

Mental Health in Law Enforcement: The Silent Threat

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Abstract

Over the last several years suicides among police officers appear to be on the rise. Many departments are just starting to identify and treat officers who may be dealing with mental health issues. Officers who suffer from Post-Traumatic Stress Disorder (PTSD) and mental health issues can take on a variety of self-destructive behaviors. Often leaders attempt to solve the symptoms of these behavior choices through discipline and other authoritarian solutions. Today's law enforcement leaders must be informed, educated and trained to understand the need for continued education of themselves and their employees, provide a variety of support programs, and be open to providing a variety of treatment options for their employees. Leaders will need to promote the need for more research and be flexible in their methodologies to allow officers the remedies and solutions they need to combat any mental health issues.

Negative Effects of Mental Health Injuries and Illnesses

Law enforcement officers do the work of a hero but they are only human and are subject to feelings and emotions too. We respond to some of the most traumatic and horrific events the world can throw at us and it can very well affect our mental and physical well-being. In some cases, the effects can take years to manifest and surface, while other incidents are so traumatic, they are immediately devastating to the law enforcement officer. According to the National Alliance on Mental Illness, law enforcement reports a much higher rate of depression, Post Traumatic Stress Disorder (PTSD), burnout, and other anxiety related mental health conditions compare to the general public (NAMI, 2016). Along with the health considerations, officers also struggle with relationships and substance abuse. Depression can sneak in slowly, beginning with minor mood changes, then gets progressively worse, until a person wonders, “what’s the use in living?” Depression is not a life sentence; nor is it a sign of weakness. Depression is not something you “just get over” or should be ashamed of (Olson & Wasilewski, 2017). Most officers refuse to identify the issues they may be experiencing personally when they are great at helping others. One of the reasons officers are slow to understand their own mental health illness is due to the negative stigma attached to seeking help. They are afraid to seek help as this can be seen as weak or mentally unfit to perform the job. Depression and PTSD are directly linked to the number one cause of death among law enforcement- suicide. Various studies document 25-40% of all law enforcement officers suffer from some form of mental health disorder/illness which can be treated.

Depression and Substance Abuse

As depression continues to set in, many officers will turn to “the bottle” to legally self-medicate and find temporary relief from the daily stressors. While many view alcohol use as a

normal way to manage stress, few expect it to grow into a problem of its own, and they don't anticipate the toll it will take in their ability to do their job (American, 2018). For years, alcohol was the most abused substance among law enforcement; today it is painkillers (Gonzales, 2018). Law enforcement leaders should be aware of employees who have a sudden decline in their work performance and an onset of excessive absenteeism or tardiness. We often overlook the physical manifestation of substance abuse which may include simple things such as headaches and sweating. Another physical indicator is unexplained weight gain or loss (without an exercise regimen). Depression will affect an officer's emotional stability and how they interact with fellow employees and peers re-directing their moral compass in a direction of self-destructive behaviors. From a leadership perspective, an employee suffering from untreated depression can negatively affect the organization and community through use of force, integrity, or domestic violence complaints (Gang, 2019).

Effects on Family Life

Law enforcement officers tend to have two lives; personal and work. While both "families" may co-exist, the two are generally very separate and distinct. Police Officers work odd hours and often neglect their family duties due to the hours they keep. Officers tend to spend more time with other cops and are good at showing disdain for everyone (including their family). Officers also tend to remain closed off and distant with their feelings, so the family feels detached from their loved one. These factors lead to severe relationship problems that could result in divorce. Law enforcement has a divorce rate of 14.47% while the national average is slightly higher at 16.35% (Roufa, 2019). Don't let the low rate fool you, many law enforcement families are engaged in unhealthy relationships. Again, organizational leaders must

monitor their employees' well-being on and off the job to prevent negative consequences from intruding into the organization.

Role of Leadership

The mental health epidemic in law enforcement is a subject that cannot be taken lightly. Police Officers and Dispatchers are exposed to many traumatic incidents throughout their careers and never receive proper treatment for their experiences. Dispatchers answer distress calls, relay the information to police officers and send them to the location of the problems. After officers arrive at the location of the incident, Dispatchers must wait until they get a response from the officers to make sure they are safe. Sometimes they are in communication with the officers and hear incidents as they unfold. These experiences can be traumatic because they want to do more to help but cannot due to being confined to their workspace, the Communication Center, and are concerned for the safety of the officers, who they have befriended.

