

**The Bill Blackwood
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**Requiring Mandatory Personal Mental Health and Stress Survival
Training and Awareness for Peace Officers**

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ABSTRACT

Law enforcement officers are placed in critical incident situations on a daily basis throughout the entirety of their careers. These situations expose the officer to a wide variety of negativity and may have a critical impact on the lives of the officer, their co-workers, family members, and friends. Some of the issues that may arise from the negative effects that the officers are exposed to can include suicide, suicidal ideations, depression, anxiety, insomnia, relationship issues, weight gain or weight loss, behavioral issues, and many others. These negative effects can often go untreated, unnoticed, and ignored. Ultimately, when these issues and symptoms are left unresolved and unrecognized, the officer can be left in a desperate situation.

This paper and research is aimed at encouraging law enforcement administrators and TCOLE to mandate both initial mental health awareness training in the police academy setting and to mandate ongoing continuing education on mental health awareness throughout the entirety of a peace officers career. Law enforcement places a great deal of training in the recognition of mental health issues in others but focuses very little on saving their own from the same perils of critical mental health issues.

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INTRODUCTION

Mental health issues including post-traumatic stress disorder, suicide, depression, addiction, and destructive behaviors have been a problem among law enforcement personnel in the United States and other countries since the beginning of the profession (Aamodt & Stalnaker, 2006). Knowing that this is the case, a close look at why this occurs and what measures could be taken to minimize or eliminate the possible impact to law enforcement officers. Furthermore, recognition of the impact of these mental health issues to other members of the extended law enforcement family must be done. These members include other law enforcement officers, other co-workers, spouses, partners, children, and parents of those who serve. Those officers suffering from a mental health disorder or affliction often will not speak of the issue to others, as they fear this is a sign of weakness. They also fear that admitting to having a mental health issue may negatively influence their careers or promotional opportunities. This compounds the issue even further as those needing help will not seek out treatment. Similar issues have been observed in other public service careers such as firefighting and emergency medical services professionals as well as the military.

The benefits and relevance to having both initial and on-going personal mental health awareness and stress training would help provide for early awareness, detection, and recognition of law enforcement officers impacted by mental health disorders. This early awareness and detection may serve to provide early and rapid intervention and treatment, which, in turn, could possibly reduce other long-term issues. This training would not only help the individual officer themselves to recognize potential issues but would also help fellow officers and co-workers recognize the warning signs of their

peers who may need mental health assistance but may be too afraid or proud to ask for help themselves.

Every year, it is estimated that one in five individuals has a diagnosable mental illness ("Mental health by numbers," n.d.). This statistic is alarming, especially when one considers that half of law enforcement agencies in the United States are comprised of under ten officers (Reaves, 2008). Furthermore, the State of Texas Commission on Law Enforcement (TCOLE) only prescribes approximately four hours of training on stress during the Basic Peace Officer's Course (BPOC) and no recurring training thereafter (Texas Commission on Law Enforcement [TCOLE], n.d.).

The problem is that the mental health impact on law enforcement officers related to the mental traumas and stressors that they are exposed to during their course of employment are unaddressed. Police officers are not given the proper training in recognizing and dealing with the potential warning signs of mental health issues within the law enforcement community. Thus, these issues may go unresolved and may result in serious and permanent mental health issues. If given this vital training, the profession would be better at recognizing mental health concerns among peers. Early detection, prevention, and treatment would reduce or possibly eliminate the negative short and long term effects of the psychological traumas endured in this noble profession. This could also reduce depression, suicide, chemical dependencies and the loss of families and jobs due to the stressors of the career.

Therefore, all law enforcement agencies and the Texas Commission on Law Enforcement should mandate mental health survival training and mental health trauma survival training for all peace officers. This training should be required during the initial

phases of a peace officer's career and conducted annually. It should also be mandated after exposure to any critical or traumatic incident that the officer may have been exposed to during their course of duty.

POSITION

Law enforcement officers are exposed to many tragic and critical incidences that others in the general population do not have to deal with. These unique situations, such as mass casualty incidents, acts of terrorism, the death of children, or being placed in a situation where police must take the life of another can all culminate into potential stressors that can negatively impact an officers mental state and life. Often, law enforcement administrators and the officers themselves refuse to accept or acknowledge these factors. This refusal to acknowledge these factors can further create a dangerous situation for the officer.

Law enforcement officers also deal with other stressors that the general working population does not have exposure to. The majority of the civilian workforce has been exposed to the same working conditions and environment on a daily basis with little to no change. Conversely, law enforcement officers generally deal with shift work or rotating shifts including day, evening, and night shifts. Often, those who work evening and night shifts experience what has recently been termed "shift work sleep disorder" (Rajaratnam et al., 2011). This disorder affects the normal circadian sleep patterns. This can produce negative long term sleep disorders and may require medication to treat. These types of shifts can also negatively impact the officers family life, generally resulting in missed family events, childrens events, holidays, and vacations. Due to this, officers may not get the type, quality, and duration of sleep or rest needed to

properly re-energize and heal their bodies. Again, this can cause both short and long term physical and mental health issues (Rajaratnam et al., 2011).

