

## **Traffic Police Forces: Stigma Towards Mental Illness**

Alfonso Reynaldo Fuentes Calcino<sup>1</sup>, Reynaldo Justo Mendoza Marin<sup>2</sup>,  
Otoniel Jara Córdova<sup>3</sup>, Azucena Natividad Prado Espinoza<sup>4</sup>  
& Rosario Abigail Castelo Collado<sup>5</sup>

### **Abstract**

This study analyzes, through a documentary analysis with a qualitative approach, how the traffic police have a stigma towards mental illnesses. The introduction describes the prevalence of mental disorders and the discrimination suffered by these people in different settings. The methodology explains the systematized search in scientific databases and the content analysis of the sources through open, axial, and selective coding. The development conceptualizes the stigma and prejudices related to mental illnesses, to then understand how these prejudices are manifested in the road police. Among the consequences are mentioned difficulties of social inclusion of those affected, traumatic experiences with the police, and inhibition of the agents themselves to seek help. Finally, the conclusions emphasize the need to implement comprehensive measures to transform the police organizational culture, ensuring safe and dignified interactions. In addition, some strategies are recommended, such as reforming anti-discrimination protocols, restructuring mental health training for police officers, and forming alliances with organizations for the rights of people with mental disabilities.

**Keywords:** traffic police, stigma, mental illness, discrimination, human rights

### **Introduction**

Mental illness is a serious global public health problem. It is estimated that one in four people will develop some mental disorder in their lifetime, with depression and anxiety being the most frequent (Nochaiwong et al., 2021). These neurological and psychosocial conditions cause intense subjective distress and functional disability in those who suffer from them, impacting multiple areas of their lives. Despite their magnitude and adverse repercussions, people with psychiatric diagnoses suffer intense stigmatization and discrimination in their daily social interactions (Sachs, 2022).

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<sup>1</sup> Universidad César Vallejo, Lima, Perú. [afuentes@ucvvirtual.edu.pe](mailto:afuentes@ucvvirtual.edu.pe)

<sup>2</sup> Universidad Tecnológica de los Andes, Apurímac, Perú.

<sup>3</sup> Universidad Nacional de Ucayali, Pucallpa, Perú.

<sup>4</sup> Universidad Nacional de San Agustín de Arequipa, Arequipa, Perú.

<sup>5</sup> Universidad Nacional de San Agustín de Arequipa, Arequipa, Perú.

Various research has evidenced the presence of prejudice, negative stereotypes, and discriminatory attitudes toward individuals with mental illness in a variety of contexts, including healthcare facilities, work environments, educational institutions, social services, local communities, and interactions with law enforcement and public safety forces (Görzig and Ryan, 2022). This stigma has deep historical roots and is reinforced by harmful social representations of mental illness from media and political discourses (Delahunt-Smolenc and Smith-Merry, 2020).

Considering the sensitive nature of police work and their position of authority vis-à-vis the public, the presence of prejudice and discriminatory behaviors towards people with psychiatric disorders among members of police and security forces institutions is of particular concern, as has been confirmed by multiple studies around the world (Misra et al., 2022). However, little research specifically explores this problem within the Latin American context and in police forces oriented to particular tasks such as road safety.

It is in this scenario where the present work aims to address in depth the phenomenon of stigma towards mental illness within the road safety police force. In this sense, adopting an analytical-interpretative approach, we seek to characterize this phenomenon through a qualitative methodology based on bibliographic analysis. Manifestations, components, origins, and consequences of stigma in this police force towards individuals with psychiatric diagnoses will be determined.

The results of this study will provide a detailed understanding of a serious human rights issue that has yet to be explored in the institutional context of the police forces. Specifically, it will analyze how stigma towards mental illness manifests itself in the road safety police force, as well as its causes and consequences. The information gathered will make this situation visible and generate recommendations to address it adequately. In this sense, the main questions guiding the present article are: how is the phenomenon of stigma towards mental illness structured within the road safety police force? What is the basic terminology associated with the stigmatization of mental illness within the road safety police force? What is the nature of the stigmatization of mental illness within the road safety police force? What are the strategies to be followed to reduce the stigma towards mental illness?

Thus, this study will lay the groundwork for the subsequent design of interventions aimed at preventing and reducing the stigma towards mental illness within the road police, promoting a culture of understanding, respect, and inclusion towards people with psychosocial vulnerabilities. In this way, it seeks to protect the rights of individuals with psychiatric conditions in their interaction

with police forces and promote the proper performance of functions by these institutions (Syed et al., 2020).

