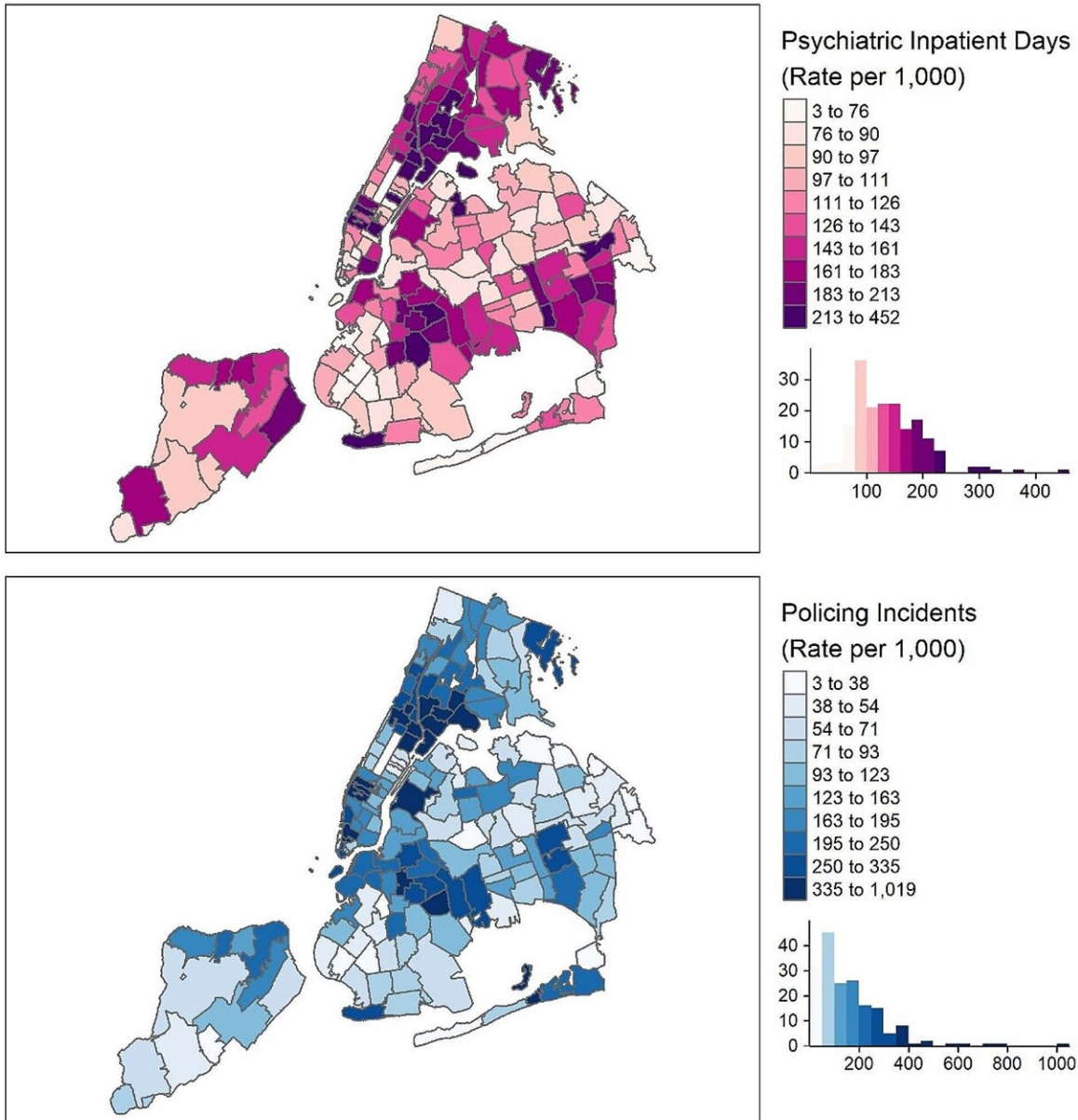


# Policing may play a role in youth mental health crises

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Geospatial distribution of psychiatric inpatient days (top) and policing incidents (bottom) in New York City from 2006–2014. Rates are calculated as the average number of inpatient days per 1,000 residents age 10–24 per year and policing incidents per 1,000 residents of all ages per year, based on ACS 5-Year Population Estimates for 2009–2013. Credit: *Social Psychiatry and Psychiatric Epidemiology* (2024). DOI: 10.1007/s00127-024-02738-7

New York City neighborhoods subject to higher rates of policing during the Stop and Frisk years also experienced higher burdens of psychiatric hospitalization among their adolescent and young adult residents—independent of underlying neighborhood socio-economic characteristics. This association was larger in neighborhoods of color which have been disproportionately targeted by "hot spot" and order-maintenance policing practices and policies.