Exposure to Traumatic Events

Police Officers have firsthand experience with traumatic incidents. They respond to different types of calls and are exposed to some terrible circumstances. Unfortunately, Police Officers must respond to fatal automobile accidents, domestic violence situations, homicides, suicides and even deaths of infants. During any tour of duty, an officer can be dispatched to a call in which they observe people dying or already deceased. The scenes can be very graphic with the display of mangled or separated body parts, large amounts of spilled blood and in some cases, brain matter. Along with the incidents, Police Officers are sometimes victims of accidents, assaults and even homicides themselves. While responding to a call, a subject could be distraught, under the influence of a substance or have a mental illness and attack an officer that is there to help. As an example, from personal experience of one of the authors, there was

an incident that occurred in Racine, Wisconsin in the mid 2000's which an officer responded to a location for a report of a runaway. While gathering information from the parent, the parent went into the house, came back with a pair of scissors, and stabbed the officer in the neck. The officer survived but was not the same after the incident and eventually left the law enforcement profession.

Law enforcement personnel's exposure to traumatic incidents can and often leads to mental health issues. While an incident may last a few seconds, it can have a long-lasting effect on the mental health of the members exposed to the event. Put yourself in the place of an officer that makes a "typical" traffic stop and an occupant attacks the officer with a weapon. The officer fires his/her duty weapon to neutralize the threat and kills the suspect. This is a familiar incident to law enforcement that only last a few seconds, but the mental repercussions last longer. Due to the expectations of the public safety profession, the effects of a traumatic incident often go untreated and sometimes unnoticed. This is a practice that can no longer be accepted in law enforcement. The overall mental health of police agency personnel must be addressed imminently by leadership.

Most Effective Leadership Style

The role of leadership is significant in order to recognize and combat mental health issues amongst police personnel. It is imperative that leaders are authentic and use the principles of authentic leadership when addressing this concern (Normore, 2019). Leadership within the organization must be intentional, genuine, and persistent. An authentic leader must have a high level of emotional intelligence and a strong moral compass. A leader's emotional intelligence and their moral compass can guide the leader to make sound decisions in regards to the programs they choose to support for their officers mental health. Through their emotional intelligence they

will be able to show compassion and trust towards individual officers who may be struggling with mental health issues. The authentic leaders' emotional intelligence can also allow them to remove emotions from their response if an embarrassing or difficult situation occurs for the department. The authenticity of the leader will be reflected to others within the department. This will be important to obtain the buy-in that is necessary to implement strategies to help members cope with mental health issues. If the leadership cadre is not on board and in agreement with the direction of department's stance on mental health, it will be noticed and will not be as effective as it must be. This in turn will render the strategies or programs ineffective or not as effective as it could be.

Authentic Leadership is being yourself, staying on track with your values, preferences and needs as opposed to trying to please others (Normore, 2019). The reason Authentic Leadership is the most effective style for combating mental health within a police organization is because the leadership group will be true to who they are and lead from the front regarding a subject that is taboo to the profession. Authentic Leaders will be an example to their followers by taking the first steps and demonstrating the necessary change for the good of the organization and not for themselves. These leaders display sympathy and most importantly, empathy and are not afraid to share their experiences to help others.

The leadership's behavior and attitude toward mental health will be the critical catalyst for the effectiveness of any program the department decides to implement (US Military Academy, 1988). No matter the size of the department, the various and unique roles within the department, leaders must make their programs for officers mental health a priority. It is paramount for the health and well-being of their organization. Usually when police leadership is mentioned, most believe the reference is to a chief, a sheriff, a director or the top person within

an organization. Leadership refers to all persons within a leadership role, either appointed, elected or informal. All leaders must work together for a program to truly be effective.

