

Officer Mental Wellness

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National Command and Staff College, Session # 008

March 2021

Abstract

A law enforcement officer's mental health and wellness is paramount to their job function and to the overall function of their agency in serving the community. Agencies pay close attention to the physical health, legal, and tactical training of their officers but most are unaware of their officers' true mental well-being. It has been proven time and again that mentally unwell officers lead to negative interactions with the public, are prone to making errors and are involved in more accidents. This greatly damages agency credibility at a time when we as law enforcement are striving to exemplify professionalism and transparency. The law enforcement profession has similar stressors and conditions to those experienced by the military. The mental resiliency program that has been successful in the US Military could be adapted to be a productive solution for law enforcement. Mental wellness programs should address the five pillars of mental resiliency: Physical, Emotional, Social, Spiritual, and Family. Each of these aspects of a person's life provides stability and mental well-being. Mental wellness plans should be introduced and monitored throughout all law enforcement agencies. Making these profound organizational changes will require the application of sound leadership principles at all levels. We simply cannot afford to ignore the mental well-being of our officers.

Officer Mental Wellness

Law enforcement work is associated with increases in many forms of stress, including physical, psychosocial, and anticipatory stress. One in three officers are exposed to traumatic calls for service daily, including child abuse, domestic violence, car crashes, and homicides. Repeated exposure to these stressors and events may be associated with development of mental illnesses, such as anxiety, depression, posttraumatic stress disorder (PTSD), suicide and burnout. Police officers are stigmatized when they seek help for mental health issues. It can be damaging for the communities they are supposed to serve and protect.

In 2019, twice as many officers died of suicide compared with dying in the line of duty. For example, within the Buffalo, New York Police Department, the odds of committing suicide were 8.4 times higher among active-duty officers compared with retired officers. The code of silence within law enforcement is a real issue for agencies to overcome. (Jetelina, 2020, p.2).

Lafayette PD has had only 1 police officer suicide in the 27 years we have been employed. This suicide is one too many. According to national statistics, more cops kill themselves each year than are killed in the line of duty. “We spend millions of dollars keeping our officers safe with bullet proof vests and tactical training while we spend little to nothing to keep them mentally safe and prepared for the trauma they are bound to encounter. It is imperative that officers are given the tools to stay mentally healthy so they do not become depressed, anxious or suicidal”. (PoliceAcademy.com, 2019, p. 6)

Female officers have been reported to experience unique stressors in police departments which may be associated with higher levels of work overload and burnout. Interventions at police departments appear to be needed to identify officers experiencing mental illness and connect them to care in a systematic way, while addressing their concerns. Such

interventions may not only help reduce the rate of undiagnosed and untreated mental illness through connection to services but may be associated with improved work productivity.

It is the 'stiff upper lip, don't show any emotion, don't let anything bother you' mentality, but, of course, internally, the stress of the job is impacting you. The problem is, traditionally, if police officers were to ask for help, they ended up being placed on what we call the 'bow-and-arrow squadron' — their service revolver was taken away and they were given a desk job. (Mahbubani & McLaughlin, 2020 para.5).

According to a report by Law Enforcement Mental Health and Wellness Act report to Congress (2019) the Community Oriented Policing Services division of the Department of Justice said the daily realities of being a member of a police department put officers at risk of developing post-traumatic stress disorder, anxiety, depression, mania, and panic attacks.

Crisis Intervention Team can help officers help themselves. CIT features law-enforcement officers, mental-health professionals, and people who live with mental illnesses and their families. “Peer group participation in behavioral health has also shown to improve the quality of life, improve engagement and satisfaction with services and support, and improve whole health”. (PoliceAcademy.com 2019, p.13). It is a collection of years where an officer makes poor decisions in just a few seconds and then it compiles over years into a significant, negative event.

By giving officers the tools to recognize symptoms of stress, a search on Google revealed the following sites: Blue Help.org, Copline.com, Peer to Peer, EAP (Employee Assistance Program). At Lafayette Police Department an officer can receive up to 3 counseling sessions for a specific event as well as annual Health Screenings to check blood sugar and cholesterol levels.

Literature Review

It has been noted by the Addiction Center of American, that people working in the law enforcement field are at a higher risk of suicide than any other profession. This figure is also triple the number of law enforcement officers who died in the line of duty. We believe through our experience the high suicide rate among law enforcement officers is due the ease of access to deadly weapons, intense stress, and human devastation that these officers are exposed to daily. It has been found that 13 out of every 100,000 people die by suicide in the general population, but that number increases to 17 out of 100,000 for law enforcement personnel with the states of California, Florida, New York and Texas having the highest rates. Studies have shown that the average officer witnesses approximately 188 critical incidents during their careers. This exposure to horrific events leads to multiple mental health issues which are often left untreated. (IACP, 2018)

The rates of post-traumatic stress disorder and depression amongst law enforcement officers is five times higher than that of the civilian population. Many officers turn to substance abuse to self-medicate to forget the traumatic events experienced while on duty. This can lead to the abuse of alcohol and/or drugs which can affect both their work performance and relationships at home with family. Failure by leaders within an organization to recognize an officer in mental distress can lead discipline for bad behavior, lawsuits and or termination of the employee. (Addiction Center, 2019).

