

Commentary

Social Workers Cannot Yet Replace the Police

Until police officers are better trained in mental health crisis intervention techniques, many mental health calls are likely to need a both a social worker and a law enforcement officer.

By **Christine M. Sarteschi & Daniel Pollack** | March 22, 2021 at 04:42 PM



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The call for wide-ranging replacement of police by social workers is, at best, premature. It is a popular but inappropriate solution to the problem of incidents of police brutality, a term without a uniform definition. Social workers and police officers are indispensable in our society, but social work and policing are not similar professions.

In the United States, police need and have an immense amount of power. They can rightly or wrongly interfere with anyone's freedom at any time. They can search, handcuff, detain, and arrest individuals. They carry tasers and deadly firearms of all kinds. Social workers have none of these weapons.

Police enforce laws and maintain social order in ways that social workers do not.

Police academies, as Rosa Brooks pointed out in [The Atlantic](#), are paramilitary in nature. Their primary focus is on "police uniforms, weapons and equipment." A 2015 survey revealed a median of 58 hours was spent on firearms training, in addition to 40 hours on Constitutional law and legal issues. Schools of social work do not teach about firearms and touch more tangentially on firearms and Constitutional aspects of criminal law.

For those unfamiliar with social work, students undergo similar professional training and education akin to that of other mental health professionals. They earn either a Bachelor's or Master's degree in Social Work, complete a lengthy internship, and then must pass a test to become licensed. All of this must be done before someone can work as a social worker. Some continue their education, earning PhDs in social work.

Social workers comprise the nation’s largest group of mental health service providers. According to the Congressional Research Service, clinical social workers were “[the most abundant of the mental health professions](#),” even more than clinical psychologists, marriage and family therapists and psychiatrists combined. Moreover, their survey included only those employed by others and none who were self-employed.

Researchers in [The Lancet](#) recently examined collaborations between psychiatric practitioners, social work practitioners and law enforcement. The most effective approaches involved both co-responder or joint responses rather than either police or mental health professional response teams alone. As one set of researchers astutely noted, “collaboration between the law enforcement and mental health systems is crucial, and the very different areas of expertise of each should be recognized and should not be confused.” In a recent [article](#) regarding the role of law enforcement in welfare checks, the authors note that, “even when social workers can remove children without police assistance, most still request law enforcement presence because parents are less likely to react violently if police are present.”

Law enforcement professionals have become the first responders to many of the mental health crises in the United States. These interactions have been [especially hazardous](#) for people with serious mental illnesses. Studies have indicated that people with untreated mental illness in the U.S. are [16 times](#) more likely to be killed during police involvements than are those without mental illness.

In countries such as the UK, most officers do not carry guns. They must learn to resolve these incidents without resorting to deadly violence. In Scotland, police

have not shot “[a single person...in the last three and one-half years.](#)” One Assistant Chief Constable noted, “[we have 1.8 million emergency calls per year.](#)”

Lack of mental health training is a major shortcoming of law enforcement in the United States. The Police Executive Research Forum noted, in a 2015 survey regarding the training of officers, that they “...[spend much less time discussing the importance of de-escalation tactics and Crisis Intervention strategies for dealing with mentally ill persons, homeless persons, and other challenging situations.](#)”

This problem continues after graduation. In many police departments across the country, a one-time 40-hour course of Crisis Intervention Team (CIT) training is offered, but it is purely voluntary. As of 2019, the University of Memphis CIT Center reported [2,700 CIT programs](#) in the United States representing an estimated 15 to 17 percent of police agencies.

Officers who have received training behave in a qualitatively different way, than those who have not received training. They often expressed empathy and displayed creative problem-solving. They were kind and gentle, understood the nature of mental illness and its symptoms, and overall had a much calmer disposition. The HBO documentary *Ernie & Joe: Crisis Cops* powerfully demonstrates the importance of CIT-style training for police officers.

Officers who did not receive training often express anger. They may be angry simply because of having to deal with such a call. Untrained officers may have a tendency to bark orders, be impatient and can be short-tempered with obviously mentally ill individuals. This type of energy can inflame a situation as opposed to de-escalating it.

A new mental health crisis response system is needed to minimize law enforcement involvement. Such a crisis response system should include the services of social workers and other mental health professionals. Programs such as Crisis Assistance Helping Out On The Streets (CAHOOTS) in Eugene, Oregon and those in [Colorado](#) and similar programs, where police officers utilize mental health professionals and community case managers, have helped to keep offenders off the streets and out of jail. Such partnerships are essential to rebuilding trust in policing. Also important is being cognizant of the potential dangers involved in responding to some calls. Alicia Rodriguez, a former psychologist for the Honolulu police department warns, “[The hard thing is it can go from zero to 60 really quick and a crisis worker isn’t comfortable with that.](#)” Crisis worker safety must be paramount.

Until police officers are better trained in mental health crisis intervention techniques, many mental health calls are likely to need a both a social worker and a law enforcement officer. For now, one can supplement the other, but one cannot replace the other.

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