Culture of Law Enforcement

Mental health issues in law enforcement is a critical and sensitive topic for the public safety profession. The profession is one that is known to be tough physically, emotionally and mentally. Law enforcement personnel admitting to having problems that derive from exposure to traumatic situations is difficult because of the culture. This in our mind, is a sign of weakness and we don't want to display vulnerability to anyone. Police Officers are trained to respond to calls of community members with mental health issues, but now, we are being asked to respond to police personnel with these problems. How is this accomplished?

Responding to and helping individuals in law enforcement with mental health problems is accomplished through leadership. Leadership must step up and change the culture within their organizations to help their members. Leaders must recognize that there is a problem with members being introduced to various critical and traumatic situations. They need to establish a relationship with their people, listen to them, observe their behavior and work with them to create programs of help. Due to the sensitivity of the issue and the members that will be affected, leaders from all levels must be included in the strategic planning of the solution. The solution will change the current culture of a police organization and cultural change does not occur from the top to the bottom. Nor does it change from the bottom to the top. Cultural change is accomplished laterally (Wooten, 2019).

Agency Program Options

The need for police agencies to establish policies, trainings and peer support programs to recognize, support and provide resources to officers dealing with PTSD, depression, and anxiety is something that can no longer be ignored in the law enforcement realm. According to Michael Sisak and Jim Mustian the nine officers from the New York Police Department who have committed suicide since January 1, 2019, led to the NYPD commissioner declaring a mental health emergency for his department. What most people don't know, is the NYPD had already implemented efforts to encourage officers to seek help for depression and other mental health problems. After the ninth officer had died by suicide, the Mayor of New York City, Bill de Blasio, stated "It's extraordinarily painful. We have lost officers in the past, but this concentration is devastating. We're going to do everything conceivable to help officers and to stop this" (Sisak & Mustian 2019, para. 4).

With the Mayor of New York City recognizing and being willing to talk openly about police suicides in his city, law enforcement leaders around the country are hoping to change the mindset of officers needing support to manage and possibly overcome PTSD, depression, and anxiety. The reality is police officers are not exempt from experiencing PTSD, depression, and anxiety, which could ultimately lead them to take their own life. One of the biggest obstacles to encouraging officers to come forward and ask for help is the fear they will be labeled "unfit for duty" and be cast aside as a liability to their department and could possibly lead to their termination.

Promoting a Supportive Culture

How do agencies proactively establish a culture of support and solution focused approaches to officers dying by suicide? First, agency leaders need to implement a "model of

wellness” approach which is accessible to all in law enforcement. It is important for agencies to remember that police agencies need to include their dispatchers, civilian administration and retired personnel in the wellness model that they create. Two particular examples worth consideration for leaders to assist in providing a supportive culture are The Asher Model and Blue H.E.L.P.org.

The first example is the Asher Model. According to Police Chief, Neil Gang of the Pinole Police Department, one of his officers died by suicide. The officer who killed himself on Chief Gang’s watch was Officer Asher Rosinsky. This led to Chief Gang creating a 7-point approach to culture of wellness for his agency known as the “Asher Model.” Chief Gang implemented the Asher Model because after Asher’s funeral, Chief Gang explained, “We returned to work and it was business as usual. I mean we are supposed to be mentally tough warriors, sworn to protect and serve, what would we need? NOTHING!” Ultimately Chief Gang realized “nothing” could and would not be the answer to the police suicide epidemic (Gang, 2019, para. 3). The “Asher model” consists of seven approaches to law enforcement wellness:

1. Awareness – Create an environment where “it’s ok to not be ok.” Have open and honest discussion.
2. Peer Support – Create a proactive, trained peer support team, along with a dog therapy program.
3. Solution-focused approach – Focus on solutions and not the problem. Educate agency personnel on the Cordico Shield Employee Wellness App. This App is accessible 24/7/365 to powerful resources, all confidential and anonymous and would also benefit the millennial and Z generations due to their technology abilities.
4. Resiliency – educate employees on resiliency, mindfulness, PTSD, emotional

- intelligence.
5. Healthy Habits – encourage physical fitness and healthy eating habits. Allocate funds to build or update agency fitness facility and provide a refrigerator to keep healthier food options.
 6. Spirituality – Develop a police/clergy coalition, chaplain program and programs such as, “Pray with the Police”
 7. Family – Involve family from the orientation process forward. Provide books on key topics for employees and families i.e. (Emotional Survival for Law Enforcement by Dr. Gilmartin). Provide relationship, financial wellness and retirement preparation resources from rookie to retirement. The Cordico Shield App supplies all the above resources as well (Gang, 2019, para. 11-16). The Asher model allows the agency to affect numerous organizational sub-systems. Using this model, it allows the growth of personal and organizational communication, the forming of numerous support groups in order to allow the program to effectively make significant changes when faced with a tragedy of officer suicide.

