THE SOCIAL REPRESENTATION OF MENTAL HEALTH CIRCULATING AMONG FIRST RESPONDERS WITHIN THE MALTESE POLICE FORCE

Christian Mercieca

Bachelor of Arts (Hons.) in Public Management

Department of Public Policy

Faculty of Economics, Management and Accountancy

University of Malta

2025

THE SOCIAL REPRESENTATIONS OF MENTAL HEALTH CIRCULATING AMONG FIRST RESPONDERS WITHIN THE MALTESE POLICE FORCE

A Dissertation submitted in part fulfilment of the requirements for the Bachelor of Arts (Hons.) in Public Management- University of Malta

"This is to certify that the work I am submitting is my own. All external references and sources are clearly acknowledged and identified within the contents. I am aware of the University of Malta regulations concerning plagiarism and collusion.

No substantial part(s) of the work submitted here has also been submitted by me in other assessments for accredited courses of study, and I acknowledge that if this has been done an appropriate reduction in the mark I might otherwise have received will be made."

Student Name: Christian Mercieca

Date: 07/05/2025

Word Count: 10,400

Dissertation Supervisor: Dr. Luke Joseph Buhagiar

ABSTRACT

This dissertation explores the social representations of mental health among first responders within the Malta Police Force, specifically members of the Rapid Intervention Unit (RIU). Given the high stress nature of police work, mental health plays a crucial role in officer's effectiveness and overall well-being. However, societal and organizational perceptions often influence how mental health is addressed within law enforcement. Guided by Social Representation Theory (SRT), this study investigates how RIU officers conceptualize mental health, how these views align with or differ from broader societal attitudes, and how they affect officer's responses to mental health crises.

Utilizing qualitative data collected through semi-structured interviews, the research seeks to uncover the dominant mental health narratives within the police force and their impact on officer's behaviour, support-seeking tendencies, and professional practices. The dissertation also examines critical aspects of SRT, including anchoring, objectification, cognitive polyphasia, and normativity, to deepen the understanding of these social representations. By identifying gaps in knowledge, training, and policy, the study aims to inform strategies that promote mental well-being in policing. Ultimately, it highlights the need for a culturally sensitive approach to mental health in law enforcement, fostering a supportive environment for officers and enhancing their response to mental health related incidents.

Keywords: Social Representations, Mental Health, First Responders,Malta Police Force, Social Representation Theory (SRT)

ACKNOWLEDGEMENTS

I would like to thank my dissertation supervisor Dr. Luke Joseph Buhagiar who has provided me with constant support and patiently guided me throughout this dissertation.

A special thank you goes to the Commissioner of Police, Police Inspector of Rapid Intervention Unit and the administration for making the study possible.

To the University of Malta for providing the infrastructure and the opportunity to study this unit.

Finally, I wish to dedicate this dissertation to my mother. Although she is no longer with us, her enduring presence continues to guide and inspire me in all that I do. I also extend my heartfelt gratitude to my family and my wife, whose unwavering support and encouragement have been instrumental throughout this journey.

LIST OF ABBREVIATIONS

- RIU – Rapid Intervention Unit
- WHO – World Health Organisation
- SRT – Social Representation Theory
- CIT – Crisis Intervention Training

Table of Contents

ABSTRACT iii
ACKNOWLEDGEMENTS iv
LIST OF ABBREVIATIONS v
Table of Contents vi
LIST OF APPENDICES viii
CHAPTER 1 - INTRODUCTION 9
CHAPTER 2- LITERATURE REVIEW 12
2.1 - Social Representation Theory 12
2.2 - Mental Health, Social Representations and Policing 14
2.3 - Social Representations of Mental Health 14
2.4 - Social Representations of Mental Health in Policing 17
2.5 - Perspectives on Mental Health in Policing 18
CHAPTER 3- METHODOLOGY 22
3.1 - Overall Procedure 22
3.2 - Research Design and Rationale 23
3.3 - Research Questions and Interview Questions 24
3.3.1 - Research Questions 24
3.3.2 - Interview Questions 27
3.4 - Sampling 28
3.5 - Data Collection 29
3.6 - Data Analysis: Thematic Analysis 29
3.7 – Legitimation 31
3.8 - Ethical Considerations 31
CHAPTER 4 – FINDINGS 33
4.1 - Theme 1: Mental Health as a Psychological and Emotional State 34
4.1.1 - Sub-Theme 1: Impact on First Responders 36
4.2 - Theme 2: Mental Health as a Risk Factor 37
4.2.1 - Sub-Theme 1: First Response to Mental Health Incidents 38

4.2.2 - Sub-Theme 2: Challenges and Barriers in Mental Health Response 39
4.3 - Theme 3: Mental Health as a Social Issue 41
4.4 - Theme 4: Empathy and Communication 42
CHAPTER 5 – DISCUSSION 46
5.1 - Inner Lens 46
5.2 - Operational Risk Factor 48
5.3 - Social Dimensions of Mental Health 49
5.4 - The Human Element 51
5.5 - Analytical Correspondence between Subheadings and Themes 52
5.6 - Answering the Research Questions 53
5.7 - Amalgamating the Four Themes 54
CHAPTER 6 – CONCLUSION 57
6.1 - Recapitulation of Findings 57
6.2 - Limitations of the Study 59
6.3 - Recommendations for Future Research and Practice 59
6.4 - Final Reflections 61
REFERENCES 63
APPENDICES 71
APPENDICES A – INTERVIEW QUESTIONS 71

LIST OF APPENDICES

A. Interview Questions

CHAPTER 1 - INTRODUCTION

This dissertation investigates the social representations of mental health within the Malta Police Force, with a specific focus on first responders in the Rapid Intervention Unit (RIU). Social representations, as defined by Moscovici (1961), refer to the shared beliefs, values, and practices through which individuals make sense of complex social phenomena. Within policing, such representations shape how officers perceive mental health, respond to psychological challenges, and engage with support systems (Bordarie and Gaymard, 2015). Given the high-stress nature of police work, understanding these representations is critical to addressing stigma and improving well-being. This study aims to explore how mental health is constructed and understood within the organizational culture of the RIU, and how these understandings influence officer's performance and coping strategies.

Since in Malta research is limited on this topic within the context of Maltese Police Force, the study will primarily rely on qualitative data collected through semi-structured interviews with members of the RIU. The research will examine how these officers recognize social representations of mental health, how these perceptions align with or deviate from broader societal views, and how they influence their interactions with individuals experiencing mental health crises. The insights gained from this study will contribute to a deeper understanding of the intersection between mental health awareness, its social representations and policing,

potentially informing policy recommendations and training programs to enhance officers' mental well-being and improve their responses to mental health related incidents.

The theoretical framework guiding this research is Social Representation Theory (SRT). This theory, originally developed by Serge Moscovici, examines how collective cognitions and shared beliefs are constructed, maintained, and transformed within society. Social representations serve as frameworks that help individuals interpret the world around them, facilitating communication and interaction within social groups (Moscovici, 1984). By understanding the dominant representations of mental health within the Malta Police Force, we can better comprehend the factors that shape officers attitudes and behaviors concerning mental well-being.

This dissertation will first provide an overview of Social Representation Theory, outlining its key concepts and explaining its relevance to mental health and policing. It will explore how social representations emerge, evolve, and influence professional practices, particularly in high stress occupations such as law enforcement. The literature review will highlight various perspectives on social representations, including anchoring, objectification, cognitive polyphasia, social identity, symbolism, communication, normativity, and heterogeneity. These aspects are essential in understanding how police officers conceptualize and engage with mental health issues.

The study will also examine the interplay between mental health and policing, emphasizing the significance of social representations in shaping officers responses to mental health challenges from the point of view of RIU officers. The World Health Organization defines mental health as a state of well-being that enables individuals to cope with life's stresses, work productively, and contribute to their communities. However, within police culture, mental health is often perceived through a distinct lens, influenced by organizational norms, societal expectations, and professional demands. This dissertation will explore how these representations impact officers willingness to seek mental health support, their ability to manage occupational stress and trauma, and their approaches to handling mental health-related incidents in the field.

Ultimately, this research aims to shed light on the complexities of mental health perceptions within law enforcement, identifying potential gaps in knowledge, training, and policy. By understanding the social representations that shape officers views, we can develop strategies to foster a more supportive and informed policing culture that prioritizes mental well-being alongside public safety.

CHAPTER 2- LITERATURE REVIEW

This literature review explores the Social Representation Theory and its relevance to the understanding of mental health. It defines both concepts and highlights how their intersection offers valuable insights into collective perceptions and attitudes. Moreover some key aspects and perspectives of social representations are explained along this literature review.

