

Preventing and Reducing Stigma: First Responders



Why Does it Matter?

While mental health and SUDs affect people from all walks of life and all age groups, people with these disorders interact disproportionately with members of the police force, fire department, and emergency medical services. Individuals with severe mental illness generate no fewer than 1 in 10 calls for police service. Police transport an estimated 1 in 3 individuals in psychiatric crisis to hospital emergency rooms. Thousands of people are alive today due to first responders administering the overdose reversal medication naloxone. Police and firefighters are often first on the scene, with many administering the medication to the same individual repeatedly, sometimes more than once in the same day.

Frequent and repeated encounters with individuals struggling with mental health, substance use, and related behavioral health problems can produce compassion fatigue and perpetuate the misconceptions that individuals with mental illness are dangerous and/or that SUD is a moral failing. These false beliefs stem partly from a lack of understanding about mental health and SUDs, and in part from the trauma these encounters produce—trauma that may transform into victim-blaming. First responders experience high rates of depression and substance misuse and dependence, but perceived stigma prevents many from seeking help.

What is the Impact?

- Even before first contact, bias and negative attitudes toward people with mental health and SUDs problems can affect the timeliness and quality of care first responders provide and the decisions they make—for example, whether to give a patient pain medication or naloxone.
- Physical and emotional exhaustion from repeatedly dealing with people in distress over time can reduce a first responder's ability to feel empathy and compassion.
- Many first responders who develop post-traumatic stress, mental health issues, or SUDs do not seek treatment due to fear of stigma.

What Can We Do?

- Provide opportunities for first responders to interact with individuals with substance use and mental health problems outside of a crisis.
- Train first responders in addiction science and overdose prevention and response. Introduce strategies for engaging and helping individuals under the influence of alcohol and drugs.
- Work with leadership to cultivate an organizational culture that promotes tolerance and condemns discriminatory behavior.
- Train responders in mindfulness techniques that can help reduce stress and compassion fatigue.



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Resources

[Preventing and Reducing Stigma: First Responders](#)



Online Learning: [Addressing Stigma and Substance Use Disorders: A HealthKnowledge Course](#)



Web page: [Great Lakes PTTC, Preventing and Reducing Stigma](#)



Podcast: [Spotlight on Stigma Series: First Responders](#)



References

Borum, R., Swanson, J., Swartz, M., & Hiday, V. (1997). Substance abuse, violent behavior, and police encounters among persons with severe mental disorder. *Journal of Contemporary Criminal Justice*, 13(3), 236-250.

Elwood, L. S., Mott, J., Lohr, J. M., & Galovski, T. E. (2011). Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implications for trauma-focused treatment. *Clinical Psychology Review*, 31, 25–36.

Erbay, H. (2014). Some ethical issues in prehospital emergency medicine. *Turkish Journal of Emergency Medicine*, 14(4), 193-198.

Fuller, D. A., Lamb, H. R., Biasotti, M., & Snook, J. (2015). Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters. *Treatment Advocacy Center*.

Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research*, 94, 218-229.

Scarborough, R. C. (2017, December). Risk a lot to save a lot: How firefighters decide whose life matters. In *Sociological Forum* (Vol. 32, pp. 1073-1092).

Seppala, E. M., Hutcherson, C. A., Nguyen, D. T. H., Doty, J. R., & Gross, J. J. (2014). Loving-kindness meditation: A tool to improve health care provider compassion, resilience, and patient care. *Journal of Compassionate Health Care*, 1, 5.

Young, M. F., Hern, H. G., Alter, H. J., Barger, J., & Vahidnia, F. (2013). Racial differences in receiving morphine among prehospital patients with blunt trauma. *The Journal of Emergency Medicine*, 45(1), 46-52



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