Another possible option for leaders to consider is a nonprofit out of Massachusetts called Blue HELP.org. According to the bluehelp.org website, their core values are “Honor. Educate. Lead. Prevent (HELP) (bluehelp.org, 2019, para. 1). Their Mission: “To help reduce mental health stigma through education, advocate for benefits for those suffering from PTSD, acknowledge the service and sacrifice of law enforcement officers we lost to suicide, assist officers in their search for healing, and to bring awareness to suicide and mental health issues (bluehelp.org, 2019, para. 2). One focus of Blue HELP is to bring honor and integrity to officers who have died by suicide. Law enforcement suicide statistics found on the bluehelp.org website

list the following: In 2016 there were 142 suicides; 2017 there were 169; 2018 there were 167; and as of October 16, 2019, there are 172 suicides (bluehelp.org, 2019, para. 3). Adding a department psychologist, increasing the number of department counselors, utilizing resources like the Asher Model and Blue H.E.L.P. are all vital components to supporting an officer experiencing mental health issues.

Technology and Treatment Options

Since identifying the importance of mental health in law enforcement, there are many areas that are being explored to help officers before and after a traumatic event. Some of the breakthroughs have come through exploring mental health treatment alternatives, and the use of technology has also started to play a pivotal role. Both routes are being evaluated on an ongoing basis to identify the best results for the end user. With both technology and therapy, they are sharing the common goal of faster identification and treatment to minimize the mental damage on the officer involved.

Technology

With technology ever evolving people are finding ways to incorporate the benefits of such things as biometrics to provide feedback on a person's performance, and the direct correlation to their mental health. With biometrics, they utilize a persons' heart rate and sleep pattern and how it correlates to mental health. In an article published by Erin Dietsche, an author for MedCity News spoke about Medibio, an Australian publicly traded company whose U.S. headquarters is located in Savage, Minnesota. In the article she said, "Its technology utilizes biometrics (like a person's heart rate and sleep patterns) to gain insight about an individual's mental health and the factors influencing it. For instance, a lack of sleep and too much sleep are tied to certain mental health conditions. The biometric data is gathered through the use of

Medibio's technology on a wearable, such as a Fitbit, Apple Watch or Garmin" (Dietsche, 2018, para. 1). When mental health issues arise they manifest themselves in many ways, too often those manifestations are not readily observed by both the lay person or trained psychologist. In an article written by Peta Slocumbe, the former Senior VP Corporate Health, Medibio she mentioned significant issues that biometrics can solve. Slocumbe said that the following significant issues could be solved through the use of biometrics:

Problem 1: Assessment and monitoring needs to be objective. The onset of, and recovery from, a mental health disorder needs to be as measurable as low blood sugar is to diabetes or low iron is to anemia. Quantifying mental health will reduce the stigma, increase treatment compliance and enable more appropriate insurance and workplace support.

Problem 2: Clinicians need something other than self-report and observation to support their decision making. No other area of medicine is tasked with diagnosis with no blood or urine tests, x-rays or physical examinations. Giving GPs, Psychiatrists and Psychologists a dashboard of biometrics as decision support tools will enhance both diagnosis and treatment effectiveness.

Problem 3: Mental health disorders are primarily cyclical and episodic in nature. You don't have it or not have it – nor do you treat it and cure it in most cases. Most people move between depression and anxiety at some point – there is no one cause and no one treatment. Tracking the cycles on your smartwatch before they become unavoidable takes us closer to changing them. Care plans need to be deeply personalized based on these cycles (Slocumbe, 2018).