The study by researchers at Columbia University Mailman School of Public Health is one of the first to explore how neighborhood-level differences in policing may be an important driver of the uneven burden of [mental illness](#) across the city—especially among young people living in heavily policed neighborhoods during a critical developmental period. The findings, which add to a growing body of evidence finding aggressive policing to be a social determinant of adolescent mental health, appear in the journal [Social Psychiatry and Psychiatric Epidemiology](#).

According to research cited in the new study, at least half of all recorded police stops in New York City involve individuals under age 25. Nationally, approximately one-third of teens aged 12–18, have been stopped by police at least once, and roughly 21% of Black boys, compared with 9% of white boys, have been stopped two or more times. Police stops have been linked to [depressive symptoms](#) among

adolescents, and this association is twice as strong in young Black men as compared with young white men.

In the new study, researchers drew on publicly available data from the New York City Police Department (NYPD), psychiatric hospitalization from Statewide Planning and Research Cooperative System (SPARCS) data, and socio-demographic data from the American Community Survey (ACS). They focused on psychiatric hospitalization of young people aged 10–24 and all police stops during the years 2006 to 2014 when the NYPD Stop Question and Frisk (SQF) program was in effect (SQF was declared unconstitutional in 2013).

They found an increase in one policing incident per 1,000 residents was associated with a 0.3% increase in the rate of youth psychiatric hospitalization time. The rates of psychiatric hospitalization and policing were higher in neighborhoods with a higher proportion of Black residents, and the association between these was also significantly higher in neighborhoods with a larger share of Black residents compared with predominantly non-Black neighborhoods.

The link between rates of policing and [psychiatric hospitalization](#) was strongest when limited to SQF encounters and criminal summonses rather than the sum of all policing incidents—evidence that the associations highlighted in the study are not explained by overall crime levels, one potential confounder, the authors explain. Policing incidents in response to psychiatric emergencies, a potential source of reverse causation, are thought to be negligible.

The mental health effects of policing are both direct and indirect. People who live, work, and spend time in aggressively policed neighborhoods are regularly exposed to [police](#) through either direct encounters or witnessing encounters involving friends, family, and neighbors.

More broadly, the study's authors explain, the fabric of a neighborhood itself is shaped by a city that prioritizes policing over social supports. Future research might explore the effects of policies and programs that move resources away from policing and toward social and economic services.

"We know that direct and indirect exposure to policing may be a stressful and [traumatic experience](#) for individuals," says Sam Packard, a doctoral student in the Department of Epidemiology at Columbia Mailman School of Public Health. "An increasing amount of research demonstrates that the collective impact of this trauma as a form of structural violence is a public health issue, which is what we found in this analysis."

"Our findings support what hyper-policed communities have long known: exposure to aggressive policing is harmful to individual and community health. Given rising rates of adolescent psychiatric disorders, preventing and reducing mental illness will require not just individual treatments but also confronting its social and structural determinants, including over-policing," adds Seth J. Prins, Ph.D., assistant professor of Epidemiology and Sociomedical Sciences at Columbia Mailman School of Public Health.

The findings are more than a historical footnote and still have relevance a decade after the Stop and Frisk program ended, Prins explains. "Even though stop-and-frisk officially ended, we know stops still happen and they're just not recorded as such. So even if it's happening less frequently, aggressive policing is still happening differentially across the city."

Previously, Prins has published studies on [the consequences of intimate partner violence policing](#), [how school policing and disciplining may lead to student substance abuse](#), and [the link between incarceration and](#)

[premature death.](#)

The new study's co-authors also include Zoe Verzani, Megan C. Finsaas, Natalie S. Levy, Ruth Shefner, and Amelia K. Boeme at Columbia Mailman, and Arrianna M. Planey at University of North Carolina, Chapel Hill.

**More information:** Samuel E. Packard et al, Maintaining disorder: estimating the association between policing and psychiatric hospitalization among youth in New York City by neighborhood racial composition, 2006–2014, *Social Psychiatry and Psychiatric Epidemiology* (2024). [DOI: 10.1007/s00127-024-02738-7](https://doi.org/10.1007/s00127-024-02738-7)

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