2.1 - Social Representation Theory

Social representations refer to the collective cognitions that encompass the dominant common sense or cognitive systems among societies or specific groups of individuals. These entities consistently relate to social, cultural, and symbolic aspects. Artefacts function as representations of different notions or phenomena (Höijer, 2011). The social representation is "system of values, ideas, and practices that establish a consensual order among phenomena" and "enable communication to take place among the members of a community by providing them with a code for social exchange" (Moscovici, in Duveen & Lloyd, 1993, p. 91) (Walmsley, 2004). These aspects jointly contribute to the formation of social structure, the positioning of individuals within a certain social environment, and the promotion of communication among members of different groups and communities. Social representations can serve as a meeting place where individual experiences and society beliefs come together. The conflict between the individual and society plays a pivotal role in determining the framework of social representations (Dixit, 2005).

An individual's subjective view of their health significantly impacts their capacity to actively engage in society and complete their social obligations (Dixit, 2005).

Therefore social representations theory brings up the amalgamation of different subjective views within society. Social representations are a vital concept in understanding how societies function, how identities are formed, and how people communicate and relate to one another. In a dynamic perspective, social representations are understood as a complex system of interconnected concepts and interactive images. These representations correspond to the arrangement of the imaginary as images that consolidate meanings and establish frameworks of reference, enabling us to interpret and categorize reality. Importantly, the contents of these representations are in a constant state of evolution, adapting to changes in both time and space (Morera et al., 2015). The rate of evolution is closely correlated with the level of complexity and speed of the communication systems that are accessible. Social representations, being manifestations of social processes within a specific social context, exhibit diverse and intricate structures. These categories serve as a means of classifying occurrences and providing a framework for understanding and organizing our everyday lives (Morera et al., 2015). The social representation in simpler terms is that perception or view of a particular group of people in which they share their beliefs together. An example is that for example a doctor is going to see any issues or form of any problematic situations from a medical point of view. Therefore this means that every profession has its viewpoints.

2.2 - Mental Health, Social Representations and Policing

The World Health Organization defines mental health as a state of optimal well-being in which individuals are able to achieve their full potential, effectively manage typical life stressors, maintain productive and fruitful work, and make meaningful contributions to their communities (WHO, 2021). Mental health encompasses our psychological, emotional, and social well-being. It exerts influence on our cognitive processes, emotional states, and behavioral patterns. Additionally, it aids in the regulation of our stress response, interpersonal relationships, and decision making processes. Optimal mental well-being is crucial at all stages of life, including infancy, adolescence, and adulthood (2021). Well-being refers to the subjective sensation of contentment, physical and mental soundness, and accomplishment. Additionally, it encompasses maintaining optimal mental well-being (Davis, 2019).The World Health Organization asserts that mental health is an essential component of overall health (Prince et al., 2007). The significance of mental wellness cannot be overstated. Failure to prioritize mental health can lead to the development of mental diseases, which, if left untreated, can result in severe medical conditions (Browne, 2020).

2.3 - Social Representations of Mental Health

Social representations of mental health encompass the shared concepts, convictions, and behaviors that society maintains around mental health and its disorders. The depictions are

molded by cultural, historical, social, and political elements and impact the comprehension, discourse, and reaction of individuals and communities towards mental health concerns.

When discussing Social Representation Theory, several key aspects are essential for understanding how shared beliefs are formed and maintained within society. These include **anchoring**, which involves integrating unfamiliar ideas into existing cognitive frameworks, and **objectification**, the process of turning abstract concepts into concrete realities. **Cognitive polyphasia** reflects the coexistence of multiple, sometimes contradictory, types of knowledge within individuals or groups. **Social identity** plays a role in shaping representations based on group membership, while **symbolism** connects representations to culturally significant meanings. **Communication** facilitates the spread and reinforcement of these representations, and **normativity** ensures they align with societal norms and values. Lastly, **heterogeneity and homogeneity** refer to the diversity or uniformity of representations within different social groups (Moscovici, 2000).

The anchoring process assumes that representations are firmly rooted in reality, encompassing both the attribution of functionality and the regulatory roles that guide group interactions. Through the assignment of meaning, objects or ideas are further developed, making anchoring a key mechanism for communicating meaning, usefulness, and cognitive integration (Morera et al., 2015). In the context of social representations, anchoring helps to assimilate and standardize novel concepts within the shared understanding of a community. This process

enables societies to adapt to change by framing new information in ways that resonate with pre-existing beliefs and practices, thereby making the unfamiliar more relatable and contextually grounded.

Closely linked to anchoring is the process of objectification, which gives concrete and structured form to abstract concepts. Objectification transforms intangible ideas into perceivable symbols, allowing for easier communication and conceptual understanding. This cognitive mechanism imbues abstract representations with physical or visual attributes, facilitating their integration into everyday discourse. By translating complex meanings into tangible forms such as representing justice with a balance scale, objectification helps solidify the presence of abstract notions within the collective consciousness (Morera et al., 2015).

Together, anchoring and objectification work in tandem to ground new or abstract information within a society's cultural framework. However, the interpretation and use of such representations are rarely uniform. This is where **cognitive polyphasia** comes into play a concept that acknowledges the coexistence of multiple modes of knowledge and reasoning within a single individual or social group. Cognitive polyphasia suggests that people draw upon different forms of understanding depending on the situation, interests, or cultural context they are engaged in. For example, one might consult both a medical doctor and a traditional healer, relying on modern scientific knowledge in one context and cultural or spiritual knowledge in another. As highlighted by Provencher, Arthi, and Wagner (2012), this flexibility in thinking is essential for grasping the

dynamic and multifaceted ways individuals make sense of their world. Cognitive polyphasia, therefore, not only deepens our understanding of social representations but also enriches broader discussions within social psychology.

2.4 - Social Representations of Mental Health in Policing

During their daily duties, police officers are required to respond to various scenarios, often necessitating them to make rapid choices. By comprehending the societal portrayal of mental health, individuals can have a more accurate perception of the circumstances they are facing. Additionally, it will enhance the officer's comprehension of mental health viewpoints and strategies for addressing such situations. Given the prevailing stigma around mental health, raising knowledge might contribute to mitigating unwarranted judgements, particularly within the police culture where individuals or situations are more likely to be labelled.

The social representations are determined by two factors: the **social environment** in which an individual interacts or confronts a social stimulus, and the **social subject** who plays a role in shaping their views, values, and models of the group they are a part of. In this framework, individuals are regarded as creators of significations, meaning that they convey the significance they attribute to their encounters in the societal territory. The social aspect of representation arises from the utilization of a system of codes and interpretations that are established by society

or from the expression of values and societal ambitions. From that perspective, the representation is likewise regarded as the manifestation of a distinct civilization (Morera et al., 2015). Furthermore, it is crucial to consider other key components when assessing social representations using various methods. These components include: identifying the content, examining the significance and hierarchy of the relationships between elements, and determining and managing the central core (Chappell, 2014).

2.5 - Perspectives on Mental Health in Policing

In policing mental health have different perspectives. Some of them are occupational stress and trauma, stigma and seeking help, organizational support and policy changes. The occurrence of job related stress and trauma among police officers is a global problem, yet it remains an underexplored topic in social work research and practice. Police officers frequently encounter terrible scenarios as part of their job, which results in elevated levels of stress. Consequently, they have a higher likelihood of developing post-traumatic stress disorder, engaging in substance abuse, and experiencing depression. Police officers who are currently suffering signs of stress and trauma are more prone to engaging in misbehavior, such as the unwarranted use of force (Eikenberry et al., 2023).

The prevalence of mental health issues among police personnel is intensified by the adverse attitudes and beliefs towards seeking mental health assistance, which are perpetuated by the culture inside the police force. The mental health crises is significantly influenced by the culture inside the police force (Grupe, 2023). Police officers are trained to regulate their emotions in order to prevent them from affecting their decision-making, performance, or opportunities for professional progress. Recognizing emotional challenges or providing emotional assistance contradicts conventional notions of masculinity, resulting in feelings of humiliation or mockery from one's peers. Seeking assistance for mental health difficulties may lead to enquiries on one's ability to fulfil their responsibilities. Consequently, police officers frequently refrain from expressing or repress their emotions, which are an inherent reaction to the stress and trauma they encounter in their profession. They typically manage these feelings by resorting to alcohol or substance abuse, or by participating in other harmful behaviors (Grupe, 2023).