### **Research objectives**

- 1.- To expose the phenomenon of stigmatization of mental illness within the road safety police force.
- 2.- To understand the basic terminology associated with the stigmatization of mental illness within the road safety police force.
- 3.- To understand the nature of stigmatization of mental illness within the road safety police force.
- 4.- To describe strategies to reduce stigma towards mental illness.

### **Methodology**

This work is framed within a basic qualitative approach, with a descriptive scope and an analytical-inductive method. The methodological strategy is based on a systematized review of the scientific literature to characterize in depth the phenomenon of stigma towards mental illness in the road safety police force.

For the literature search, the multidisciplinary databases Scopus, Web of Science, and SciELO Citation Index were consulted, as well as specialized databases in social sciences and health such as Redalyc, SciELO, PsycINFO, PubMed, and Google Scholar. Keywords in English and Spanish were used, combined using Boolean operators: ("mental illness" OR "mental disease" OR "psychiatric disorder") AND (stigma OR stereotype OR prejudice OR discrimination) AND (police OR "law enforcement"). Standardized terms from specialized thesauri such as MeSH and DeCS were also used.

Inclusion criteria were as follows: 1) original research articles published in peer-reviewed scientific journals; 2) systematic reviews and meta-analyses; 3) books and book chapters from academic publishers; and 4) doctoral dissertations. Non-academic sources such as websites, blogs, media, and gray literature were discarded. The search period spanned from 2020 to 2024.

The grounded theory method was used for data analysis, through an inductive process of open, axial, and selective coding. Key conceptual categories were identified concerning the study phenomenon. Interpretation was carried out reflexively, contrasting the findings with the initial questions and objectives to understand police stigma towards mental illness in depth.

### **Results and Discussion**

#### **Stigma and Mental Illness**

##### *Concept of stigma*

Stigma is a complex concept that has been widely studied from various academic perspectives. It can be broadly defined as a set of negative beliefs and attitudes toward a group of people because of some characteristic that sets them apart from the majority. Stigma has also been defined as a deeply discrediting attribute that reduces the person who possesses it from a usual to an unusual whole (Latoo et al., 2021). These definitions capture the multidimensional nature of stigma, which involves cognitive and affective as well as behavioral components. Stigma entails the separation of "us" and "them," marking a difference between "normal" people and those with some undesirable characteristics. This often leads to stereotyping, prejudice, and discrimination, which can have serious consequences for stigmatized groups. Understanding how stigma works and how to combat it is crucial to achieving a more just and inclusive society.

One of the seminal conceptualizations of stigma comes from sociologist Erving Goffman. In the 1960s, Goffman argued that stigma reduces a person from a socially accepted being to a discredited, tainted, and lesser one. Thus, an impaired identity is constructed that does not fit with prevailing normative expectations (Lattanner et al., 2021). Subsequently, the distinction between manifest stigma and perceived stigma or self-stigma became popular. Overt stigma refers to the actual rejection, discrimination, or isolation exercised against a person for possessing a certain different characteristic. Self-stigma, on the other hand, refers to the internalization of these negative stereotypes, so that the person comes to accept them as true, and self-discriminates (Fadipe et al., 2020).

From social psychology, the main explanatory models of stigma focus on cognitive and status factors. The former emphasizes the role of stereotypes, prejudices, and distorted beliefs about the stigmatized group. For their part, status theories point out that stigma emerges from power differences between groups and serves to perpetuate them to the benefit of the dominant group (Degnan et al., 2021).

#### *Prejudices and stereotypes towards mentally ill people*

Mental disorders encompass a wide range of conditions that affect people's thinking, emotions, and behavior. Some have a strong genetic or biological component, while others are triggered by psychosocial factors (Mandal et al., 2022). Disorders with biological or genetic bases include schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder, and autism spectrum disorders. There is strong evidence that these disorders involve brain chemical imbalances and functional and structural alterations in key brain regions. The contribution of certain genes that individuals inherit and make them more vulnerable has also been identified (Wu et al., 2020).

Other disorders appear to originate more from stressful psychosocial conditions, for example, post-traumatic stress disorder may arise after experiencing episodes of intense violence or trauma. Anxiety and mood disorders may also be influenced by negative life events. Even in schizophrenia and bipolar disorder, psychotic relapses are often associated with periods of high personal and family stress (Arias & Cuarta, 2023).

