Mental Health in Law Enforcement

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Abstract

To understand mental health in law enforcement you must first understand what mental health is, and the signs and symptoms projected by the affected person. In this discussion, we will provide vital information on the mental illnesses that affect law enforcement. It is imperative that Command Staff, peers and lower level employees all take a part in the observations of each other to insure that issues do not pass by the way side without taking action. This capstone will explore various issues that impact the mental health of law enforcement. Included in the discussions are hiring practices, identification, prevention, developing and implementing mental health wellness programs.

Mental Health in Law Enforcement

Law Enforcement Executives and organizations must pay attention to the well-being of all officers on and off duty. Officers are suffering in silence from mental illnesses due to the stigma of being weak. Law enforcement officers are under more stress today due to human factors such as physical conditioning, personal/internal conflict, environment, society, fatigue and many other unknown aspects. Law enforcement officers continue to struggle with mental illness, a topic that has been deliberated, and disregarded over decades (Olson & Wasilewski, 2016)

Mental illness and suicide have no social or economic boundaries; it affects everyone. Suicide, depression, PTSD, anxiety and addiction are all factors that contribute to mental illness and will be discussed throughout this information distribution process. We should all be magnanimous in our knowledge of accessing the signs and symptoms of mental illness of an officer who is struggling with these symptoms. We, as executive leaders, must know the proper steps in getting help to our suffering brothers and sisters in law enforcement. Leadership's role is to develop protocols supported by action plans and implementation of prevention initiatives assuring that each officer affected has the means to receive the treatment necessary to help them during the healing process. Organizations must develop policies and procedures that systematically instruct the processes of getting help for the officer suffering from mental illness.

It is important to discuss these topics to give leaders in law enforcement situational awareness of mental illnesses and the signs that stem from these illnesses. This is followed by a presentation of mental illness, depression, anxiety, addiction and substance abuse, Post-

Traumatic Stress Disorder (PTSD), suicide, hiring practices, and the implementation and resources to provide mental health services to your agency.

Mental Illness

These are signs, symptoms and disorders that are often seen to effect law enforcement officials. This illness can be career ending or even life ending if not recognized by peers, leaders and family. The definition of mental illness is any of a broad range of medical conditions. Some examples are as follows: e.g., major depression, schizophrenia, obsessive compulsive disorder, or panic disorder that are marked primarily by sufficient disorganization of personality, mind, or emotions to impair normal psychological functioning and cause marked distress or disability. These are typically associated with a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions, or daily functioning. The term mental illness encompasses many different disorders that affect the mental health of law enforcement officers (Webster, 2017). The individual diagnoses from mental illness will be described and listed below so that leadership will be conscious of the underlying symptoms that their officers may display. This is to include depression, anxiety, substance abuse and post-traumatic stress disorder which can be detrimental to their careers and/or lives.

Depression

Depression, as defined by Webster's dictionary, is an act of depressing or a state of being depressed: such as a state of feeling sad: dejection anger, anxiety, and depression: a mood disorder marked especially by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies bouts of depression suffering from clinical depression: a reduction in activity, amount, quality, or force a depression in trade biology: a

lowering of physical or mental vitality or of functional activity. Symptoms are relatively easy to recognize, but many people who suffer from clinical depression do not notice the symptoms. Part of the difficulty of depression is that it is often accompanied by feelings of hopelessness or a lack of energy. Thus, depression symptoms simply become part of everyday life, making it hard to recognize them in one's self and take action to get treatment. However, once the symptoms are explained they are usually very easy to spot, and if they form a pattern it often means that major depression is at play (eHealthIQ, 2013).

Anxiety

Anxiety as defined by Webster's dictionary is a apprehensive uneasiness or nervousness usually over an impending or anticipated ill: a state of being anxious, medical: an abnormal and overwhelming sense of apprehension and fear often marked by physical signs (such as tension, sweating, and increased pulse rate), by doubting the reality and nature of the threat, and by doubting one's capacity to cope with it, mentally distressing concern or interest: a strong desire sometimes mixed with doubt, fear, or uneasiness (Webster, 2017). Symptoms include nervousness, sense of impending danger, increased heartrate, hyperventilation, sweating, trembling, feeling weak or tired, trouble concentrating, trouble sleeping, and avoidance of things that trigger anxiety.