A national study of police mental health in the USA found that the presence of mental health problems among officers may lead to significant repercussions for both the person, such as substance misuse and gambling addiction, and for the organization, such as heightened risk taking behaviors and the use of excessive force. Psychopathological conditions are common in law enforcement, with the most often addressed issues related to post-traumatic stress disorder (PTSD). In the context of peer stigma, individuals may have the belief that their peers would perceive them as feeble, incapable of effectively carrying out their policing duties, untrustworthy as a source of operational support, and subject them to social exclusion (Drew and Martin, 2021).

Effective organizational support in mental health policing is crucial for ensuring that law enforcement agencies are sufficiently equipped to handle occurrences involving persons undergoing mental health crises. This assistance includes a range of components, such as training, resources, cooperation across different agencies, and policies that give priority to mental health issues. Policy changes in mental health policing are essential for improving how law enforcement interacts with individuals experiencing mental health crises. These changes can lead to more effective, humane, and safe outcomes. Policy changes in mental health policing are crucial for creating a system that is more responsive, humane, and effective in handling mental health crises. These changes not only improve the outcomes for individuals in crisis but also enhance the safety and well-being of law enforcement officers and the community as a whole.

The notion of social representations, initially proposed by Serge Moscovici, has emerged as an essential instrument for comprehending the processes by which societies create, distribute, and preserve collective knowledge. This paradigm emphasizes the methods by which social groups generate and convey common interpretations, which then influence individual insights and actions. Evident throughout the literature is the dynamic nature of social representations, which undergo evolution over time and are shaped by cultural, historical, and social circumstances.

Furthermore, the literature emphasizes the double character of social representations: they both mirror and actively influence social reality. The manifestation of this dynamic process is apparent in the manner in which media sustains specific preconceptions, or how political discourse may articulate societal problems, therefore exerting an impact on public perception and reaction.

In sum, Social Representation Theory offers a compelling framework for exploring how societies construct and perpetuate shared understandings of mental health. These representations are not static, in which they evolve in response to shifting cultural, historical, and institutional contexts. In the realm of policing, the influence of social representations becomes especially critical, as officers are both shaped by and contribute to prevailing narratives surrounding mental health. The review highlights the dual role of social representations in both reflecting and shaping social reality, influencing everything from public attitudes to institutional policy. As mental health challenges become more visible and pressing across social domains, further interdisciplinary research is essential to unpack the dynamic interplay between collective belief systems and individual experiences. Continual study is necessary to overcome the constraints of the theory and to investigate its relevance in a fast changing global environment, despite its widespread application and validation in many settings.

CHAPTER 3- METHODOLOGY

This study employs a qualitative research methodology to explore the social representations of mental health among first responders within the Maltese Police Force. A qualitative approach is particularly suitable as it allows for an in-depth examination of participants lived experiences, beliefs, and perceptions, providing rich insights beyond numerical data. Guided by a constructionist epistemology, this research acknowledges that perceptions of mental health are shaped by social, cultural, and professional contexts (Alegría et al., 2018). Data collection was conducted through semi-structured interviews, ensuring flexibility while maintaining focus on key themes. Snowball sampling facilitated participant recruitment, fostering trust within this sensitive area of analysis. Thematic analysis, following Braun and Clarke's framework, was used to systematically identify patterns and emerging themes (Braun and Clarke, 2022). To ensure rigor and credibility, legitimation strategies such as credibility, transferability, dependability, and confirmability were applied. Ethical considerations, including informed consent, confidentiality, and emotional safeguarding, were prioritized to maintain research integrity and participant well-being.

3.1 - Overall Procedure

The research process began with the development of an interview guide, which was designed based on existing literature and knowledgeable input on police mental health training.

To ensure compliance with ethical standards, ethical approval was sought and obtained before proceeding. Participants were recruited using snowball sampling from the RIU within the Maltese Police Force. Each participant received an information sheet and consent form, ensuring they fully understood the study's objectives, confidentiality measures, and their voluntary participation rights. Interviews were conducted face-to-face in a private and secure office setting. The collected data were analysed using thematic analysis, following Braun and Clarke's (2022) framework. Finally, themes were identified, categorized, and interpreted in relation to existing literature on social representations of mental health.

3.2 - Research Design and Rationale

This study employed a qualitative research methodology to explore the social representations of mental health among first responders within the Maltese Police Force. A qualitative approach is appropriate as it enables an in depth understanding of participants lived experiences, beliefs, and perceptions (Bryman, 2016). Unlike quantitative methods, which focus on numerical data and statistical trends, qualitative research allows for rich, detailed insights into how first responders conceptualize mental health and how these conceptualizations influence their professional practice. Given the nature of social representations, a constructivist epistemological stance is adopted. This perspective recognizes that individual's perceptions of mental health are socially constructed through their experiences, cultural background, and professional context (MARKOVÁ, 2008). The qualitative approach, therefore, allows for a more comprehensive exploration of these representations and their implications.

3.3 - Research Questions and Interview Questions

The interview guide consisted of open-ended questions designed to explore first responders understanding, perceptions, attitudes, and experiences related to mental health. Each interview question was mapped to one of the research questions, and relevant participant responses are included below to illustrate how they addressed the research questions.

3.3.1 - Research Questions

The Research questions are:

RQ1 - What are the social representations of mental health among first responders?

RQ2 - How do these social representations enable first responders to perform on their job?

RQ3 - What can be addressed in first responders understanding of mental health in order to improve job performance?

The social representations of mental health among first responders are shaped by occupational culture, societal norms, and personal experiences, often emphasizing resilience and toughness while stigmatizing vulnerability. Many first responders view stress and trauma as inevitable aspects of their work, leading to a culture where mental health struggles are either

normalized or ignored, affecting their willingness to seek help. These representations significantly influence job performance, as they shape coping mechanisms, emotional regulation, teamwork, and crisis decision-making.

A positive understanding of mental health enables first responders to develop proactive strategies for stress management, seek peer and professional support, and maintain psychological resilience, leading to improved efficiency and effectiveness on the job. However, when mental health is perceived as a weakness, it can result in emotional suppression, burnout, impaired judgment, and strained team dynamics. To enhance job performance, it is crucial to address gaps in first responders understanding of mental health by reducing stigma, integrating mental health education into training programs, promoting peer support systems, and improving access to confidential and effective mental health resources. By fostering a culture where mental well-being is prioritized as an essential component of job effectiveness, first responders can be better equipped to manage stress, make sound decisions under pressure, and sustain long-term occupational health and performance.

The reasoning behind these research questions stems from the unique occupational challenges faced by first responders, including exposure to traumatic events, high-stress environments, and the expectation of firm resilience. Understanding the social representations of mental health among first responders is crucial because these collective beliefs influence how they perceive and respond to mental health challenges. If mental well-being is seen as secondary

to physical endurance or professional duty, it may discourage individuals from seeking help, leading to untreated stress, anxiety, or PTSD. This research is necessary to identify prevailing attitudes and misconceptions that either support or hinder mental health awareness in these professions.

The second research question examines how these social representations impact job performance, as mental health is closely linked to decision making, teamwork, emotional regulation, and overall efficiency in high pressure situations. When first responders adopt healthy coping mechanisms and view mental health as integral to job effectiveness, they are more likely to engage in stress management practices that sustain their well-being and performance. Conversely, if mental health struggles are ignored or stigmatized, this can lead to burnout, decreased situational awareness, poor decision making, and interpersonal conflicts, ultimately compromising public safety and personal resilience.

The final research question seeks to explore what aspects of first responders understanding of mental health can be improved to enhance job performance. Given that first responders operate in environments where mental resilience is vital, it is essential to address barriers such as stigma, lack of mental health education, and inadequate workplace policies that support well-being. By identifying specific areas for improvement, such as promoting psychological resilience through training, enhancing peer support systems, and providing better access to mental health resources, this research can contribute to developing strategies that

ensure first responders can perform optimally while maintaining their psychological well-being. Addressing these gaps can lead to cultural shifts within first responder communities, ultimately fostering a healthier and more sustainable workforce.

3.3.2 - Interview Questions

The interview consisted of open-ended questions aimed at bring about participants perspectives on mental health thus indirectly gathering information on the social representations. Understanding mental health is crucial for first responders, as it encompasses emotional, psychological, and social well-being, affecting how individuals think, feel, and behave. When responding to an incident involving a person with mental health issues, the first priority is to ensure safety while approaching the situation with empathy and de-escalation techniques.

