Framing Mental Illness: Racial Disparities in Police Killings

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Background

Police violence remains an ongoing issue in the United States, driven by factors such as poor training, weak social infrastructure, and a lack of accountability. Although national awareness increased after the 2014 killing of Michael Brown, the problem is longstanding and historically rooted in the oppression of racial minorities, particularly Black individuals ("Mapping Police Violence," 2025). Alongside racial disparities, individuals with mental illness also experience disproportionate harm, with about one in four fatal police shootings between 2015 and 2020 involving someone with a mental illness (NAMI, 2024). At the intersection of race, criminal justice, and mental health, research suggests that White perpetrators are more often portrayed as mentally ill, while minority individuals are framed as violent or criminal (DeAngelis, 2021). This study investigates whether similar racialized framing appears in how mental illness is reported among individuals killed by police.

Methods

Data were obtained from the Mapping Police Violence project, a database of over 14,000 police killings since 2013. The dataset includes incident-level information collected through media scraping and researcher validation. A random sample of 2,500 cases was drawn, restricted to individuals identified as Black or White and coded as either showing or not showing signs of mental illness based on media reports. The primary exposure was race (Black vs. White) and the outcome was a binary indicator of mental illness classification. Covariates included age, gender, year, region, cause of death, threat level, encounter type, armed status, and whether police were called for service.

Missing covariate data were addressed via single imputation, assuming data were missing at random. A logistic regression model predicting race was used to generate propensity scores, and confounding was addressed using 1:1 greedy matching (with and without replacement) and ATT inverse probability weighting. Rubin's rules assessed covariate balance, and Rosenbaum's sensitivity analysis evaluated robustness to unmeasured confounding.

Results

Across all analytic approaches, Black victims were less likely to be classified as showing signs of mental illness than their White counterparts. After matching with replacement, the odds of a Black individual being described as mentally ill were 53% as high as those of a White individual, with a 90% confidence interval of 0.42 to 0.66 and p-value < 0.001. Similar results were obtained from ATT weighting (OR = 0.58, 95% CI: 0.47 to 0.72) and unadjusted analysis (OR = 0.44, 95% CI: 0.41 to 0.49). A Rosenbaum sensitivity analysis indicated that the findings remained robust to hidden bias unless an unmeasured confounder increased the odds of being Black by more than 60%.

Conclusion

This study reveals a racial disparity in how mental illness is reported among individuals killed by the police. Even after accounting for demographic and contextual factors, Black victims were less likely to be described as exhibiting signs of mental illness compared to White victims. Although these classifications are based on media sources rather than clinical evaluations, they have serious public health implications. Media framing influences public perception, policy decisions, and the allocation of mental health resources. When mental illness is under-recognized in certain groups, it may reinforce stigma and contribute to ongoing inequities across health and justice systems. Limitations include the exclusion of other racial groups and the recoding of complex categorical variables, which may reduce nuance. Future research should explore additional racial identities and consider linking clinical data to better better understand how mental illness is framed.

References

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