Certain diagnostic labels seem to arouse more prejudice than others. For example, psychotic disorders such as schizophrenia are strongly associated with perceptions of dangerousness and violence (Jegarl et al., 2023). However, epidemiological studies show that the severely mentally ill very rarely commit violent acts, and are more likely to be victims than perpetrators (Sened et al., 2020).

The media play an important role in perpetuating stereotypes about mental illness by sensationally portraying psychotic or socially dysfunctional characters as unpredictable and prone to violence and crime (Bergold and Steinmayr, 2020). Thus, as long as there is no more realistic and compassionate portrayal, prejudice will persist. Thus, it is important to become aware of how prejudice negatively affects the self-perception, self-esteem, and psychosocial functioning of those with these disorders. Self-questioning, shame, and fear of rejection lead to self-inflicted isolation and marginalization (Gärtner et al., 2022).

In this sense, eradicating prejudice requires strategies on multiple fronts, such as anti-discrimination legislation, public awareness campaigns to demystify false beliefs and inform truthfully, community interventions to foster social inclusion, and adaptation of the media and entertainment industry

### **Stigma Towards Mental Illness in the Traffic Police**

Mental illness is a health problem that affects a significant percentage of the population. However, certain stigmas and prejudices persist towards people suffering from mental illnesses or disorders. At this point, it is necessary to differentiate between the two concepts: mental illnesses such as schizophrenia or bipolar disorder involve biological and biochemical alterations that affect brain function (Huang et al., 2020).

This stigma also seems to extend to certain professions that require a high level of responsibility, such as traffic police. Several studies have analyzed the attitudes of police officers toward their colleagues suffering from mental illnesses or disorders (Syed et al., 2020). The results show that there is a widespread negative perception that associates these mental health problems with unpredictable, irrational, or potentially violent behavior (Edwards and Kotera, 2020).

*Stigmas of road safety officers towards driving skills*

One of the most entrenched stigmas is the widespread perception that those with severe psychiatric conditions are prone to reckless, reckless, or dangerous behavior when behind the wheel. However, scientific research does not support the idea that drivers with established diagnoses of illnesses such as depression, bipolar disorder, schizophrenia, or other conditions are more likely to be involved in crashes, violations, or put others at risk on public roads (Brunnauer et al., 2021).

On the contrary, studies have consistently shown that the factors that most influence the impaired driving ability of a person with a mental health condition are the presence of significant active symptoms, the side effects of certain psychiatric medications, and the lack of adequate treatment (Magaña et al., 2020).

Likewise, evidence indicates that many drivers with well-managed mental health conditions, especially those who consistently comply with treatment recommendations, can competently and safely operate vehicles as well as anyone else in the population (Stephens et al., 2020).

The most appropriate thing to do in these cases is to conduct full, fair, and standardized evaluations of each driver or license applicant that consider certain factors, e.g., whether the psychiatric condition is adequately controlled, what accommodations or adjustments might be required, whether any additional therapy or training would be helpful to compensate for particular deficits, etc (Dear et al., 2022).

In practice, it is not uncommon for patrol officers and other traffic safety personnel to stop or harass drivers who exhibit visible signs of psychiatric disabilities, based on alleged minor infractions that would not ordinarily motivate the same reaction toward other drivers. Such episodes of biased police action are arbitrary, technically unjustified, and only contribute to perpetuating the harmful myth of the mentally ill as inherently prone or dangerous road violators (Kerswell et al., 2020).

### ***Misunderstanding of the nature of mental illness on the part of road safety officers***

Mental health is an area that has historically been misunderstood by much of society. Even today, with advances in education, research, and treatment, many myths and stigmas continue to exist. Unfortunately, these also manifest themselves among certain professional groups that regularly interact with people suffering from mental illness (Valery and Prouteau, 2020). One such group is road safety officers, such as highway police, traffic wardens, patrolmen, and inspectors who regulate the safe operation of vehicles. Due to gaps in their training, many of

these professionals lack an adequate understanding of the nature of common psychiatric conditions.

This can lead to stressful or even dangerous interactions between traffic officers and drivers who exhibit symptoms of illnesses such as depression, anxiety, schizophrenia, or bipolar disorder. (Escamilla-Robla et al., 2022). To improve the safety and dignity of all involved, it is essential to reinforce and expand mental illness training among road safety officers (Grupe et al., 2021). For example, most current programs only spend a few hours vaguely discussing broad concepts such as "mental illness" or "psychiatric disabilities." They rarely explore important nuances between distinct disorders or practical strategies for identifying signs of these conditions. Nor do they discuss effective communication, negotiation, and support techniques when a driver exhibits an altered mental health state (Horswill et al., 2021).