Several factors influence the response, including the individual's behaviour, potential threats, and available support systems. Operational challenges often arise in these situations (when responding to an incident), requiring officers to remain patient, communicate effectively, and assess the best course of action while balancing enforcement with care. To improve response efforts, better training programs and access to mental health resources can equip officers with the necessary tools to handle such situations more effectively. For new officers, the key advice is to remain calm, actively listen, and prioritize understanding over judgment, as a compassionate

and informed approach can make a significant difference in resolving incidents involving mental health concerns.

The interview questions were the following:

1. What do you understand by the term “Mental Health”?

2. What comes first in mind when reporting to an incident involving a person with Mental Health Issues?

3. As a first responding officer which are the most important factors in situations involving Mental Health?

4. Keeping these factors in mind, how do you usually tackle the report?

5. In your opinion, when it comes to Mental Health, what can be done to improve first responders' work?

6. What advice would you give to new officers on handling incidents involving Mental Health issues?

3.4 - Sampling

Participants for the study were only recruited by snowball sampling, such that participants who took part in the study then referred the researcher to other potentially

interested participants, and so on. Initially consenting officers were prompted to suggest colleagues willing to share their experiences, so establishing a referral network that broadened the participant pool (Noy, 2008). This approach was notably successful in engaging those who may not have volunteered autonomously, cultivating a sense of trust via referrals. Eight first responders participated, reflecting various degrees of experience and exposure to mental health concerns. Their varied viewpoints enhanced the study's comprehension of social representations within the organization.

3.5 - Data Collection

To gather data, semi-structured interviews were conducted with first responders from the Maltese Police Force. This method was chosen as it allows for flexibility while ensuring that key themes relevant to the research questions are explored (Kvale & Brinkmann, 2015). Semi-structured interviews provide a balance between open-ended responses and structured inquiry, facilitating a deep exploration of participant's thoughts and experiences while maintaining comparability across responses.

3.6 - Data Analysis: Thematic Analysis

Thematic analysis was applied, as outlined by Braun and Clarke (2022), to systematically identify and interpret patterns within the interview data. This method is particularly well suited

for qualitative research as it offers a structured yet flexible approach to analysing rich, qualitative data. Following Braun and Clarke's six-step approach, the analysis began with familiarization with the data, where transcripts were read multiple times to develop a comprehensive understanding of participants responses. Next, initial codes were generated by highlighting relevant quotes and assigning key concepts. These codes were then grouped to form overarching themes, which were subsequently refined to ensure they accurately represented the data. Each theme was given a concise and descriptive label before the findings were written up in relation to existing literature, allowing for a comprehensive interpretation (Braun and Clarke, 2022).

The main themes that emerged from the analysis included perceptions of mental health, which explored officers varying definitions and understandings of the concept such as challenges in handling mental health cases, highlighting barriers such as stigma, lack of training, and operational constraints, strategies for effective intervention, detailing techniques used by officers to de-escalate situations and support individuals in crisis and training and support needs, which outlined recommendations for improved mental health training and organizational support.

3.7 – Legitimation

To enhance the credibility and trustworthiness of this study, strategies proposed by Onwuegbuzie and Collins (2007) were employed. Credibility was established by triangulating findings with existing literature, ensuring consistency with prior research (Lincoln & Guba, 1985). Transferability was facilitated through comprehensive descriptions, providing detailed contextual information to enable readers to assess the applicability of findings to other settings. Dependability was maintained by adhering to a systematic methodology, ensuring consistency and reliability throughout the research process. Confirmability was achieved through reflexivity, wherein researcher bias was mitigated via critical self-reflection on underlying assumptions and decision making processes. Collectively, these measures reinforced the rigor of the study, ensuring that its findings are robust, transparent, and applicable to relevant contexts.

3.8 - Ethical Considerations

Ethical approval was obtained to ensure adherence to research standards. Firstly, FREC approval was obtained in which then it leads to other key ethical considerations which included obtaining informed consent, where participants were fully informed about the studys purpose and provided consent before participation. Confidentiality and anonymity were maintained by anonymizing data to protect participant identities. Participation was entirely voluntary, allowing

individuals to withdraw at any stage without consequences. Data security was ensured by storing information on a password protected computer. Additionally, given the sensitivity of the topic, questions were designed to focus on participant's perceptions rather than their personal experiences with mental health, safeguarding their emotional well-being.

This chapter has outlined the research methodology employed to explore the social representations of mental health among first responders within the Maltese Police Force. A qualitative approach using semi-structured interviews was justified due to its ability to capture nuanced perspectives. Thematic analysis provided a systematic method for identifying key themes, while legitimation strategies ensured the study's rigor and trustworthiness. Ethical considerations were prioritized throughout the research process. The findings derived from this methodology will be explored in the next chapter, providing deeper insights into how first responders conceptualize and navigate mental health in their profession.

CHAPTER 4 – FINDINGS

This chapter describes the study's findings, which concern the social representations of mental health among first responders in the Malta Police Force, particularly within the Rapid Intervention Unit (RIU). The results were obtained via semi-structured interviews and analyzed by thematic analysis as described by Braun and Clarke (2022). The research revealed four predominant themes that arose from participants responses. These topics encapsulate the perception of mental health, its influence on professional performance, and the necessary enhancements to improve job efficacy.

The study's research questions were as follows:

- RQ1: What are the social representations of mental health among first responders?
- RQ2: How do these social representations enable first responders to perform their job?
- RQ3: What can be addressed in first responders' understanding of mental health to improve job performance?

Each of these research questions were answered through the interview questions gained from the responses of participants. The following sections present the findings in relation to each research question.

The emerging themes were as follows:

1. **Mental health as a psychological and emotional state**
2. **Mental health as a risk factor**
3. **Mental health as a social issue**
4. **Empathy and communication**

4.1 - Theme 1: Mental Health as a Psychological and Emotional State

A significant theme that developed during the interviews was the view of mental health as a condition of emotional and psychological well-being. Participants frequently described mental health in relation to resilience, stress management, and emotional regulation. It is important that first responders has a better view of how they understand mental health. The responses themselves shows that “Mental health refers to how healthy a person’s mind is”. It is also “the ability to cope with daily stress and emotions”.

The responses suggest that first responders recognize mental health as a crucial component of overall well-being “A person’s psychological well-being that affects decision making”. However, many officers primarily associated mental health with coping mechanisms rather than a broader perspective that includes mental illness, long-term psychological stability, and preventive care. According to the World Health Organization (WHO, 2021)**,** mental health encompasses cognitive, emotional, and social well-being. This aligns with some of the officer’s views but also highlights the need for a more comprehensive understanding that goes beyond stress management.

Law enforcement is a career inwhich its employees are at a heightened risk of experiencing stigma related to mental health conditions, including post-traumatic stress disorder (PTSD), anxiety, and depression. Despite this, many officers demonstrate awareness of what mental health entails. Participant 1 stated “Mental health is just as important as physical health. It affects how we think, feel, and interact with others.” However, there remains a gap in acknowledging the importance of proactive mental health care, open discussions about mental illness, and seeking professional support when needed. Addressing this gap through education, training, and systemic support could help break down stigma and promote a healthier workforce (Mental Health America, 2024)

4.1.1 - Sub-Theme 1: Impact on First Responders

Despite growing recognition of mental health as a critical component of both professional effectiveness and personal well-being, many officers continue to struggle with openly discussing their psychological challenges. Within law enforcement, stress, trauma, and emotional exhaustion are often perceived as unavoidable aspects of the job. Consequently, officers may feel obliged to suppress their struggles rather than seek the support they need.

Several participants raised concerns about this cultural resistance. Some of the participants stated that one have to be strong in this job. If someone admit that he is struggling, people might think he's weak. Participant 4 sustained that "more training and education, clear operational procedures and also public awareness" can fight this cultural resistance.

Participant 6 stated that "Mental health is important, but in reality, we don't talk about it much."

This prevailing mindset fosters an environment where seeking help is often equated with weakness, discouraging officers from addressing their mental health concerns. As a result, many suffer in silence, increasing their vulnerability to long-term psychological distress.

The reluctance to discuss mental health issues can have severe consequences, including chronic stress, anxiety, depression, burnout, and even post-traumatic stress disorder (PTSD). Research by Violanti et al. (2017) underscores that first responders experience significantly higher rates of PTSD compared to the general population due to their repeated exposure to traumatic events. Without appropriate interventions, these unresolved mental health challenges can impair decision-making, job performance, and personal relationships, further exacerbating the emotional toll on officers. To foster a healthier and more resilient police force, law enforcement agencies must take proactive steps to normalize conversations about mental health. Encouraging peer support, implementing confidential counseling services, and promoting mental wellness programs can help break down barriers and create an environment where officers feel safe to seek help without fear of stigma.