Leading research by the Ruderman Foundation indicates that the key to ending the trend of suicide amongst law enforcement is for leadership to move away from how they view officers seeking mental health assistance as a sign of weakness. It has been noted that only 5% of law enforcement agencies in this country incorporate suicide prevention training programs. This is

simply unacceptable. As leaders in our agencies, we need to institute change in order to make programs like suicide prevention and mental health awareness readily available. We should encourage our officers to use these programs as it will make them better officers for their families and the public. We must lead the charge to erase the culture of silence where our officers are suffering alone and do better at recognizing the signs of an officer in distress. (Addiction Center,2019).

As law enforcement leadership, we must also realize the importance of emotional and physical health as it can decrease both anxiety and depression, improves self-confidence and increases the ability to deal with the daily stressors so often encountered with the job. A physically fit and emotionally well officer has increased alertness, productivity, lower absentee rates, and healthcare cost. Research has shown that most officers are obese and are more likely to suffer from metabolic syndromes like high blood pressure, high blood sugar, excess body fat, abnormal cholesterol, and or more prone to injuries. These officers are also more prone to errors which can harm their reputation and the reputation of their agencies with the public. (IACP, 2018)

It is agreed that an all-round healthy officer should exhibit a balanced lifestyle to ensure that they are providing the public with the best officer possible to serve the community. Studies conducted in May 2018 by the Substance Abuse and Mental Health Services Administration has shown that law enforcement officers have the poorest physical health when compared to the general population. Many agencies need to improve in their view of officer wellness programs by promoting policies and programs such as the Peer Response Program suggested by the Commission on 21st Century Law Enforcement.

These programs should include everyone's input with a clear plan to unveil them to the staff and make the public aware that their law enforcement agency had made efforts to improve the wellness of the officers that serve in their communities. The officers and the public must believe their leaders fully support the wellness program and must see that the wellness program covers their emotional wellbeing, physical wellbeing, and mental wellbeing. As leaders, we cannot expect our officers to operate to the standards we expect of them and the public expects from them if they themselves are not mentally, emotionally, and physically well.

Solutions?

Law enforcement agencies are quasi-military or para-military organizations. Having personal experience in both the US military and multiple law enforcement agencies, I have observed that there are numerous similarities shared by both. Law enforcement agencies have some sort of rank structure which is usually based on military rank structure. Most law enforcement agencies use a chain of command model for workflow communication and command like the military. Law enforcement agencies even have disciplinary charges like the US military's Uniform Code of Military Justice (UCMJ). An example of this is that most agencies have a charge called "Conduct Unbecoming an Officer". This charge originated with the US Military. Since there are so many similarities between military and law enforcement, maybe we can look to the military for answer on mental health wellness. During the Global War on Terror (GWOT), the US Army started to experience a surge of soldiers who were suffering from PTSD and other mental health issues because of deployments and stress. The US Army researched the problem and determined that a holistic approach to comprehensive soldier fitness that included mental wellness was the best solution (Waskewich, 2019, para. 13). The US Army focused on mental resiliency. The US Army saw that due to the stress and danger that soldiers

may face in combat would require a different model to reduce stress than the average citizen may rely upon. Soldiers must learn to manage stress, mitigate stress, and recover from stressful events. The ability to recover from stressful events before they become a disorder was the goal. According to Wikipedia.com, mental resiliency “is the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly. Resiliency exists when the person uses mental processes and behaviors in promoting personal assets and protecting self from the potential negative effects of stressors. In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences.” (Mental resiliency, 2021). The US Army decided to focus on five areas that affect mental resiliency. “Resilience drives personal readiness, and personal readiness relies on five dimensions, sometimes called pillars: Physical, Emotional, Social, Spiritual, and Family. Sustaining healthy behaviors within and across these dimensions is essential to personal readiness” (ARD: Five dimensions of personal readiness, n.d. para 1). The U.S. Army has had success with the program greatly reducing the likelihood that soldiers with mental resilience training will be diagnosed with mental health issues or drug/chemical dependency issues (Harms, Herian, Krasikova, VanHove, & Lester, 2013). Let’s look at how each of the pillars supports mental resiliency and how law enforcement can adapt and address these issues to benefit LEOs.