There have been other studies where technology such as smartphones and apps associated with them are being used to identify mental health deficiencies. One of the most recent studies also identified the development of applications on smart phones that can be used to cover a wide

array of mental health issues. An article published by the National Institute of Mental Health spoke about an app that helps with illness management and supported care. The author of the NIMH article said, “This type of app technology adds additional support by allowing the user to interact with another human being. The app may help the user connect with peer support or may send information to a trained health care provider who can offer guidance and therapy options. Researchers are working to learn how much human interaction people need for app-based treatments to be effective” (NIMH, 2016).

By utilizing technology such as biometrics or apps we could outfit each officer with a device similar to a wristwatch and download applications to their smart phones that would have prescribed trigger points that show spikes in heart rate and also assess sleep patterns along with giving them instant access to peer support or a trained health care provider who could offer guidance all with the end goal of ensuring the officer is at optimum performance for their mental health.

Therapy Options

The traditional methods of laying on a couch and telling a therapist your problems has expanded to include other methods of delivery. The hope is that the other methods will help heal the brain faster. John Riddle authored an article for PsyCom that spoke to the history of EMDR. Riddle noted the brief history of EMDR when he said, “In 1987 psychologist Francine Shapiro developed a new type of psychotherapy known as EMDR, which stands for Eye Movement Desensitization and Reprocessing. EMDR therapy has become a more common treatment in recent years as a treatment option for people suffering from anxiety, panic, PTSD, or trauma” (Riddle, 2018, para. 1). Officers are exposed to trauma many times within their career. If not

addressed the trauma builds up in their head and there is little to no resolve to the negative thoughts surrounding the traumatic event.

One of the authors of this capstone paper was involved in an incident in 2004 where another deputy was killed in the line of duty. Back when the event happened this author was only offered a group debrief with a therapist and was back on duty within fifteen hours of the incident, being told that being at work would be the best way to get his mind off the incident. In 2019, this author elected to seek therapy over unresolved issues that were brought on from various traumatic events. The therapist immediately recommended Eye Movement Desensitization and Reprocessing known as EMDR as a way to resolve the event. The EMDR session took approximately 2 hours, during that time a vibration paddle was placed in both hands of the author. The EMDR certified therapists then asked the author to close his eyes and she walked him through the event from pre event, to graphic detail during the event and then post event. The vibration paddles in the authors hand alternated vibration between right and left which correlated with the remapping of the brain through the traumatic event. The session didn't erase the memory of the event, but it did help with unresolved and unanswered mental conflicts. After the session was over the author felt mentally drained, but at peace with the death of a fellow deputy and knowing that there was nothing that the author could have done to change the outcome. For some of the other stress the author was experiencing with unresolved trauma and current work environment the therapist recommended the author try whole body vibration mat therapy. Dr. Edward Laskowski published an article for the Mayo Clinic speaking to the benefits of this form of therapy. According Laskowski, "Advocates say that as little as 15 minutes a day of whole-body vibration three times a week may aid weight loss, burn fat, improve flexibility, enhance blood flow, reduce muscle soreness after exercise, build strength and

decrease the stress hormone cortisol” (Laskowski, 2017). The author started this therapy in 2019 as well, and to date has done eight sessions. After each session the author noticed an immediate overall improvement in both his mental and physical health. Through the advancement of technology and other therapy options the future of mental health vitality for officers is looking a lot brighter. The technology and therapy options will aid in the cost avoidance of officers being out for extended periods of time or losing them to either PTSD or suicide.

Conclusion

Today’s law enforcement leaders have a moral and spiritual responsibility regarding the importance of their officers mental health. The International Association Chiefs of Police stance as stated in the 2014 symposium “*IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicides*” “it is the IACP’s position that no injury to or death of a law enforcement professional is acceptable” (p. 15). The need for strong credible leadership is paramount to confront mental health issues and the tragic consequences that may result from unidentified and untreated mental injuries and illnesses among their officers.

Command leaders need to encourage their peers locally and nationally for more research and funding to help support their agencies and officers who suffer from the effects of mental health issues. Agency leaders will need to commit themselves and their agencies to providing a variety of programs, resources, support and training to combat the silent war that is being waged on their officers. A war that has been proven in recent years to have one of the deadliest enemies an officer will ever face.

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