4.2 - Theme 2: Mental Health as a Risk Factor

A significant number of participants expressed concerns about mental health being a risk factor during interventions. Officers commonly reported that their primary concern when responding to a case involving an individual with a mental health condition was ensuring safety for all parties involved. Therefore a risk assessment must be done in order to assess the scene and the officer will adjust according to the risk assessment result.

4.2.1 - Sub-Theme 1: First Response to Mental Health Incidents

When asked about their initial thoughts when responding to an incident involving a person experiencing mental health issues, most participants emphasized the importance of safety as their primary concern. Their responses highlighted the immediate need to assess potential threats and manage risks:

Participant 1 - *"The first thing I think about is the safety of everyone involved. Is the person suicidal? Are they a threat to themselves or others?"*

Participant 7 – *"Mental health incidents can escalate quickly, and we don't always have the right training to handle them effectively."*

This perspective reflects the operational mindset of law enforcement officers, where immediate threat assessment takes precedence over other considerations, such as de-escalation or connecting individuals to mental health resources. According to Coleman and Cotton (2014), police officers often perceive mental health crises as unpredictable and potentially dangerous, which contributes to a predominantly risk focused approach. This can lead to an increased dependence on control measures rather than prioritizing care centered interventions, such as crisis intervention techniques or community based mental health support.

Furthermore, according to participants, the uncertainty surrounding mental health incidents can heighten officers stress levels, influencing their decision making in ways that may

not always align with best practices for mental health crisis response. Addressing this challenge requires improved mental health training for law enforcement, better collaboration with mental health professionals, and the development of alternative crisis response models to ensure that individuals in crisis receive appropriate and compassionate care.

4.2.2 - Sub-Theme 2: Challenges and Barriers in Mental Health Response

Despite recognizing the importance of mental health awareness, participants highlighted several challenges in effectively addressing these issues. Many expressed uncertainty about the best approaches to take, especially in high pressure situations where conventional methods may not be effective.

Participant 2 noted:

"We don't always know the best approach. Sometimes, what works in normal situations doesn't work when someone is having a mental health crisis."

Participant 3 echoed this concern, emphasizing the need for standardized guidelines:

"We need better protocols. Right now, we rely on what we think works, but it's not always the right thing."

This theme suggests that first responders often associate mental health crises with unpredictable or dangerous behavior, leading to a risk averse approach that may not align with best practices in crisis intervention. While ensuring safety is crucial, an overemphasis on risk management can unintentionally contribute to the stigmatization of individuals experiencing mental health challenges.

Research by Krameddine and Silverstone (2016) underscores the importance of comprehensive mental health training for first responders. Their findings suggest that when law enforcement officers receive education on mental health conditions and de-escalation strategies, they are better equipped to respond with empathy and effectiveness. This not only improves outcomes for individuals in crisis but also fosters trust between communities and law enforcement agencies.

According to participants, addressing these challenges requires a multifaceted approach, including enhanced training, evidence based protocols, and stronger collaboration between law enforcement, mental health professionals, and community organizations. By shifting the focus from risk avoidance to understanding and support, first responders can play a crucial role in improving mental health interventions and reducing stigma.

4.3 - Theme 3: Mental Health as a Social Issue

Mental health, according to participant's responses, is increasingly recognized as a critical social issue, requiring systemic responses that extend beyond individual coping mechanisms. Rather than being solely a personal challenge, mental health concerns are deeply embedded in societal structures, institutional cultures, and collective well-being.

Many participants highlighted the far reaching impact of mental health challenges, emphasizing that they affect not only individuals but also families, workplaces, and entire communities. This concern is particularly evident within high stress professions such as law enforcement, where stigma and institutional barriers often prevent officers from seeking the support they need. Mental health challenges affect not just individuals, but entire communities. In high stress roles like policing, stigma and lack of support often prevent officers from seeking help. As participant 2 stated, 'anyone, whatever class or upbringing, can suffer from mental health issues.'"

One officer in his words he meant that:

There's still a stigma when it comes to mental health, even among officers. If you admit you're struggling, it can affect your career.

Another participant reinforced the broader implications:

Mental health is not just about individuals. It affects families, workplaces, and communities.

This theme underscores that first responders increasingly view mental health as a collective issue rather than an isolated personal struggle. Stigma, cultural expectations, and structural challenges within institutions create obstacles to seeking help. Research supports this perspective according to Corrigan et al. (2012), societal stigma around mental health remains a significant barrier to help seeking behavior, particularly in professions like law enforcement, where vulnerability is often equated with weakness.

To address these challenges, according to participants, systemic interventions are necessary. Workplace policies should encourage open conversations about mental health, and institutional frameworks must be designed to support, rather than penalize, those seeking help. By shifting the narrative and implementing structural changes, society can work toward reducing stigma and fostering a culture of mental health awareness and support.

4.4 - Theme 4: Empathy and Communication

Despite the challenges associated with responding to mental health crises, officers consistently emphasized the crucial role of empathy, calmness, and effective communication in ensuring positive outcomes. Many acknowledged that their behavior and approach can greatly

influence the trajectory of such encounters. Participant 3 noted, *"It is important to communicate with the person and try to show him that you are trying to understand what he is feeling and thinking."* Participant 4 noted, *"The way you approach the unit. The way you communicate and de-escalation to reduce tension,"* highlighting the importance of a calm, respectful approach from the outset.

Two key factors emerged:

Effective Communication Matters: Participant 8 - *"Personally, the first thought I have when responding to a call is how to best communicate with the subject."*

Empathy Can De-escalate Tension: Participant 3 - *"Approach the person in a calm manner and show him/her that you are there to help… Be understanding towards his feelings and try to make the person feel safe around you."*

These insights underscore the importance of de-escalation techniques and active listening when dealing with individuals in distress. Officers who embraced these strategies reported greater confidence in handling mental health related incidents, often without needing to resort to force.

Supporting research by Watson and Fulambarker (2012) confirms that Crisis Intervention Training (CIT) significantly improves police interactions with individuals in mental distress. CIT equips officers with the skills to assess situations compassionately, communicate effectively, and resolve crises using non-confrontational methods.

Ultimately, integrating specialized training, fostering inter-agency collaboration, and promoting a compassionate approach can enhance outcomes for individuals in crisis while building greater trust between law enforcement and the communities they serve.

This chapter has examined the social representations of mental health among first responders within Malta's Rapid Intervention Unit, uncovering a characterized and dynamic comprehension influenced by professional circumstances, cultural perspectives, and institutional constraints. The results, obtained from comprehensive interviews and thematic analysis, revealed four primary themes: mental health as a psychological and emotional condition, a risk factor, a societal concern, and the essential function of empathy and communication in professional encounters.

Participants increasingly recognized mental health as important for both personal well-being and professional performance, though their understanding was often limited to stress management rather than encompassing broader concerns such as long-term psychological care

or mental health disorders. Stigma and cultural norms within the police force were commonly cited as barriers to open discussion and help seeking. In the context of crisis interventions, officers identified mental health as a key factor influencing outcomes, with a predominant emphasis on risk management and safety. This risk oriented focus was frequently described as limiting the use of more care centred approaches. Participants also noted that gaps in training and inconsistent procedures made handling mental health related incidents more challenging. Despite these issues, many officers highlighted the value of empathy and communication in the field, describing them as effective in reducing tension and improving outcomes. Peer support and interpersonal skills were also mentioned as useful strategies for both external interactions and managing internal stress.

Building upon these findings, the subsequent chapter critically examines the institutional frameworks and training protocols within the Rapid Intervention Unit, assessing their capacity to support the integration of mental health awareness into operational procedures. This analysis aims to identify evidence-based strategies for cultivating a more psychologically informed and resilient policing environment.

CHAPTER 5 – DISCUSSION

This chapter interprets and contextualizes the findings of the study, presenting valuable insight into how first responders within Malta's Rapid Intervention Unit (RIU) perceive, engage with, and respond to mental health issues in the public they serve. Drawing on a thematic analysis of participants narratives and existing literature, this chapter explores the social representations of mental health among RIU officers, highlighting how these are shaped by occupational culture, institutional expectations, personal resilience, and broader social stigmas. Four major themes emerged from the analysis which are mental health as a psychological and emotional state, a risk factor, a social issue, and the significance of empathy and communication. Each of these themes is critically examined in relation to the study's research questions, providing a basis for reflecting on how participant's perspectives align with or diverge from existing research.