Addiction and Substance Abuse

Addiction and substance abuse disorders may be the use of one or more substances that leads to significant impairment or distress. This can be the use of drugs, alcohol or may even be physical addictions such as self-mutilation. Symptoms include cravings, physical dependence, tolerance, withdrawal, poor judgement, drug seeking, financial trouble, responsibility neglect, unhealthy relationships and isolation.

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is defined as a type of stress encountered at incidents that are, or can be perceived as, capable of causing serious injury or death. The person encountering the stress does not have to be the one whose life is being threatened. Witnesses to these types of events can become victims of PTSD as well. By its nature, post-traumatic stress is one of the most detrimental types of stress a person can encounter. It is a form of stress that threatens a person's survival. This type of stress could lie dormant until triggered later. Life threatening traumas that can cause post-traumatic stress, depending on severity, include natural disasters, serious accidents, and life threatening violence by another person (Brown, 2003).

PTSD can be a serious problem for law enforcement officers. The symptoms can be difficult to recognize and an officer may attempt to hide his or her symptoms while on the job, but may display these symptoms while off duty or at home. It is important for the officer's supervisor and loved ones to recognize the symptoms and encourage him/her to get the help they need. The officer may be aware of the symptoms and attempt to hide his/her problem or he may even deny that there is a problem. An officer with PTSD usually cannot tell you that they have PTSD unless they have already been diagnosed or is receiving therapy. PTSD is not like having an obvious injury or the flu. Often the officer may or may not remember the traumatic event that triggered his PTSD. He may attribute his problem to the day-to-day stresses of the job, when in fact he feels isolated from suffering from mental instability. Some symptoms, or signs, among law enforcement officers include repeated-disturbing memories, thoughts, or images of a stressful police experience. Other symptoms include repeated-disturbing dreams of a stressful police experience. Suddenly acting or feeling as if a stressful police experience were happening

again (as they were re-living it) they may feel very upset when something reminds them of a stressful police experience.

Another problem with PTSD is that there is usually a period of time between the traumatic event and when symptoms start to show. There are a few different types of PTSD which are: Acute PTSD, symptoms that occur within 2-days, but less than 4-weeks. Chronic PTSD, which symptoms last for more than 90-days, lapses in symptoms for a number of days or weeks in a row, symptoms will always return. Delayed onset PTSD, disorder may not appear until years after the initial traumatic experience (A-to-Z-Guides/Post-Traumatic-Stress-Disorder, nd).

As leaders in law enforcement, we must have the necessary knowledge and training to recognize these signs and symptoms of PTSD in our fellow officers. Often law enforcement officers overlook or fail to notice these signs. Yet, this could evolve into career ending or even life ending events. We see where these officers suffering from PTSD sometimes struggle to get the proper help and assistance needed, which leads to addiction, domestic violence and sometimes even suicidal thoughts. When leaders are made aware of, or observe these signs and symptoms, we must develop an action plan for the officer. The plan will allow leaders to explore and evaluate specific achievement pathways for the officer. By developing and implementing the action plan, leaders will also give the officer the confidence and comfort knowing that he or she will be provided the best mental health assistance to guide and support them back into being a productive member of society (Anderson, 2018). Many officers feel embarrassed, or have too much pride to acknowledge that they need help. These officers are often the ones that contain the effects of PTSD until it is too late. These officers often feel impending doom and rely on suicide to resolve their issues.

Suicide

Suicide in law enforcement is not often talked about. The fact of the matter is that more law enforcement officers take their own lives by way of suicide, than those who are killed in the line of duty annually. Line of duty deaths includes both gunshot fatalities and vehicle fatalities. In 2017, 135 officers were killed in the line of duty, compared to 140 officers taking their own lives. Law enforcement officers are always thought to be "thick skinned" and told to, "suck it up" after dealing with chaos, also known as V.U.C.A., (volatility, uncertainty, complexity, and ambiguity). According to Dugan, 2018, claims that this stigma is evident today as it still causes officers to not seek help.