Physical

The human body is not a closed system. We are affected by stresses and stimulus from both inside and outside our bodies. Humans are open systems that have countless interactions. While we cannot control most outside stresses and stimuli, we can control and/or manage many of the internal issues that affect us. Our physical fitness and health can have great impact on our

mental health and wellbeing. Being physically fit can help officers feel less fatigued, which will lead to better decisions and increased confidence. Stressing the importance of getting adequate sleep, eating a healthy diet, and daily exercise must be addressed as part of any mental wellness program. (ARD: Five dimensions of personal readiness, n.d. para. 2)

Spiritual

According to the Army Mental Resilience Directorate's website, "A sense of purpose in life, core values, personal self-worth, and optimism are key factors that can help a person draw upon and channel inner strength and resolve in the face of adversity. Religious participation and/or a sense of spirituality are recognized as effective protective factors against certain negative behaviors" (ARD: Five dimensions of personal readiness, n.d. para. 5). Agencies must acknowledge and plan for ways to help strengthen the spiritual side of their LEOs. Most agencies have a chaplain who officers can speak with in times of trouble. We recommend that agencies become intentional and progressive in this arena. Agencies should stress their vision and mission statements in all aspects of their operations. These usually point to a higher purpose or "calling" which can help to guide and strengthen LEOs. Agencies should develop a strong chaplain corps which is highly involved with officers. Building trust and rapport with LEOs during the "good times" will help chaplains aid LEOs in recovering from the "bad times".

Family

The old saying goes, "a happy wife means a happy life". While much has changed, the employee who is experiencing troubles on the home front will likely have decreased performance at work or be more likely to have difficulties in handling stress (Zetlin, 2013, para. 2). The family should be a source of support, a place of refuge, and replenishment for the officer. When LEOs have marital/relationship problems, financial problems, children's

behavioral issues, the stress can be overwhelming and lead to breakdowns. Agencies should implement programs that teach LEOs how to address these issues in a healthy and effective manner. Agencies can have programs that teach their officers how to handle their finances and budget their money through financial planning and debt prevention/elimination training. Many agencies currently offer some form of marriage counseling. We recommend that agencies go one step further and be proactive by offering marriage/couples/family seminars and conferences. This goes to strengthening the family/relationship bonds on the front end. Agencies should offer behavioral health clinics specifically aimed at helping parents learn effective strategies for raising children.

Emotional

We are emotional creatures and these emotions affect our mental wellness and our interactions with others. Nobody is going to be happy all the time. Emotions like happiness, anger, sadness, anxiety, and fear are important in the way that we mentally survive, heal, and adapt to a traumatic event (ARD: Five dimensions of personal readiness, n.d. para. 3). So many LEOs have never been trained in how to identify and manage their emotions. We recommend that agencies invest heavily on emotional intelligence training for their officers. Giving officers the ability to be self-aware of their emotions and how they affect their performance can also lead to better mental resiliency. Leaders and supervisors in the agency should be involved in the emotional intelligence development of their subordinates. This will help foster communication and trust which will be necessary for any plan to be successful.

Social

Our ability to connect with others and maintain those healthy connections is critical to developing mental resiliency and ultimately living a long and happy life. According to the

Harvard study on happiness, the biggest predictor of happiness and long life is having quality long terms relationships with other humans. Having just one close relationship can dramatically improve the chances that an officer will overcome a setback or tragedy versus going it alone (Waldinger, 2016) Agencies must train, encourage, and mentor LEOs on how to build and maintain close, healthy relationships with others both inside and, especially outside, of law enforcement.

Leadership Role

The struggles with officer's mental health must be addressed by leadership within the department or agency. The first thing that must occur is removing the preconceived notion and stigma that officers are weak who need or seek help. This has long been an issue with leadership and veteran officers who would look down upon these officers. This has created embarrassment and has made officers ignore issues which may manifest. Agencies should support a culture of vulnerability, meaning "it's okay not being okay" which will help eliminate the stigma from within and promote empathy and understanding. (Collins & Genovese., 2020, para.18)

Leadership should establish peer support groups (Crisis Intervention Team) within its own agencies because law enforcement officers are more likely to discuss issues amongst themselves than with outside personnel. This is not a common practice but agencies that did found it helped more than other mental practices. (Collins & Genovese, 2020, para.19)

A common practice utilized by leadership is setting up an employee assistance program (EAP). Even though this is a good practice they are often underutilized and often misunderstood by what resources they provide. This can be corrected by leadership centralizing mental health resources and promoting the utilization of free resources. Often EAP programs provide resources and counseling for the officer's families at no cost. Even though counseling may be provided to

the family, it must be used to help promote mental wellness. When EAP is promoted by the leadership and used by other members of the officer's family, it will assist in the buy-in for the officer.