5.1 - Inner Lens

A predominant element that surfaced from the data is the perception of mental health as a function of personal resilience, emotional control, and stress coping mechanisms. This conceptualization aligns with the World Health Organization's (2021) definition of mental health as a state of well-being wherein an individual recognizes their capabilities, manages typical stressors, and contributes to their community. Respondent's definitions such as mental health being characterized as "the state of an individual's mind" and "the capacity to manage daily stressors" indicate a recognition of mental health as essential to everyday functioning.

The focus on resilience and stress management suggests a limited perspective that may overlook mental disease or chronic psychological disorders. This corresponds with the observations of Reuland et al. (2009), who indicated that first responders frequently equate mental health with the lack of crisis, neglecting broader aspects such as long-term psychological well-being or the necessity for professional intervention. The current findings indicate a primarily reactive rather than proactive approach to mental health, with its significance emerging chiefly when coping mechanisms are ineffective.

This coping orientated viewpoint could accidentally support officer's internalized beliefs of invulnerability. Comments from participants suggest that the culture of police still stigmatizes getting help or dealing with emotional issues. This well-documented occurrence, for instance, Corrigan et al. (2012) underline that institutional stigma is a major obstacle to getting psychiatric care in law enforcement environments. Though participants recognized mental health as "equally important as physical health," their comments showed discomfort in addressing mental health issues, hence stressing an entrenched professional identity that values stoicism above sensitivity.

This tension between acknowledgement and open conversation illustrates what Goffman (1963) called "courtesy stigma," or the fear of being judged because of affiliation with stigmatized issues (such as mental illness) that maintains silence. Therefore, even with more understanding,

a cultural change in the conversation and attitude towards mental health inside law enforcement stays limited.

5.2 - Operational Risk Factor

The categorization of mental health as a risk factor further illustrates the operational mentality of first responders. Risk assessment is crucial to decision making, especially during crisis situations. The participants in this study consistently characterized mental health episodes as dangerous, unpredictable, and requiring rapid control. These accounts align with Coleman and Cotton's (2014) findings that police personnel frequently perceive mental health crises primarily via a public safety perspective, perhaps compromising compassionate or trauma informed care.

This risk focused perspective, although justifiable in unstable contexts, may sustain a cycle of misidentification. Individuals undergoing mental discomfort may be perceived more as potential dangers than as individuals requiring assistance. Research conducted by Borum et al. (1998) indicates that insufficient mental health training for law enforcement agents increases their propensity to resort to forceful responses. The police in this study conveyed confusion over optimal procedures during such instances, recognizing that effective routine interventions may be inadequate in crisis situations.

The focus on safety "Is the individual suicidal?" “Do they pose a threat to themselves or

others?" this frames officers predominantly as risk mitigators rather than providers of care. This approach, while valid, may diminish prospects for therapeutic interaction or referrals to community based programs. Violanti et al. (2017) contend that continual exposure to high stress scenarios without sufficient assistance or comprehension may amplify psychological distress among cops, worsening the mental health challenges the system aims to mitigate.

Furthermore, the results indicate that officers frequently function without explicit, standardized rules in managing mental health cases. This underscores a sense of improvisation, as responses are influenced by individual discretion rather than official direction. Watson and Fulambarker (2012) assert that the absence of explicit procedural frameworks leads to inconsistent responses and may undermine public trust, particularly in populations disproportionately impacted by mental health interventions.

5.3 - Social Dimensions of Mental Health

This dimension broadens the dialogue beyond personal accountability and contextualizes mental health within broader societal and institutional frameworks. Participants insights on stigma, institutional silence, and career dangers linked to mental illness expose the embedded structural obstacles to mental health knowledge within law enforcement. The belief that addressing mental health concerns could jeopardize employment opportunities. One of the participants meant that if you acknowledge the struggles, it might have an impact on the career.

This phenomenon is not exclusive to Malta. Corrigan et al. (2012) identified analogous institutional trends across many law enforcement environments, wherein cultural norms equate emotional expressiveness with vulnerability. Internalized beliefs obstruct proactive utilization of mental health resources, creating cycles of fatigue and unresolved trauma.

Participants emphasized the cascading impact of mental health difficulties, affecting not only people but also their families, workplaces, and communities. This comprehensive perspective acknowledges mental health as a communal asset, emphasizing the necessity for collaborative solutions.

The recognition of mental health as a social problem fits with recent worldwide debates encouraging systematic methods to public mental well-being (WHO, 2021). This means changing institutional policies to include mental health into occupational health and safety systems and fostering environments where vulnerability is handled with support rather than doubt. The social viewpoint promotes a deeper understanding of how law enforcement officials can be both victims of systematic shortcomings and responders to them. Neglecting the psychological needs of police officers harms both the people and the standard of public service, Krameddine and Silverstone (2016) underline, especially when officers experience empathy fatigue or emotional burnout.

5.4 - The Human Element

Unlike the previously examined risk based and enduring frameworks, the rise of empathy and communication as a prevailing motive signifies a promising direction. Participants constantly underscored the significance of tranquilly, attentive listening, and courteous interaction during mental health emergencies. Their responses such as showing the unit that you are trying to grasp his emotions and ideas indicate an inherent awareness of emotional intelligence and its significance in mitigating potentially high risk situations.

These outcomes underscore the significance of Crisis Intervention Training (CIT), which has been extensively adopted in jurisdictions aiming to humanize police responses to mental illness. Watson and Fulambarker (2012) assert that CIT strengthens officer's capabilities to de-escalate volatile situations, bolsters their confidence, and diminishes the unwarranted application of force. Officers in the RIU who employed empathic strategies experienced heightened satisfaction and reduced confrontations, indicating that such training is congruent with both personal principles and operational efficacy.

The emphasis on communication also reflects broader developments in procedural justice theory, which holds that fair, open, and courteous treatment by authority fosters public cooperation and compliance. In mental health circumstances where people may already feel vulnerable, confused, or distrustful of authority officials, this is particularly important. The

likelihood of reaching a peaceful conclusion increases dramatically when officers select empathy over authority.

This person centered approach, however, depends on institutional support. Without sufficient training, leaders could acknowledge other options but turn to command and control strategies. Thus, fostering an empathetic response calls for a total dedication including curriculum creation and performance evaluation.

5.5 - Analytical Correspondence between Subheadings and Themes

The discussion subheadings Inner Lens, Operational Risk Factor, Social Dimensions of Mental Health, and The Human Element correspond directly to the four primary themes identified in the study: mental health as a psychological and emotional state, a risk factor, a social issue, and the importance of empathy and communication. Inner Lens encapsulates the internalized perception of mental health as a function of resilience and emotional regulation, illustrating how officers interpret mental well-being in personal contexts. This corresponds with the initial theme, highlighting personal coping strategies. Operational Risk relates to the second theme, demonstrating how mental health is regarded as a potential hazard during field operations, thereby enhancing risk aversion and emphasizing control. The Social Dimensions theme contextualizes mental health within societal and institutional frameworks, highlighting structural stigma, professional repercussions, and the broader effects of psychological well-being

on families and communities. Finally, The Human Element corresponds with the fourth theme, highlighting the increasing significance of empathy, emotional intelligence, and respectful communication in mental health interactions. The subheadings organize the discourse and emphasize the conflict between conventional policing principles and innovative, human centered methodologies, encapsulating the transformative evolution of mental health comprehension within law enforcement.

5.6 - Answering the Research Questions

This chapter offers a comprehensive analysis of how first responders in Malta's Rapid Intervention Unit conceptualize and engage with mental health, thoroughly addressing all three research questions. In response to **RQ1: What are the social representations of mental health among first responders?**, it emerges that mental health is frequently depicted as a function of personal resilience, emotional control, and stress management perspectives significantly shaped by work culture, institutional expectations, and enduring stigma. These depictions emphasize stoicism and self-sufficiency, often promoting silence around mental illness and discouraging open discourse or the pursuit of assistance.

Addressing **RQ2: How do these social representations enable first responders to perform their job?** The chapter reveals that such viewpoints influence job performance by cultivating a risk-oriented mentality. Mental health crises are often perceived not as

opportunities for compassionate care, but as risks requiring control and management. This framework allows officers to maintain authority and respond quickly in high-pressure situations, although it may impede empathetic and effective interactions with individuals experiencing mental health challenges.