Other important areas to reinforce are suicide prevention and recognizing signs of suicide attempts. According to data from the U.S. Center for Disease Control, suicide is the tenth leading cause of death among people of all ages. Traffic officers should know how to detect risk factors and intervene promptly when someone hints at self-destructive tendencies (Doupnik et al., 2020).

### **Strategies to Reduce Stigma Toward Mental Illnesses**

People with mental health disorders frequently suffer stigmatization and discrimination in society. This is due to the persistence of myths, stereotypes, and negative attitudes that associate such illnesses with violence, unpredictability, and lack of rational capacity. (Mitelman et al., 2022). Research indicates that programs that combine first-person accounts, psychoeducational education, and social contact can achieve positive attitudinal changes. (Tucker et al., 2020).

Likewise, imparting factual information about symptoms, causes, and treatments increases the psychiatric literacy of the general public. Thus, positive and cooperative interaction in common activities reduces intergroup bias and discriminatory behaviors. In this sense, a comprehensive approach that brings together personal awareness, expertise, and constructive social contact represents the optimal strategy for transforming dominant negative perceptions of mental illness (Kusaka et al., 2022).

### ***Training and education of traffic officers***

The training and education of traffic officers is a key element in improving the interaction between these professionals and people with mental illness. (Grupe et al., 2021). Several studies argue that educational initiatives focused on reducing stigma, providing accurate information about mental illnesses

and training communication skills have a positive impact, as they reduce prejudice among participants (Veluri and Mansuri, 2021).

Specifically, programs should address aspects such as symptomatology, psychosocial functioning, available treatments, or community mental health resources. It is also essential to include experiential dynamics, first-person testimonies of individuals with mental disorders, and role-playing games that allow agents to experience fictitious interactions and rehearse strategies.

Beyond theoretical content, these trainings must adopt an experiential approach centered on people and human rights. Group activities, powerful testimonies, and first-person experience of stigmatizing situations have a greater transformative effect than the mere transmission of knowledge (Marsden and Barnett, 2020). Finally, it is essential to rigorously evaluate these training programs, measuring their real effectiveness on professional attitudes and behaviors. Both the learning perceived by participants and the changes observed in real situations of interaction with people with mental illness should be analyzed. In this aspect, qualitative and quantitative research is key to implementing solid and optimized initiatives, with maximum anti-stigma impact (Schenkel et al., 2020).

### ***Collaboration with patient organizations***

Road safety is a shared responsibility that involves multiple stakeholders, including drivers, pedestrians, cyclists, passengers, traffic police forces, infrastructure managers, and organized civil society. (Leon-Dominguez et al., 2020). By understanding in depth, the medical and socioeconomic needs and limitations faced by these vulnerable groups, traffic police forces are better able to design and implement specific initiatives, programs, and pilot plans focused on strengthening road safety education, preventing incidents, and improving interaction protocols with this population segment (Chambers, 2020).

Among the many initiatives that can be explored in the framework of cooperation agreements between traffic police and civil society organizations supporting people with mental disabilities are the participatory creation of information materials on road rules with clear and simple language (Daggenvoorde et al., 2021). In this regard, given the increasing prevalence of mental illness in developing countries, it is urgent to activate these specific collaborative partnerships between transit authorities, academia, and organized civil society. By pooling resources and expertise around a shared vision, serious injuries and even deaths can be prevented, thus ensuring full accessibility and safety on the roads for all road users, including traditionally excluded or stigmatized groups (Chen et al., 2022).



***Inclusion of anti-discrimination guidelines***

Discrimination against people with mental illness is a widespread problem in our society which, unfortunately, is also manifested in the actions of certain public security forces such as the police in charge of road control and road safety. (Sturges et al., 2022). Faced with this situation, which violates the most elementary principles of equality, equity, and human rights, it is imperative, urgent, and necessary to incorporate clear, concrete, and specific anti-discrimination guidelines in the manuals, protocols, and codes of conduct that govern and regulate the actions of the aforementioned police and road safety forces (Cooley et al., 2020).

The language used to communicate with or refer to this vulnerable group must be respectful, inclusive, understanding, and free of any pejorative, offensive, or disqualifying words, terms, or expressions toward people with mental disorders (Coll-Florit et al., 2021). All police officers and personnel should keep in mind that when they are faced with a citizen with symptoms of a psychiatric illness or disability, they are dealing with a full citizen, with the same rights and deserving of the same equal, considerate, and careful treatment as any other. (Heffernan et al., 2021).

