipolar disorder.

3. Charlotte, NC

On January 6, 2012, 55-year-old Spencer Mims III became angry and erratic at his father, who called police. Responding officers found the younger Mims holding the box cutter to his throat. He refused orders to drop the weapon. Officers shot him when he advanced toward them.

4. Anaheim, CA

On January 19, 2012, 29-year-old Roscoe Cambridge approached a police sergeant in his car wielding a large knife and carrying a Bible. Cambridge's family said he had been diagnosed with schizophrenia but refused to take medication. He was fatally shot by a police officer, who felt threatened.

5. Buttonwillow, CA

On January 26, 2012, two Kern County sheriff deputies responded to a call from 18-year-old Christian Chavez's caseworker, who phoned 911 after Chavez made suicidal comments. Police fatally shot Chavez after he pulled a knife out his pocket. Chavez's family said he suffered from depression and schizophrenia.

6. Moorpark, CA

On January 27, 2012, 47-year-old Eric Strosser's father and sister called 911 and said he was out of control. When police arrived Strosser rushed at detectives with a machete and was fatally shot. Guns had been removed from the residence after a 2007 incident in which deputies responded to the home and took Strosser to a mental health facility.

7. Headland, AL

On January 31, 2012, police responded to a medical call during which 33-year-old Patrick Fitzgerald Humphrey assaulted two paramedics. Humphrey attacked the first police officer to arrive on the scene. Humphrey was combative and was shot when he charged at officers. Humphrey's family said he suffered from a mental illness and had already assaulted a family member earlier that morning. He wasn't taking his medication at the time.

8. Las Vegas, NV

On February 1, 2012, 23-year-old Jason Baires killed his mother's boyfriend, 50-year-old Rodolfo Velasco-Bayardo, with a machete and was subsequently fatally shot by police when he came out of his vehicle shooting at them. Baires had become paranoid and was seeking treatment for mental illness.

9. Pompano Beach, FL

On February 13, 2012, 53-year-old Kenneth Shewey showed up at his ex-girlfriend's home; neighbors called 911 after hearing loud arguing. Shewey had pointed his .45 caliber handgun at someone and also fired one shot into the air. He was fatally shot by a police officer. Shewey's niece said he suffered from mental illness, and she had encouraged him to get treatment and medication.

10. Hialeah, FL

On February 18, 2012, officers were sent the apartment complex of 48-year-old Luis Enrique Nunez after someone called police to say a man was armed and agitated. Nunez was armed with a flare gun, and after an exchange, officers opened fire on Nunez. Nunez' sister said he had a history of mental illness and paranoia but hadn't been on medication or in therapy for years.

11. Pittsburgh, PA

On March 8, 2012, 30-year-old John F. Shick stormed into a lobby at the Western Psychiatric Institute and Clinic, located several blocks from his apartment. He fatally shot 25-year-old Michael Schaab, a nurse, and wounded seven other people. Shick was fatally shot by police during the incident. He had a long history of mental illness.

12. Jamaica, NY

On March 15, 2012, 30-year-old Shereese Francis family called for assistance to get her to the hospital. Francis, who wasn't taking the medication prescribed for her schizophrenia, had become emotionally distraught. Before an ambulance arrived, four police officers cornered her in a basement bedroom, forcing her face-down on the bed and applying pressure while they cuffed her. Within 20 minutes of police arriving, Francis had stopped breathing. A few hours later she was taken to Jamaica Hospital, where she was pronounced dead.

13. Bayonne, NJ

On March 21, 2012, a relative asked police to check on 62-year-old Mariano Vargas, who had a history of mental illness. Vargas refused to open his door and a one-hour standoff ensued. Police forced their way into the home, where they found Vargas in the living room with a knife.

He threatened to kill them and began swinging the knife, at which point officers opened fire and killed him.

14. Tulsa, OK

On April 3, 2012, 45-year-old Bobby Dale Sutton, who had a history of mental illness, charged at police with a knife inside his apartment. He was fatally shot by police.

15. Clovis, CA

On April 13, 2012, 40-year-old Christopher Machado fatally shot his mother, 73-year-old Edith Machado, and a neighbor, 60-year-old Vernon Eugene Lindsay, before he was fatally shot by police. Machado was mentally ill and was reported to be acting strangely in the hours before the shootings.

16. Keyes, CA

On April 16, 2012, Stanislaus County sheriff's deputy responding to reports of a family fight involving 32-year-old Jorge Ramirez and fatally shot him. His aunt said he was prescribed medication, which he took for a while which seemed to help. But then he stopped.