In analyzing available 2017 data, O'Hara (2018) found the average age for a law enforcement suicide was 42, with an average of 16 years on the duty. The data indicated that 96 percent of the suicides were males. This data also identified five chiefs/sheriffs, six lieutenants, and nine sergeants, with the remainder including officers/deputies. Suicide in law enforcement does not only affect front line officers (O'Hara, 2018). This study included only fully sworn police officers/deputies and does not include suicides of retirees, reserve officers, animal control officers, separated officers, prison/corrections officers, etc. This data although relevant and important, was not utilized in this study but is tracked by other non-profit organizations (O'Hara, 2018).

There are numerous organizations that track law enforcement suicide. The Badge of Life, a non-profit organization, has been tallying police suicides since 2008. They obtained the aforementioned statistics by reviewing approximately 16,000 suicide related press releases, internet articles, and used social media tracking to identify law enforcement self-inflicted deaths. Badge of Life also partners with the non-profit Blue H.E.L.P. (Honor, Educate, Lead, Prevent)

whom publicizes an online forum available to departments and families to submit cases of suicide (O'Hara, 2018). Other findings are as follows:

- Guns, which are so readily available in the profession, continue to be the overwhelming means of suicide among police officers.
- There were three police officer overdoses, one police officer poisoning, and two police officer hangings during the year.
- Based on the 2017 figure, more officers died of suicide during the year than were killed in the line of duty.
- Approximately twelve officers take their own lives each month.
- The rate for police suicides in 2017 was back up to 16/100,000, compared to a public rate of 13.5/100,000.

The deep-seated causes remain a mystery. Many suicides, it is believed, result from the stresses of the job, PTSD, depression, etc., - but are rarely reported by departments. "Psychological autopsies" or reviews, which are the examination of a subject's mental state prior to death, are not done to identify causes (Nugent, 2013). Stigma, sadly, appears to be a key hindrance among agencies, as does an apparent fear of financial obligation for a work-related death.

Each year, an average of 130 police officers takes their own lives. These are just the ones we know of, and are not "hidden" (O'Hara, 2018). While recognizing there is a "problem" and a tragic story behind each of them, the challenge we have on our hands is finding a solution to the problem. Certainly, hiding police suicides from view does nothing except pretend the problem does not exist. So, what is the solution to the problem of law enforcement suicides? In this highly stressful environment, how do we prevent them from happening?

Ramifications for not Reporting Suicidal Tendencies

In the past, the hiding of suicides was rampant in police departments. Everything was handled in whispers. Often, the squad itself knew nothing of what had happened. The stigma was powerful, resulting in hushed funerals and minimal attention given to the families. It was not unusual, in fact, for spouses to be blamed for the death. Things like the impacts of job stress and work-related trauma were never considered, or discussed. In too many departments, this kind of stigma remains—but progress is being made (O'Hara, 2018).

Even in today's society with social media and public awareness initiatives dealing with stresses that lead to suicide, there are still barriers to preventing these tragedies. Despite its toll among police officers, one significant obstacle for dealing with suicide is the tendency among law enforcement officers to remain silent either, regarding their own issues, or the issues of their colleagues. The stigma surrounding mental health issues often prevents many in law enforcement from seeking help for depression or other emotional factors, fearing that they will be perceived as being weak. Perception of weakness could possibly have career repercussions. Unwillingness to seek assistance for these problems stems from fears of removal from current assignment to loss of weapon-carrying privileges. Co-workers are often hesitant to report the signs that an officer is possibly suicidal despite concerns about a fellow officer's need for help due to their fear of alienation. Even with the high rate of police suicide, "experts estimate that less than 10 percent of the 18,000 police departments nationwide actively work to prevent suicides within their ranks" (Feldman, Grudzinskas, Gershenson, Clayfield & Cody, pg.2, 2011). The reasons for the absence of prevention initiatives range from a lack of funding, insufficient training among executive leadership to a lack of resources in the geographical area

