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Reducing mental health stigma with supportive leadership and the right message

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Take a look around your workplace. Are stigmatizing attitudes the norm? During your career, you may have had the unfortunate experience of being stigmatized by your colleagues or leaders, perhaps relating to your service-time, area of assignment, rank, gender, age, abilities, or mental health. This institutional reality, and the accompanying editorial, are supported by a combination of empirical research that I have undertaken, two decades of experiences policing Canada's most populated city, and an assortment of leader positions that I have held, from frontline operations, to community policing, to emergency management and, most recently, corporate health—appropriately named the Wellness Unit.

My leadership style and ideas are uniquely influenced and informed by a PhD in public policy, which comes in handy at work—sometimes more than you might think! My doctorate has provided me with the opportunity to research small, medium, and large police organizations and, while doing so, interview police officers and leaders with respect to my research interests. Specific to this editorial, I have explored the subversive factors that compose police subculture to improve my understanding of the common language and assumptions linked to the sociological perspectives of police officers.

My learnings have confirmed that the informal norms and values that exist in the workplace do shape the everyday decisions and practices of police officers. This can sometimes be beneficial in a first responder environment—but not always. For instance, hypervigilance, an attribute often associated with the rapid decision-making processes of police officers, allows for the immediate recognition of, and response to threats. This attribute can be described as one that is positive. Contrastingly, there are negative temperaments that can be associated with police subculture: in particular, control, cynicism, distrust, and uncertainty. These common frames of reference have the effect of reinforcing certain workplace stereotypes and stigmas.

This editorial focuses on one prominent stigma—mental health stigma—and introduces the potential benefits of supportive leadership when attempting to create stigma change strategies in a progressive policing environment. This editorial also draws from the knowledge base of the health professionals that I have been fortunate to work with during my most recent leadership assignment, at the Wellness Unit.

Within the walls of the Wellness Unit, a team of leaders and health enthusiasts supports the physical and mental health issues of over 7,500 employees, primarily focused on the management and treatment of occupational and non-occupational injury and disease, workplace safety and accommodation, mental health support, and return-to-work initiatives. These professionals do their best to keep all employees healthy, informed, and safe in the workplace.

When we examine our progressive police organizations, what leadership trends do we see when addressing mental health stigma? Generally speaking, leaders of progressive organizations are actively engaged in change management and the disruption of the old guard. For instance, it is common to hear of police leaders openly discussing personal challenges and experiences relating to prejudice, racism, discrimination, and accessibility. Concurrently, we observe progressive leaders effecting real change by enacting policies which promote diversity, inclusivity, and human rights. Yet, in these same organizations, recounts at the leadership level dedicated to one's own struggles surrounding mental health remain scarce. This comes as a detriment to anti-stigma strategies in policing, especially when the research tells us that anecdotes of lived experiences from those in role-model and leadership positions, including journeys to recovery, are considered impactful to those suffering with mental illness. Talking openly about mental health can reduce feelings of self-blame and shame. Police leaders are strategically positioned to amplify, and add credibility to messages which are designed to overcome stigma, while dispelling myths surrounding mental health disorders and crisis.

The reluctance of those in leadership positions to speak out and share their lived experiences comes at an organizational and individual cost. The Centre for Addiction and Mental Health reports that in any given year, one in five Canadians experience mental illness (2022). Moreover, the research shows us that first responders are at least twice as likely to suffer from occupational stress disorders when compared with the general population (Government of Ontario, 2016). Equally distressing is the finding that 75% of working Canadians are averse to disclosing a mental illness to leaders of their organization (IPSOS, 2019). This finding reminds us of an unfortunate reality in policing—that employees who experience mental illness continue to be afraid of being ostracized in

the workplace or from colleagues, being reassigned, or being limited in job mobility and promotion. The fear of coming forward is compounded by the amplified challenges that those who experience mental illness in the workplace must endure (Corrigan & Watson, 2002). First, they must deal with the symptoms and disabilities associated with the disease. Second, they are forced to deal with workplace stereotypes, prejudices, and misconceptions about their mental illness.

I recently attended a conference (Law Enforcement in Occupational Safety and Health – LEOSH) in New Brunswick, which brought together corporate health units from police organizations across Canada. A recurring theme at the conference was the direct and negative impact that stigma has on the likelihood that a police officer will come forward and access an organization's mental health resources—hindering the timely opportunity to receive professional help, diagnosis, and treatment. This theme prevails in policing, despite the best efforts of leaders and the many mental health awareness campaigns that have followed.

Hearing similar stories from corporate health representatives from police organizations across the country reminded me of a moment during my career when a police supervisor professed to me, "I'll never get promoted again; they know, and once they know it's over." I remembered how difficult it was for that supervisor to share with me this perspective and how equally challenging it was for me to hear and respond to it, as a leader. In that situation, I was glad that I was able to speak openly to that supervisor, provide hope, and encourage a healthy recovery. However, in that short and unplanned moment of conversation, I was unable to change that supervisor's perception of stigma in the workplace. My hope is that this editorial has a greater impact.

What is it that continues to promote the existence of mental health stigma in our police organizations? We often see two main drivers: public stigma and self-stigma (Corrigan & Watson, 2002). Public stigma speaks to the negative attitudes which employees choose to direct at their colleagues; these include judgments of incompetence, weakness, and dangerousness. Self-stigma consists of the same judgments, which then become internalized by those who have chosen to come forward, leading to negative beliefs about oneself and low self-esteem. One finding offers some positive news. The majority of workers, when polled, report that they are able to recognize signs of mental health stress and would proactively try to help their colleagues (American Psychiatric Association, 2019). This includes connecting those in distress with the appropriate mental health resources.

As a police leader, what can you do to challenge the mental health stigma that exists in your organization? First, familiarize yourself with the services offered by your corporate health unit—are there opportunities to improve the supports offered to your members? In our Wellness Unit, we offer a wide range of mental health resources to police officers and civilians, including early and regular access to corporate psychologists, a peer support and chaplaincy program, a critical incident response team, medical advisory services, an occupational health and safety team, claims management and return-to-work specialists, and referral to our EFAP program.

Further, we offer well-being programming to our members, including nutrition, yoga, and meditation services. Recently, we partnered with an external provider to deliver 8 weeks of pro-active occupational stress training to members across our organization. We also collaborate with local clinical providers and encourage members to seek out support from community organizations, such as Toronto Beyond the Blue and Canada Beyond the Blue. Second, take the time to learn more about mental illness and share your knowledge with your leadership team and colleagues. Introduce your membership to advocates from mental health agencies who are willing to share real-life examples, and get to know those who have experienced mental illness. These leadership activities serve to normalize mental health discourse in your organization. Third, become a mental health advocate. Speak openly about your own lived experiences; show solidarity, and dispel misconceptions. In doing so, you are setting a positive example and informing members of your organization—those who suffer with mental illness—that they are valued and that there are supports available. Always reinforce dignity and respect for all employees, and affirm regularly that reprisal will not be tolerated by you or any leader of your organization. By engaging in these outward facing leadership activities, you are acknowledging your support for those that you serve and their individual struggles. After all, as a leader in policing, you have likely been there at some point; you may have had to suffer and recover alone, or you may have had the benefit of having access to the right resources to help support your recovery. In sum, a leader's support and message can be one of the most powerful ways to reduce mental health stigma in your organization—I encourage you to join in.

CONFLICT OF INTEREST DISCLOSURES

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