Finally, in answering **RQ3: What can be addressed in first responders understanding of mental health to improve job performance?** The chapter recommends confronting institutional silence, normalizing vulnerability, and embedding mental health literacy into training programs. Emphasizing empathy, communication, and systematic support can transform the current reactive approach into a more proactive, human-centered model. This would enable officers to better monitor their own well-being and respond more effectively to those suffering from mental health problems.

5.7 - Amalgamating the Four Themes

The four themes collectively illustrate a conflict between conventional policing paradigms focused on control, risk, and resilience, and progressive viewpoints that promote empathy, transparency, and communal support. Officers acknowledge the importance of emotional management, personal coping mechanisms, and safety oriented responses. Conversely, they articulate dissatisfaction with the absence of established support systems, enduring stigma, and insufficient training in mental health literacy (Bullock and Garland, 2018).

This duality symbolizes an occupation undergoing transformation. Global law enforcement agencies are urged to redefine their duties, transitioning from simply law enforcers to community collaborators adept at addressing the intricacies of mental health with compassion and knowledge. The results from Malta's RIU reflect this global transition, providing both an assessment of existing deficiencies and a basis for future change (Watson and Fulambarker, 2012).

The accounts of the officers demonstrate an underlying ability for empathy and analytical contemplation. They appear to lack a framework that consistently validates, supports, and nurtures these capacities. Training, protocol creation, inter agency collaboration, and cultural transformation are essential strategies for aligning institutional practices with the reality of contemporary policing.

The complex and sometimes conflicting attitudes to mental health as understood and handled inside Malta's Rapid Intervention Unit have been clarified in this chapter. Though understanding of mental health importance is growing, the prevailing attitude is shaped by deep seated cultural values and institutional systems supporting a reactive, risk adverse, and often stigmatizing environment. The increasing emphasis on empathy and open communication, therefore, points to an evolving shift towards more sympathetic and psychologically aware approaches. Dealing with these problems calls for a thorough cultural makeover stressing

compassion, continuous support, and the psychological well-being of officers as core to the ethos of policing as well as structural policy changes. These findings establish a fundamental basis for assessing the study's limits and suggesting informed, context specific recommendations.

CHAPTER 6 – CONCLUSION

This chapter concludes the study by summarizing the findings on the social representations of mental health among first responders in Malta's Rapid Intervention Unit (RIU), and their implications. This research utilized thematic analysis of comprehensive qualitative interviews to reveal the intricate ways in which officers perceive, internalize, and address mental health concerns in both their professional and personal spheres. Four dominant themes emerged: mental health as a psychological and emotional state, mental health as a risk factor, mental health as a social issue, and the importance of empathy and communication. This chapter concludes by discussing the limitations of the study and providing directions for future research.

6.1 - Recapitulation of Findings

The findings indicate an increasing awareness of mental health among first responders, signifying a transition from solely physical and operational frameworks to more comprehensive viewpoints. Officers acknowledged mental health as an essential component of total well-being, characterizing it in relation to emotional control, stress management, and daily functioning. This perspective is consistent with international definitions (WHO, 2021), but is predominantly concentrated on coping rather than prevention or therapy. Mental illness, chronic diseases and the importance of psychological care were ineffectively represented in these attitudes, which means that stigma in the force is present *(Corrigan, Druss and Perlick, 2014)*.

The four main themes which are: psychological and emotional state, risk factor, social issue and empathy and communication were evident through the interviews. The recognition of mental health as a risk factor emerged as another prominent subject. Officers predominantly addressed mental health crises with a focus on operational safety, emphasizing threat evaluation and management (Watson and Fulambarker, 2012). This attitude, however comprehensible in high stakes contexts, frequently supersedes care centered methodologies and leads to the misidentification and marginalization of individuals with psychological distress. Participants recognized this tension and articulated a need for more explicit protocols and more training to manage such interactions more proficiently (Watson and Fulambarker, 2012).

Mental health is a societal concern in which it impacts are not only on those involved but also on their families and colleagues. Although some of the officers hide some struggles, the lack of open communication in their workplace and poor support systems made the system more badly. The people involved pointed out that mental health is a shared concern and needs change in both workplace practices and policies.

Most notably, the subject of empathy and communication surfaced as an indication of shifting views inside the RIU. Officers increasingly acknowledged the significance of courteous, emotionally intelligent communication in de-escalating crises and attaining favorable outcomes. This transition signifies a wider trend in law enforcement towards community focused, trauma informed methodologies. This alteration is risky and dependent on ongoing institutional

dedication, focused training, and favorable legislation. This theme, in a way answered the three research questions. In which one is the social representation of mental health, the other answers on how this theme enables the officer to tackle the report and lastly on better ways to improve its job performance.

6.2 - Limitations of the Study

This study, like all research, has specific limitations that must be addressed in order to ensure that all relevant information is considered. Despite the fact that applications are open to both genders, the sample size was limited and the representation of females in this section is absent so far due to the fact that the study was restricted to the Rapid Intervention Unit. This means that there are no females in the RIU. It is important to acknowledge that the results are contingent upon the self-reported experiences and beliefs of the participants in the sample. The study's reliance on officer perception rather than actual practice is due to the fact that no observations were conducted with the officers on an actual report scene.

6.3 - Recommendations for Future Research and Practice

The findings of the study and its inherent constraints call forth several suggestions for future actions and changes. Improving mental health literacy and training inside law enforcement

is crucial, stressing not only crisis response but also chronic mental health concerns, prevention initiatives, and the psychological effect of police. Including this teaching into ongoing professional development will help to normalize conversations about mental health and allow police to react with more confidence and compassion. Equally crucial is the development of regular, unambiguous procedures for encounters connected to mental health (Watson and Fulambarker, 2012). Mental health practitioners should help to shape these to ensure their relevance and effectiveness in actual settings.

Creating safe spaces in which officers can share experiences without fear of criticism depends on building peer support networks and private counselling services as well as other factors. These strategies help to build psychological resilience and break stigma (Corrigan, Druss and Perlick, 2014). Changing lasting is dependent on a reform in institutional culture. Leadership has to strongly promote mental health awareness by stressing openness, compassion, emotional intelligence, and operational efficiency. Including different stakeholder perspectives especially those of mental health professionals, affected community members, and officers families can help to improve the understanding of mental health concerns in law enforcement and direct the creation of more thorough remedies.

Moreover, the efficacy of each novel policy or training program must be assessed meticulously. Assessment instruments must evaluate their effects on officer well-being, public

confidence, and the results of critical situations. Facilitating interagency collaboration is a crucial measure, acknowledging that mental health assistance should not be only the responsibility of law enforcement.

Collaborations with mental health providers, non-governmental organizations, and community entities can cultivate a more empathetic and integrated strategy. Ultimately, normalizing the quest for assistance through organizational exemplars and narratives of resilience can gradually diminish the stigma associated with vulnerability and motivate officers to seek support when necessary. Collectively, these proposals seek to cultivate a more healthful, sympathetic, and efficient law enforcement culture.

6.4 - Final Reflections

This thesis has clarified the complex and often contradictory relationship between law enforcement culture and mental health understanding. The viewpoints of officers in Malta's Rapid Intervention Unit highlight the difficulties and opportunities for reform. Also these viewpoints transformed into four main themes of social representation. Cultural and institutional inertia persist in hindering progress, nonetheless, the presence of empathy, reflection, and receptiveness among participants suggests potential for development.

Nonetheless, the four main themes answered all of the research questions. Firstly, through the conducted interviews the four main themes were elaborated. Secondly, each theme was discussed on how it enables the first responders to perform their tour of duty and lastly what needs to be changed and implemented so as to improve job performance.

The findings are pertinent not only to Malta's local setting but also contribute to the global dialogue on how law enforcement organizations may more humanely and effectively address the mental health needs of their personnel and the communities they serve. The increasing prominence of mental health as a critical global issue heightens the call for reform in public institutions, especially those tasked with society security.

The integration of mental health expertise in law enforcement beyond basic policy, encompassing ethical considerations, fairness, and human dignity. This thesis aims to stimulate informed and empathetic change by highlighting the experiences and viewpoints of frontline individuals. The path forward requires collective commitment, the courage to challenge norms, and the belief that well-being is fundamental to policing, rather than supplementary.

The study finishes with these reflections. Let the knowledge and ideas presented here serve not as a conclusion, but as a catalyst for meaningful dialogue, further research, and sustained efforts towards a healthier, more compassionate law enforcement culture.