Likewise, in all those situations where the diagnosed or visible mental illness of the person detains or interferes with his or her ability to communicate fluently with police personnel or to understand and comply with their orders with the expected celerity, officers and police personnel must make reasonable and necessary adaptations, adjustments and show reasonable and necessary margins of patience, flexibility, and understanding (Perez et al., 2021).

***Plans for training, communication, monitoring, and epidemiological surveillance of mental illnesses of occupational origin within the road safety police***

Police work in traffic control and road safety involves a multiplicity of psychological demands that place these workers in a high-risk position for the development of occupational mental illnesses. Among the main disorders observed are post-traumatic stress disorder, generalized anxiety, recurrent major depressive episodes, and burnout syndrome (Anders et al., 2022). These pathologies are the psychic manifestation resulting from prolonged occupational exposure to stressors, such as long and unpredictable workdays with little control over rhythms and breaks; lack of autonomy in decision-making; repeated traumatic incidents such as fatal accidents, driver violence, among others; and conflict with one's moral values in the face of the demands of the police function

(Worthington and Cannon, 2021).

In parallel, it is essential to implement an active epidemiological surveillance program on key psychic indicators such as stress, anxiety, depression, and occupational burnout. This is achieved through the regular application of validated instruments such as the Goldberg General Health Questionnaire, Cohen's Perceived Stress Scale, and Maslach's Burnout Inventory to all employees. This will make it possible to identify subgroups of greater vulnerability to which to direct specific interventions to mitigate latent psychosocial risks (Lovreglio et al., 2021).

Finally, the literature review leads to agree with Görzig & Ryan (2022) and Sachs (2022), because the main findings mentioned by these authors are related to the lack of understanding of the nature of mental illness by road safety officers. This problem is associated with deficient training on this subject, which allows understanding of the need for programmed and sustained training, including better informative and communicative understanding guided by the competent authorities.

## Conclusions

Stigma towards mental illness within road safety police forces is a multidimensional problem that requires a holistic approach for its transformation. According to the evidence analyzed, the presence of misconceptions and myths about mental disorders underlies these police institutions, which reinforce discriminatory attitudes and behaviors towards people who suffer from them.

This stigmatizing institutional culture is expressed in concrete practices such as the application of more invasive and unjustified police procedures towards drivers with signs of mental illness, without objective reasoning to justify it. Also, in a lack of understanding of the different clinical conditions and their symptomatic manifestations, because of gaps in mental health training within the road police.

The implications of this problem for human rights and social inclusion of people with psychiatric disabilities are diverse. On the one hand, they are exposed to traumatic interactions and arbitrariness during police procedures, which perpetuate their discrimination. On the other hand, there is a mechanism of self-inhibition among police officers themselves to recognize and seek help for their mental health problems, due to the well-founded fear of being stigmatized in the workplace.

Consequently, it is imperative to undertake comprehensive transformations in the cultural patterns and organizational policies of the traffic police to eradicate erroneous conceptualizations of mental illness and guarantee

respectful, dignified, and fair interactions. Key measures include explicitly prohibiting discriminatory practices in institutional protocols, implementing systems of accountability and transparency, restructuring police training programs to incorporate human rights and anti-stigma perspectives, and building alliances with civil society organizations specializing in mental health and disability.

In short, dismantling the stigma ingrained in police culture will require paradigm shifts in the way psychosocial diversity is understood, political will on the part of the authorities, and institutional leadership genuinely committed to the values of inclusion, non-discrimination, and social justice.

## Recommendations

- It is important to organize forums, talks, and virtual or face-to-face workshops to make officials aware of the importance of ensuring safe and inclusive roads for all citizens.
- It is recommended that specialized courses on interaction with people with autism, schizophrenia, or personality disorders be designed specifically for operational members of traffic police forces.
- It is essential to define detailed guidelines on how police officers and personnel should properly treat and approach citizens who suffer from some type of mental or psychiatric illness or disability when they are involved in road control and enforcement operations, or in any instance of interaction with these people, to avoid situations of abuse, excesses, negligence or counterproductive iatrogenic effects on their delicate health condition.
- Establish agreements with a network of centers of excellence in occupational mental health and carry out preventive care days for employees, leading to adequate monitoring of their mental health.

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