17. Panama City, FL

On April 22, 2012, Clifton McKinney, a mentally ill man armed with a machete, was shot as he charged at officers. According to reports detailing the police department's numerous prior contacts with McKinney, he had a history of mental illness and violence toward police.

18. Mt. Carmel, TN

On May 12, 2012, 47-year-old Ernest France pointed a shotgun at his wife and threatened to kill her. Kingsport Police tried to negotiate a safe surrender with France for more than a half hour before he aimed a gun at them, and they shot back. France had bipolar disorder and wasn't on his medication at the time.

19. Phoenix, AZ

On June 4, 2012, a man visiting the Telephone Pioneer Park Pool with two children called police after 25-year-old Timothy Sean O'Brien became belligerent and threatened the man and his daughter with a bat outside the building. Police said they gave multiple warnings to stop and put the bat down, but he continued to move toward them while swinging the bat. Two officers fired their guns multiple times at O'Brien and killed him. O'Brien's mother said her son was diagnosed with bipolar disorder.

20. Memphis, TN

On June 12, 2012, police found 19-year-old Christian Freeman armed with a knife and refusing to drop it. Freeman charged them and two officers shot him to death. Freeman had been diagnosed with paranoid schizophrenia.

21. Rochester, NY

On June 21, 2012, Israel Andino called Rochester Police officers and said he'd just stabbed his mother. Responding officers encountered Andino in the street. When he fired a round at them,

they returned fire, killing him. Andino's stepfather said he suffered from bipolar disorder and was off his medication.

22. Broomfield, CO

On June 28, 2012, 12-year-old Kyle Miller family called 911 saying he had a knife and was trying to harm himself. Miller pointed a fake gun at officers in the street was fatally shot by Bloomfield police. He had struggled with schizoaffective disorder. The family had pushed to hospitalize their son on several occasions because of self-destructive behavior, but the Boulder mental health center had not allowed it.

23. Tukwila, WA

On June 30, 2012, 25-year-old Victor Duffy Jr.'s mother said he called 911 during a fight with his younger sister. The scene was "chaotic" with family members yelling at each other. Within minutes, after officers determined that he needed to be involuntarily committed to a mental-health facility, Duffy Jr. was swinging at police and refusing to comply with their attempts to pat him down for weapons. Police used Tasers and pepper spray to subdue him, but he continued to fight police until they managed to handcuff him and strap him on a gurney. He died later in the day.

24. Hampton, VA

On July 1, 2012, 26-year-old Bryant Weiford charged at officers with a baseball bat he had used to strike a patrol car and refused their orders to drop it. He was fatally shot by police. Weiford suffered from bipolar disorder with psychotic features, had been hospitalized twice and recently run out of medication.

25. Pensacola, FL

On July 6, 2012, two deputies were sent to the home of 51-year-old James Kirkland Jr. after Kirkland's mother called the Lakeview Center, the mental health facility where he was treated, to say her son was extremely distraught. Someone from the Lakeview Center then called 911. They found Kirkland standing outside with a rifle in his hand, which he pointed at deputies, after which he was shot. He had a history of schizophrenia, anxiety, and bipolar disorder.

26. Knoxville, TN

On July 6, 2012, police when responded when 47-year-old mentally ill Paul Edward Capps's, mother called and said he was assaulting her. Capps attacked the first officer to arrive on the scene who attempted to use his Taser. It did not stop the assault, and police shot and killed him.

27. Riverside, NY

On August 1, 2012, 38-year-old Charlene M. Fears stabbed her 4-year-old grandson, Roderick Geiger III, who died after being taken to Women & Children's Hospital. She was fatally shot after she lunged at a Buffalo police officer with a pair of butcher knives. Fears had a history of mental illness.

28. Madison, AL

On August 4, 2012, police responded to a report that 55-year-old Deborah Jo Day was walking down the street with a pistol and threatening to shoot her neighbors. Day, who had a history of mental illness, pointed a pistol at police and was shot by them. Day had suffered from mental illness and recently stopped taking her medication.

29. Decatur, AL

On August 13, 2012, 36-year-old Mister Bobby Lowe was reported intoxicated, harassing a female living in one of the apartments and threatening neighbors with a 2x4. Police found Lowe armed with a handgun in the parking lot. Lowe attempted to grab a rifle from a responding officer, who pulled his own handgun and shot Lowe. Lowe suffered from bipolar disorder.

30. Oxnard, CA

On August 14, 2012, Oxnard police responded to a call that 36-year-old Michael Mahoney, diagnosed with schizophrenia, was standing in the middle of a street with a gun to his head. Police tried to resolve the situation but opened fire when Mahoney challenged them.

