

Episode: *Author Interview: “Promoting Antiracist Mental Health Crisis Responses”*

Guest: Eman Mubarak, MPH

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview Series* from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Eman Mubarak, a medical student at the University of Michigan Medical School in Ann Arbor, who recently completed a Master's degree in Public Health at Johns Hopkins University. She's here to discuss her article, coauthored with Victoria Turner and Drs Andrew Shuman, Janice Firn, and Daicia Price, *Promoting Antiracist Mental Health Crisis Responses*, in the August 2022 issue of the Journal, [Inequity and Iatrogenic Harm](#). Eman, thank you so much for being on the podcast with me today. [music fades]

EMAN MUBARAK: Thanks for having me.

HOFF: So, what's the main ethics point that you and your coauthors are making in this article?

MUBARAK: Sure. So, in our article, we discuss the clinical practice of calling upon law enforcement to conduct mental health wellness checks for patients who are experiencing suicidal ideations in the community setting. And specifically, we ask the reader to consider how police involvement in situations where an individual is experiencing a mental health crisis can, despite our best intentions, disproportionately harm those who are more likely to be victims of police violence. And from the data, we know that this includes people suffering from mental illness as well as Black individuals. And those who lie at the intersection of both of these identities are even more likely to suffer negative consequences from police interactions.

And so, the point that we make is that clinicians have an ethical responsibility to intervene in emergency situations and mitigate harm done to their patients, and that this is a responsibility that exists both within and beyond the bounds of the hospital. And as we all are hopefully committing to anti-racism in clinical practice, this means that we have to work to interrogate and dismantle policies and practices that perpetuate these types of inequities.

HOFF: And what do you see as the most important thing for health professions students and trainees to take from this article?

MUBARAK: Sure. So, I'd like to highlight a couple things. Firstly, the reliance on an outside party such as law enforcement in an acute mental health crisis situation stems from both limitations in robust emergency mental health services that are available to the community, as well as the lack of education and training that clinicians and trainees receive to respond to mental health crises. And this includes training on how to screen patients for suicidality and how to implement evidence-based de-escalation techniques for patients who are in

acute danger. And additionally, in a situation where a patient is experiencing mental distress, clinicians may not be aware of alternative options that they can use before calling upon police. And so, it's important to know which mental health crisis services are available in your region so that patients can be properly directed to the resources that are best tailored to their needs.

And the second takeaway that I want to highlight is surrounding communication, because when clinicians determine that calling 911 is the most appropriate course of action, they don't necessarily have the training to communicate to dispatch officers effectively in terms of the nature of the request and the relevant information that needs to be provided about the patient. And so, in response to this gap, we offer some best practices for clinicians to implement before, during, and after engaging a patient experiencing a mental health crisis in the community. And our guidance includes key information that should be shared with the dispatch officer during the intake process to reduce subjectivity and to minimize the risk of any miscommunication in the process. And I think a key thing here is that we also highlight the importance of following up with patients after they interact with police and carving out space for debrief if that is needed.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

MUBARAK: Yeah. Something that I think can be overlooked is that hospitals are not silos, and the reality is that hospitals exist within a continuum with the surrounding community. And therefore, issues that plague the community—including racialized policing practices, police violence, or the lack of access to mental health resources—have very real and direct implications for patient care within the hospital. And mental health care is just one example of how policing and medicine are interconnected because when we call upon the police to intervene in matters of patient care, the police are acting as an extension of the health care system. And so, as clinicians and trainees, it's our responsibility to realize the implications of this relationship, especially for patients who have been historically marginalized and oppressed. [theme music returns]

HOFF: Eman, thank you so much for being on the podcast today and for your and your coauthors' contribution to the Journal this month.

MUBARAK: Thanks for having me.

HOFF: To read the full article, as well as the rest of the August 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.