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More Than A Cop

Creating a stigma-free approach to mental illness

Answering the growing responsibility of cops as frontline mental health workers

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Law enforcement's role in addressing the needs of persons suffering from [mental illness](#) has been controversial both inside the profession and among outside observers and critics. To many in both camps, [responding to mental health crises](#) is beyond the scope of law enforcement and better left to trained mental healthcare providers.

Many cops still prefer their clearly defined role of crime fighters, standing the line between good and evil. Some officers feel out of their element when confronted with people in emotional distress, or those whose reality might be distorted or impaired. But the day-to-day reality of modern policing is that the police are increasingly the first point of contact with those suffering from mental illness, who come to our attention not because they are evil but because they are hurting. When people are confused or in pain and don't know where else to turn, they or others close to them look to the police for answers and control. For some, when that hurt exceeds their capacity to cope, it is expressed through maladaptive behavior that becomes a problem the police must manage. And sometimes that maladaptive behavior has terrible outcomes.

The job of police as mental healthcare first responders is not going away, and will only grow as the volume and complexity of these calls increases. To directly send trained mental health professionals

to every call is logistically unrealistic, cost-prohibitive and, frankly, unsafe. Consider this: Whether responding to crimes in progress, civil disputes, domestic disturbances, unwanted subject calls, business disputes, fights, or driving altercations, once you arrive how often do you find or suspect that one or more of the people involved might be experiencing a distorted reality or suffering from an underlying mental illness? How many calls result from someone failing to exercise reasonable coping and problem-solving skills? The police have *always* been frontline mental health workers, whether considering themselves as such or not, only now the role is becoming more formalized and expanded. As societal expectations of the police change, so too must our attitudes and responses change to meet the demands.



Some officers feel out of their element when confronted with people in emotional distress, or those whose reality might be distorted or impaired. (Photo/Pixabay)

THE NEED TO ELIMINATE THE STIGMA AROUND MENTAL ILLNESS

While understanding of mental illness and the many ways it presents is increasing thanks to education and the courageous openness of people sharing their own struggles, those who suffer still face a widespread stigma that impedes their ability or willingness to seek help.

Overcoming stigma is an ongoing struggle for those who suffer from mental illness and the professionals who treat them, and law enforcement should join the fight to help reduce it.

To start, law enforcement officers are as susceptible to [depression](#), anxiety, [PTSD](#) and other psychological disorders as anyone else, maybe even more so given the stressors of the job. Most are easily treated, but the fear of discovery keeps many cops from seeking help even when they know they need it. Officers' careers are derailed or cut short and their personal lives upended when stigma stands in the way of treatment. Sometimes lives are lost. Eliminating stigma for and among police officers benefits you, your friends and colleagues, and the profession, and leads to increased understanding of and compassion for the communities you serve.

Next, much of what we do involves direct intervention with depression, anxiety, PTSD and other psychological disorders in others who are left feeling vulnerable and desperate, or whose behavior and actions may seem unfathomable to us but may be the best they could come up with in the moment. Understanding how mental illness impairs judgment and decision-making, blinds victims to danger, leads offenders to poor choices, or sometimes sets good people up to make really bad and sometimes illegal decisions, only increases our empathy and compassion and makes us better cops. Knowing that depression, anxiety and PTSD are something family members, friends, coworkers and even ourselves can suffer from should make eliminating stigma a personal priority.

Finally, when the tragedy does happen and our illusion of safety and control is once again shattered by rage driven by untreated mental illness, questions inevitably arise:

- How could someone do this?

- What signs were missed?

- How can we prevent such a thing from happening again?

These questions are normal and good, for demanding answers will drive creative solutions and, although we will never prevent every such tragedy, many can be headed off.

Consider recent [high-profile mass shootings](#); in each, the shooter's serious emotional disturbance was a primary element whether it was recognized and known beforehand or only discovered after the fact. Look at the actions of those who harm or kill their own children or family, explode at innocent neighbors or coworkers, or target seemingly random strangers. Each has a motive, as deluded as it may be.