Leadership needs to recognize the impacts of understaffing and social issues on its staff. It is important to emphasize mental health awareness during the ongoing nationwide shortage and time of turmoil. Researchers have found that officers were 28.4% more likely to seek help for symptoms related to mental illness when they had received an extra hour of sleep; thus, it is imperative to better understand the impact of shift work and sleep deprivation on officers. (Dockstader, 2019, para.11)

Regular mental wellness checks should be required by an agency leadership. This promotes conversation and normalizing of reviews. This will assist in peers discussing mental concerns with each other. There are differences of opinions when to conduct these wellness checks but annually seems to be the most preferred method. These annual wellness tests are also recommended by the International Association of Chiefs of Police (IACP). Conducting these wellness checks are a good way to promote mental health and "making sure nothing slips through the cracks." (Collins & Genovese., 2020, para. 24)

Law enforcement leadership needs to learn from the past and be more proactive on focusing on the education of mental health after post-traumatic events. Leadership should establish guidelines and follow through for major incidents. After the Sandy Hook Elementary School shooting the National Alliance on Mental Illness (NAMI) developed procedures to address the mental health of officers after a mass casualty event.

Agencies' leadership needs to continue to ask questions concerning how to better develop a plan of action to address mental health issues. Leadership needs to determine whether they are

a hindrance or part of the solution. If the leadership is a hindrance, they should re-evaluate their position for the health of the agency and its officers. If the leadership of the agency has buy-in, it will motivate employees to follow through with the help that is needed and promote a more productive officer.

Conclusion

Our findings in regard to this capstone project are that officer mental wellness is a priority for the survival of the law enforcement community. In our research process we discovered there are many avenues of intervention available. It is imperative of leadership to be involved in the mental health of their officers. This will build effective and credible leadership within the agency. When leadership has a clear plan to assist officers in their time of need it will motivate the officers to seek the necessary assistance.

References

- ARD: *Five dimensions of personal readiness*. (n.d.). Retrieved March 24, 2021, from <https://www.armyresilience.army.mil/ard/R2/Five-Dimensions-of-Personal-Readiness.html>
- Collins, J., & Genovese, M. (2020, May 06). *How police leadership can respond to officer mental health crises*. Retrieved from, <https://www.police1.com/chiefs-sheriffs/articles/how-police-leadership-can-respond-to-officer-mental-health-crisis-3zrmdFnjtpoYLOyR/>
- Dockstader, J. (2019, June 06). *Steps police leaders can take to improve officer mental health*. Retrieved from, <https://thebluedispatch.com/steps-police-leaders-can-take-to-improve-officer-mental-health/>
- Harms, P. D., Herian, M. N., Krasikova, D. V., VanHove, A., & Lester, P. B. (2013, April). *The comprehensive soldier and family fitness program evaluation report #4: Evaluation of resilience training and mental and behavioral health outcomes*. Retrieved from, <https://ppc.sas.upenn.edu/sites/default/files/csftechreport4mrt.pdf>
- Jetelina, K. K. (2020, October 07). *Prevalence of mental illnesses and mental health care use among police officers*. Retrieved from, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771400>
- Mahbubani, R., & McLaughlin, K. (2020, June 14). *Police officers stigmatize seeking help for mental-health issues. it could be damaging for the communities they're supposed to serve and protect*. Retrieved from, <https://www.insider.com/police-officers-stress-mental-health-stigma-impacting-public-2020-6>
- Martin, S. (2019). *Report on fop/nbc survey of police officer mental and behavioral health*. Retrieved from, <https://fop.net/CmsDocument/Doc/OfficerWellnessSurvey.pdf>
- McAuliffe, B. (2019, June 14). *We need a new approach to law enforcement officer mental health*. Retrieved from, <https://www.lexipol.com/resources/blog/why-we-need-a-new-approach-to-law-enforcement-officer-mental-health/>
- Officer safety and wellness symposium*. (2018). Retrieved from, <https://www.theiacp.org/OSWSymposium>
- Police officers and firefighters are more likely to die by suicide than in line of duty*. (2018, April 10). Retrieved from, https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/
- Psychological resilience*. (2021, February 27). Retrieved from, https://en.wikipedia.org/wiki/Psychological_resilience
- Waldinger, R. (2016, January 25). *What makes a good life? Lessons from the longest study on happiness, Robert Waldinger*. Retrieved from, <https://www.youtube.com/watch?v=8KkKuTCFvzI>
- Waskewich, M. A., Jr. (2019, September 20). *The value of resilience, building a better soldier*. Retrieved from, <https://www.armyupress.army.mil/journals/nco-journal/archives/2019/september/the-value-of-resilience/>
- Zetlin, M. (2013, July 08). *Employee facing personal problems? Here's what to do*. Retrieved from, <https://www.inc.com/minda-zetlin/employee-facing-personal-problems-heres-what-to-do.html>