REFERENCES

- Alegría, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y. and Alvarez, K. (2018). Social Determinants of Mental Health: Where We Are and Where We Need to Go. Current Psychiatry Reports, [online] 20(11). doi:https://doi.org/10.1007/s11920-018-0969-9.

- Bordarie, J. and Gaymard, S. (2015). *Moscovici, S. (1961) La psychanalyse, son image et son public. Presses Universitaires de France, Paris. - References - Scientific Research Publishing*. [online] www.scirp.org. Available at: https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1601427 [Accessed 3 May 2025].

- Borum, R., Deane, M.W., Steadman, H.J. and Morrissey, J.P. (1998) 'Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness', Behavioral Sciences & the Law, 16(4), pp. 393–405. Available at: https://doi.org/10.1002/(SICI)1099-0798(199823)16:4<393::AID-BSL317>3.0.CO;2-4 (Accessed: 12 March 2025).

- Braun, V. and Clarke, V. (2022) Thematic Analysis: A Practical Guide. London: SAGE Publications.

- Browne, S. (2020b). 3 Reasons Why Mental Health Is So Important. [online] Lifehack. Available at: https://www.lifehack.org/874881/whyis-mental-health-important [Accessed 5 Aug 2024]

- Bryman, A. (2016). *Social Research Methods.* 5th ed. Oxford University Press.

- Bullock, K. and Garland, J., 2018. Police officers, mental health and the challenge of support: A qualitative study. *Policing and Society*, 28(5), pp.505–522.

- Chappell, D. (2014). *Policing and the Mentally Ill: International Perspectives - Criminal Law and Criminal Justice Book Reviews*. [online] Criminal Law and Criminal Justice Book Reviews. Available at: https://clcjbooks.rutgers.edu/books/policing-and-the-mentally-ill/ [Accessed 2 May 2025].

- Coleman, T.G. and Cotton, D. (2014) 'TEMPO: A contemporary model for police education and training about mental illness', International Journal of Law and Psychiatry, 37(4), pp. 325–333. Available at: https://doi.org/10.1016/j.ijlp.2014.02.002 (Accessed: 11 March 2025).

- Corrigan, P.W., Druss, B.G. and Perlick, D.A. (2012) 'The impact of mental illness stigma on seeking and participating in mental health care', Psychological Science in the Public Interest, 15(2), pp. 37–70. Available at: https://doi.org/10.1177/1529100614531398 (Accessed: 13 March 2025).

- Corrigan, P.W., Druss, B.G. and Perlick, D.A. (2014) 'The impact of mental illness stigma on seeking and participating in mental health care', *Psychological Science in the Public Interest*, 15(2), pp. 37–70. https://doi.org/10.1177/1529100614531398.

- Davis, T. (2019). *What is Well-Being? Definition, Meaning, and Strategies*. [online] The Berkeley Well-Being Institute. Available at: https://www.berkeleywellbeing.com/what-is-well-being.html [Accessed 3 Apr. 2025].

- Dixit, S. (2005). Meaning and Explanations of Mental Illness. Psychology and Developing Societies, 17(1), pp.1–18. doi:https://doi.org/10.1177/097133360501700101.

- Drew, J.M. and Martin, S. (2021). A National Study of Police Mental Health in the USA: Stigma, Mental Health and Help-Seeking Behaviors. *Journal of Police and Criminal Psychology*, 36(2). doi:https://doi.org/10.1007/s11896-020-09424-9.

- Eikenberry, J., Mancini, M.A., Linhorst, D.M., Schafer, J. and Brown, J. (2023). Stress and trauma among police officers: Implications for social work research and practice. *Qualitative Social Work*, 23. doi:https://doi.org/10.1177/14733250231214512.

- Grupe, D.W. (2023). Mental health stigma and help-seeking intentions in police employees. *Journal of Community Safety and Well-Being*, 8(Suppl_1), pp.S32–S39. doi:https://doi.org/10.35502/jcswb.290.

- Höijer, B. (2011). Social Representations Theory. Nordicom Review, [online] 32(2), pp.3–16. doi:https://doi.org/10.1515/nor-2017-0109.

- Krameddine, Y.I. and Silverstone, P.H. (2016) 'How to improve interactions between police and the mentally ill', Frontiers in Psychiatry, 7, pp. 1–8. Available at: https://doi.org/10.3389/fpsyt.2016.00057 (Accessed: 15 March 2025).

- Kvale, S. & Brinkmann, S. (2015). *InterViews: Learning the Craft of Qualitative Research Interviewing.* 3rd ed. Sage.

- Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. Beverly Hills, CA: SAGE Publications. Available at: https://archive.org/details/naturalisticinqu00linc (Accessed: 14 March 2025).

- MARKOVÁ, I. (2008). The Epistemological Significance of the Theory of Social Representations. Journal for the Theory of Social Behaviour, 38(4), pp.461–487. doi:https://doi.org/10.1111/j.1468-5914.2008.00382.x.

- Mental Health America. (2024). *2022 Mind the Workplace Report | Mental Health America*. [online] Available at: https://mhanational.org/research/2022-mind-the-workplace-report/ [Accessed 23 Mar. 2025].

- Morera, J.A.C., Padilha, M.I., Silva, D.G.V. da and Sapag, J. (2015). THEORETICAL AND METHODOLOGICAL ASPECTS OF SOCIAL REPRESENTATIONS. *Texto & Contexto - Enfermagem*, 24(4), pp.1157–1165. doi:https://doi.org/10.1590/0104-0707201500003440014.

- Moscovici, S., 1984. *The phenomenon of social representations*. In R.M. Farr & S. Moscovici (Eds.), *Social Representations* (pp. 3–69). Cambridge: Cambridge University Press.

- Moscovici, S., 2000. *Social representations: Explorations in social psychology*. Cambridge: Polity Press.

- Noy, C. (2008). 'Sampling knowledge: The hermeneutics of snowball sampling in qualitative research.' *International Journal of Social Research Methodology,* 11(4), pp. 327-344.

- Onwuegbuzie, A. J., & Collins, K. M. (2007). 'A typology of mixed methods sampling designs.' *The Qualitative Report,* 12(2), pp. 281-316.

- Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M.R. and Rahman, A. (2007). No health without mental health. The Lancet, [online] 370(9590), pp.859–877. Available at: https://www.sciencedirect.com/science/article/pii/S0140673607612380 [Accessed 28 Jul. 2024]

- Provencher, C. and Wagner, W. (2014). *Cognitive Polyphasia: Introductory article.* [online] Academia.edu. Available at:

https://www.academia.edu/8285410/Cognitive_Polyphasia_Introductory_article [Accessed 20 Aug. 2024].

- Reuland, M., Draper, L. and Norton, B. (2009). *Improving Responses to People with Mental Illnesses Tailoring Law Enforcement Initiatives to Individual Jurisdictions*. [online] Available at: https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_LE_Tailoring.pdf [Accessed 15 Mar. 2025].

- Violanti, J.M., Robinson, C.F. and Shen, R. (2017) 'Law enforcement suicide: A national analysis', International Journal of Emergency Mental Health and Human Resilience, 19(4), pp. 1–10. Available at: https://doi.org/10.4172/1522-4821.1000373 (Accessed: 15 March 2025).

- Walmsley, C. (2004). Social Representations and the Study of Professional Practice. *International Journal of Qualitative Methods*, 3(4), pp.40–55. doi:https://doi.org/10.1177/160940690400300404.

- Watson, A.C. and Fulambarker, A.J. (2012). The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners.

Best practices in mental health, [online] 8(2), pp.71-81. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC3769782/ [Accessed 23 Apr. 2025].

- WHO (2021). *WHO urges more investments, services for mental health*. [online] www.who.int. Available at: https://www.who.int/news/item/12-08-2010-who-urges-more-investments-services-for-mental-health [Accessed 26 Apr. 2025].

- World Health Organization (2021) *Mental health: strengthening our response*. [online] Geneva: World Health Organization. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response [Accessed 23 Apr. 2025].

APPENDICES

APPENDICES A – INTERVIEW QUESTIONS

1. What do you understand by the term “Mental Health”?

_____
_____

2. What comes first in mind when reporting to an incident involving a person with Mental Health Issues?

_____
_____

3. As a first responding officer which are the most important factors in situations involving Mental Health?

_____
_____

4. Keeping these factors in mind, how do you usually tackle the report?

_____
_____

5. In your opinion, when it comes to Mental Health, what can be done to improve first responder’s work?

_____
_____

6. What advice would you give to new officers on handling incidents involving Mental Health issues?

_____
_____