Persons suffering from severe cognitive distortions, rage, despair and persecutory delusions can offend. It is only when we understand the act that outrages us felt justified or even rational to that person can we get to a place of compassion, not for the violence itself, but rather the inner torment that led up to it.

DESTIGMATIZING MENTAL ILLNESS

It is estimated that nearly one in five U.S. adults will experience a diagnosable mental illness in any given year, and up to half (or more) will in a lifetime. One in 25 live with a severe, chronic mental illness. These numbers are illustrative of a couple of things. First, most mental illnesses are relatively mild and readily treatable, with anxiety disorders being the most common. People do get better. Second, just because you may not find yourself in the 20% now doesn't mean you won't later; the brain is an incredibly complex organ, not only susceptible to organic disorders just like any other but malleable and influenced by external stressors.

Even among those suffering from more severe forms of mental illness, most are able to control their disease and live productive, fulfilling lives. Understanding mental illness as a disease is key to reducing stigma.

Taking steps to destigmatize mental illness, and those who suffer from it, is within our power, starting with:

- **Educating yourself and others about mental health:** Look for training above and beyond what you may have received in the academy or is mandated within your department, whether that means seeking out specialized classes or independent study. Ask questions of those with greater proficiency and understanding, and pay attention to other professionals that cops naturally encounter in the course of their work (social workers, psychologists, psych nurses and psychiatrists). Embrace the responsibility placed on you as a mental health first responder and emphasize its importance to skeptical colleagues.
- **Being conscious of your word choice:** Use appropriate and sensitive language to avoid stigmatizing those with mental illness. Commonly used phrases such as, "He's an EDP" or, "She's 10-96" encourage the idea of mentally ill persons as different or "less than." Disrespectful jokes and reactions perpetuate the idea that someone struggling is unworthy of respect.
- **Showing empathy and compassion for those living with a mental health condition:** Empathy is one of your most powerful tools. Being able to put yourself in the place of another to understand their fear and frustration is validating and empowering. Compassion dissipates fear and creates connection.
- **Seeing the person and not just the illness:** Remember that human beings are complicated, each bigger than any one aspect of their personality. Forcing yourself to see the whole person rather than the illness is key to maintaining empathy and understanding their world.
- **Avoiding criminalizing mental illness:** Persons with mental illness sometimes do commit crimes, sometimes lesser interventions are not working and sometimes arrest is the best option to get them the help they need. But when you are clearly dealing with someone who is mentally ill, the crime is relatively minor, and you have time on your side, first consider alternatives to arrest.
- **Speak matter-of-factly about mental illness and what you see:** Whether among fellow officers or face-to-face with someone you know, or suspect has a mental illness, straight talk is the best way

to address what you see, suspect, or know. Occasionally someone will become upset or recoil from the suggestion something is wrong, but openness and honesty, expressed without judgment, best facilitates rapport. Many officers fear “setting someone off” or alienating them by being too direct when directness might actually feel safe. When someone is open about their own mental illness, being conversant about it is comforting.

Law enforcement paradigms constantly shift to meet changing demands and expectations. Building a stigma-free culture within law enforcement will help normalize our growing role as frontline mental health workers and improve service delivery. Over time it will even benefit cops’ traditional role as crime fighters.

About the author

Althea Olson, LCSW, and Officer Mike Wasilewski, LCSW, have been married since 1994. Althea is a social worker in private practice at Fox Bend Counseling in Oswego, Illinois. Mike works full-time as a police officer for a large suburban Chicago agency and part-time as a social worker with Fox Bend Counseling. They write on a range of topics including officer wellness, relationships, mental health, morale and ethics. Their writing led to them developing More Than A Cop, and they have traveled the country as police trainers teaching “survival skills off the street.”


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