31. Gladstone, OR

On August 14, 2012, police responded to a report that 23-year-old Michael Justin Evans was being aggressive in the home he shared with his grandmother. He was shot during their response. Evans led a troubled life gripped by mental illness. Police had been dispatched to his home 10 times in the past 20 months to investigate domestic disturbances, criminal mischief, noise complaints, suicide attempts and threats. Evans' former girlfriend had filed for a restraining order against five months ago before his death in which she described him as emotionally unstable.

32. Oktibbeha, MS

On August 20, 2012, 33-year-old Damion Street stabbed an officer and was fatally shot by an officer during a confrontation. He had a history of mental illness.

33. North Bergen, NJ

On September 1, 2012, 47-year-old Daniel Plato-Jacobo threatened to harm himself and others with broken glass outside the apartment before running into the building. He lunged at responding North Bergen police with a kitchen knife and was fatally shot by them. Plato-Jacobo suffered from mental illness.

34. Walnut Creek, CA

On September 4, 2012, 36-year-old Christopher Boone Lacy fatally shot a California Highway Patrol officer, 37-year-old Kenyon Youngstrom, who had stopped Lacy for an obscured license plate. Lacy was then fatally shot by a fellow officer. Lacy had bipolar disorder.

35. Charlotte, NC

On September 14, 2012, 26-year-old Clay McCall's grandmother locked him out of her house, saying she couldn't control him. She then called a mental health caseworker, who called

police. McCall charged at the officer with 10-inch garden shears and was fatally shot by the officer. McCall was diagnosed with schizophrenia and had a history of violence.

36. Bernalillo, NM

On September 20, 2012, Samuel Jason Marquez, who suffered from mental illness, went to his mother's house to get money. His mother had a restraining order against him, so she called the sheriff's office for help. When deputies arrived, Marquez came out of the house with his mother as a hostage, holding a knife to her throat. Marquez wouldn't negotiate with deputies who then shot him.

37. Oklahoma City, OK

On September 26, 2012, police responded to a call that 43-year-old Timothy Dennis had fired a gun. Dennis refused to comply with the officer's commands, forcing the officer to use his Taser. He had trouble breathing, was hospitalized and died three days later. He suffered from paranoid schizophrenia bipolar syndrome, and was off his medication.

38. Rockford, IL

On October 11, 2012, 18-year-old Logan Bell's family called 911, fearing he would hurt himself. He pointed what appeared to be a real gun at officers, who fatally shot him. It was a pellet gun. Bell had bipolar disorder and had stopped taking his medicine.

39. Houston, TX

On October 11, 2012, a 911 caller told police that 38-year-old Kenneth Brian Releford broke into their home and beat up an 87-year-old man and his two grandchildren, ages 12 and 14. Police went to Releford's home and ordered him to come out with his hands up. Police said Releford kept one arm behind his back while yelling at them, despite the officer's repeated verbal commands. Police fatally shot Releford, who had schizophrenia and may have not been on his medications at the time of his death.

40. Denver, CO

On November 10, 2012, 38-year-old Jeffrey Albert Musick attacked an Auraria campus officer with a sword and was fatally shot by officers. Musick, who had a history of mental illness, had been at two different psychiatric facilities shortly before the incident.

41. Bay Minette, AL

On November 26, 2012, 53-year-old Michael Jansen was fatally shot by police at his home during a shootout with three deputies. Also killed was 47-year-old Deputy Scott Ward. Sgt. Curtis Summerlin was shot in the leg. Jansen's mother called 911 because she was concerned about her son's well-being. Jansen had a history of mental illness. His mother had petitioned in 2009 and twice in 2010 to have her son committed to a state hospital.

42. San Bernardino, CA

On December 8, 2012, police were called to a California State University at San Bernardino on-campus dorm after a report of a disturbance involving Bartholomew Williams, a graduate student, in the common area. Williams became violent and attacked one of the responding

officers. He was then fatally shot by police. Williams was diagnosed with bipolar disorder and was not taking his medication.

43. Corpus Christi, TX

On December 9, 2012, 56-year-old Daniel Scott, who had a history of mental illness, called 911 and said he was armed with a weapon and had barricaded himself inside his house. He was fatally shot by police after a standoff.

44. Dandridge, TN

In December 2012, 41-year-old Robert Lynn Human, Jr. called 911 and asked to be taken to a mental hospital. When deputies arrived at his home, Human charged the officers with a gun in each hand. Officers fired, killing Human on the scene. Human's sister said Human, diagnosed with bipolar disorder, went from hospital to hospital looking for help. She said Human had stopped taking his medication and the day after he was killed he had another appointment scheduled at a mental health facility. The appointment had taken six months to set up.