Even when counseling is available, providing law enforcement officers with mental health care can be challenging. Police officers often resist counseling due to being skeptical of outsiders or having difficulty trusting mental health professionals. Conversely, clinicians often have no idea what police work is like, nor do they have the ability to comprehend the daily stresses officers encounter. Many experts recommend that clinicians who provide counseling services for law enforcement agencies have a thorough understanding of police work and their common stressors, as well as comprehensive knowledge of the police force and its demographics. Therapists must be familiar with the organization of the police department and its power structure to understand the work environment of affected officers. Additionally, interacting with officers beyond the counselor/patient relationship helps develop trust in the confidentiality of information revealed during counseling sessions and requires time and diligence by mental health professionals (Feldman, Grudzinskas, Gershenson, Clayfield & Cody, pg.2, 2011).

To compound the problem of mental illness, there is no national database that tracks suicide among law enforcement officers. According to Robert Douglas (2011), executive director of the National Police Suicide Foundation, the 140 reported suicides committed by law enforcement officers in 2017 may actually be much higher. Douglas stated,

> We could be losing 300 to 400 officers a year to suicide but that is only my professional opinion because we don't really know…. none of us truly know how serious the issue is. Among the 18,000 agencies in the U.S., we have not culturally accepted the fact that officers will take their own lives and that it could possibly be related to the job, through PTSD or cumulative stress…That is probably the blanket reason why we don't collect (p. 2)

Without knowing the true scope of the problem and the leading causes for each event, effective prevention initiatives will likely be difficult to develop. For instance, in recent surveys officers (Badge of Life, 2017) reported the leading cause of stress for them are inter-departmental frictions such as managerial issues or assignment displeasures. Other studies have theorized that marital and financial problems were the leading causes of suicide among officers (Blakinger, 2018).

Military Veterans Migrate to Civilian Law Enforcement

Over the last few years, law enforcement has continued to face challenges to provide the services that they have sworn to provide which is protecting and serving. Hiring challenges have continued to plague agencies across the nation as a whole. If you ask any leader of a law enforcement agency what is their biggest issue they face today, the answer they will likely give you is struggling to hire and retain good officers. Agencies, large and small continue to face challenges in rebuilding community trust over the last few years. To combat hiring challenges, some agencies have practiced hiring former military personnel to fill the voids.

Civilian law enforcement is among the most sought-after career for military veterans upon separation from the armed forces. This widely acknowledged trend helps to explain why upwards of 20 percent of those working in law enforcement have military experience compared to roughly 6 percent of society at large (Conkey, 2017).

For so long now, the studying of military veterans that have migrated into law enforcement with mental illness and the impacts they have on society have been put on the back burner. Mental illness such as PTSD suffered from former military personnel has made its way into the law enforcement realm by way of former military personnel who have found employment in the profession. Agencies often hire former military personnel with mental

illnesses even when they are aware of the issues. Military veterans are valued by leadership because of their morals, values, and structures they've developed during their time in the military (Weichselbaum & Schwartzapfel, 2017). The officers who are already employed in law enforcement while still serving are closely watched by their agencies upon returning from combat zones, which can leave lasting emotional scars. Accurate statistics are not available on the number of cases involving law enforcement officers and the negative interactions that have taken place in society. According to the Marshall Project investigations indicates that prevalence of military veterans can also complicate relations between police and communities (Weichselbaum & Schwartzapfel, 2017).

There are some law enforcement agencies who conduct psychological screenings for all officers who apply for employment. Former military veterans who truthfully discuss their mental state are sometimes discriminated against for employment because of their mental mindset. This practice is illegal but who is reporting the discrimination process. Law enforcement organizations do not want to risk employing a veteran who may conduct themselves in ways that may tarnish the organization's reputation. The mindsets of MAGNUS Leaders are to avoid any and all negative content from communities and/or media. MAGNUS Leaders should ask themselves, is the risk worth the reward in hiring mentally unfit veterans?

Conclusions and Recommendations

Mental health should be a priority to this agency due to liability issues. We spend so much time training our officers how to physically and tactically solve problems, and rarely, if ever, provide them with training about how to maintain good mental health. It is our responsibility to not only prepare our officers physically to perform during high stress situations

but we also need to prepare them to deal with the mental affects that occur after the high stress situation.

Craig Steckler, Chief of Police (Ret.), Fremont Police Department in California stated, "Our collective silence only compounds the problem. By ignoring the issue we implicitly promote the unqualified expectation that cops must, without question, be brave steadfast and resilient. Our refusal to speak openly about the issue perpetuates the stigma many officers hold…that depression, anxiety, and thoughts of suicide are signs of weakness and failure, not cries for help" (Deal, 2014).

Recommendations

There are many treatment resources that law enforcement can utilize for help and treatment. The first thing you must do is admit you need and want the proper help or assistance. Southern Law Enforcement Foundation is an organization that provides assistance to law enforcement officers in Louisiana who are suffering from various types of mental illness. They also provide critical incident debriefing and counseling after a traumatic event.

The United States government has enacted a bill which was signed into law to help with the mental health of law enforcement along with resources. House Resolution 2228 Law Enforcement Mental Health and Wellness Act of 2017 was sponsored by R- Representative Susan Brooks and became law 1-10-2018. This law states that: The U.S. Attorney General in coordination with the Secretary of Human Service shall develop resources to educate mental health providers about the culture of Federal, State, tribal and local law enforcement agencies and evidenced based therapies for mental health issues common to Federal, State, Local and Tribal law enforcement officers. In short, they are responsible for assessing hotlines' effectiveness for law enforcement and do they need to make recommendations to congress to

create alternative hot lines. Also to conduct research into the efficacy of an annual mental health check for law enforcement and to ensure that any recommendation resources or programs provided under this act protect the privacy of the law enforcement officer. The bill amends the Omnibus Crime Control and Safe Streets Act of 1968 to expand the allowable use of grant funds under the Community Oriented Policing Services program to include establishing peer mentoring mental health and wellness pilot programs within state, local, and tribal law enforcement agencies.

It is imperative that agencies implement a procedure for our law enforcement officers who may be suffering from a debilitating mental health disorder. First step, is the agencies need to find a reputable Psychologist or Specialist in the mental health field that is willing to render their services to law enforcement. This Psychologist needs to have special knowledge in dealing with the issues that law enforcement deal with on a day-to-day basis. The department should arrange a payment plan or some type of arrangement for the department to assume the financial responsibility. Insurance acceptability needs to be checked prior to utilizing services to possible long-term treatment. Once a provider has been chosen and payment plans have been agreed on, the resources should be shared with all law enforcement personnel by providing a service provider's name and telephone number. It is the responsibility of the employee who is in need of this service to arrange all meetings with the service provider. The employee should be assured that any utilization of this resource is strictly confidential. Agencies must follow doctor's orders and or recommendations for the officer to ensure the safety of the officer, organization and the community which they serve.

Finally, it is imperative that Magnus leaders have the knowledge and proper training to recognize the illnesses that effect law enforcement. Magnus leaders must be able to identify the symptoms in their officers who display behaviors associated with the illnesses. Prevention initiatives are the first step that agencies should develop when trying to protect an officer's mental health. These initiatives must include the identification of any barriers that exists such as funding shortfalls or the availability of clinicians. By implementing prevention initiatives, agencies are providing for the welfare of their employees and limiting their exposure for civil liability. When utilizing the treatments discussed in this project, we will ensure the safety and mental wellbeing of our officers. It is a moral obligation of leadership to promote the emotional wellbeing for the officers that are under their command. By doing so, leaders will leave a legacy of showing empathy for their officers by recognizing the struggles of mental health disorders.

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