Due to work schedules and busy call volumes, law enforcement officers generally do not get ample time to eat proper and healthy meals. Many times, police officers eat fast food once or twice a day. This type of eating does not provide for proper nourishment for the human body. This leads to issues with weight gain and other medical problems including high blood pressure, diabetes, sleep disorders, lack of self-esteem and even ridicule from other officers (Violanti et al., 2009).

All of the above factors can also lead to chemical addictions, both prescribed medications and self medicated or non-prescribed medication over use, abuse, and dependency. These may also lead to the use of alcohol addictions. Many times, officers may use these medications or alcohol to help them sleep, forget the pain, or to deal with mental health issues without seeking the help of medical professionals (Clark 2013). These addictions can lead to relationship problems, disruptions with co-workers or the public, poor work performance and a litany of negative outcomes.

Mental health survival and awareness training should begin at the very early stages of a peace officer's career. In Texas, a peace officer's career generally begins during the Basic Peace Officer Course (BPOC), commonly referred to as the police academy. In the academy, cadets are trained on topics that are considered necessary to a career in law enforcement. These courses include law, patrol procedures, crime scene and evidence processing, and many other courses essential to the duties of a police officer. This training generally discusses what is done for others and how to protect others. Unfortunately, it allots very little time on what should be done in order to

make it through a law enforcement career without damaging officer's mental and physical health. Although some time, approximately four hours is spent on stress management techniques (TCOLE, n.d.), this is insufficient to carry an officer through a 20-year or more career in public service.

Moreover, it does not discuss the warning signs of mental health disorders among police officers, how to recognize and mitigate them, or when to seek professional treatment. Even during the police academy phase, cadets will begin to be exposed to some of the stressors that they will encounter over the course of their careers. These may include disruption of sleep patterns, exposure to video and real life training scenarios, pressures of academic and physical performance during the academy, and other factors. Although some of these may be relatively innocuous, this will begin their exposure to stressors that may impact their entire lives. It would stand to reason that in order to reduce or eliminate mental health issues and trauma, training should begin to teach police officers during the very infancy of their careers on how to recognize and deal with these problems. TCOLE must work with legislators to add this to the BPOC curriculum.

COUNTER POSITION

There are certainly counter positions to the statements of position that police administrators or even the state agency that governs and regulates peace officer's training and education should provide and mandate the requirement of personal mental health and awareness training for peace officers. Many people, including many officers themselves, would say that officers should be self-aware of their own personal mental and physical health situations and that they should not be forced or mandated to seek

treatment, counseling, or even training unless they independently choose to do so.

There is certainly as great deal of pride, honor, courage, and other attributes that are associated with the job of law enforcement. Among those also includes a sense of bravado and a certain attitude that police are the helpers and not the ones that might need help. This 'push-back' from officers might be an obstacle that creates an initial issue in attempting to get officer to comply with the training. They may also fear being placed on mental health medications or even meeting with a mental health professional as they may perceive this could cause a problem with their law enforcement careers, promotional opportunities, or even negative stigmas that may be placed on them by society or their peers (Miller, 1995).

Although there is some credence to the above counter position, it seems that these could be easily addressed. Often officers do not realize there is a problem until it is too late and irreversible. It is sometimes difficult to recognize a problem that needs to be addressed. Because officers are servants, they generally do not seek help for themselves as they feel a call to help others. By making this training mandatory at several different levels, initial and ongoing training, it would remove the officer from having a choice in the matter. It would also remove the stigma associated with the issue because all officers would have to receive the same training and awareness. After receiving the training, officers would be better able to seek help and know when it is warranted for both themselves and their peers. They would also recognize that it is not a sign of weakness, but a medical issue that must be dealt with.

Another counter position might be that mandating such training would increase the length of the basic peace officer academy and would add additional hours mandated

for each officer's annual training and would make it more difficult to obtain proficiency certificates. As such, the addition of the course would not only add time but a possible increase in training costs. Therefore, the increase in training hours may create both a time and monetary issue for individual officers and their agencies. It may also pose an issue for the state as well.

Again, there is some merit to that counter position as well. There would be a small increase in the amount of hours added to the initial academy and to the annual required continued education requirements that a peace officer must complete. The course might add an additional eight hours to the basic academy and to the annual training requirements. The monetary cost is relatively minimal as well. In comparison, no monetary value can be placed on a human life or to the life of a peace officer. The cost of a fallen peace officer who may have engaged in self-destructive behaviors that could have been prevented if the warning signs were noticed and proper and timely action was taken is worth any expense that it may cost and any time necessary to mitigate this issue. It can simply not be taken for granted or underestimated the mental health impact on peace officers during their careers can be disastrous if left unaddressed. The impact can also be felt throughout the law enforcement community, the officer's family, and the general community when police officers have to deal with mental health stresses. Ultimately, the final and most devastating act that an officer may choose when they feel overwhelmed is to take their own life. When a peace officer resorts to taking their own life, everyone suffers. Suicide is an act of desperation that can generate more questions than answers for the officer's friends and family. The flood of grief and sadness has a profound impact among law enforcement. Often

times, when an officer chooses suicide, it can produce additional mental health stressors on those who remain living (Clark, 2013). Feelings of resentment and anger toward the officer that engaged in that final act may extend to the law enforcement agency as a whole. Naturally, people will ask why this desperate act occurred. They will also ask what could have been done to recognize the warning signs and what treatment could have been sought. Certainly, law enforcement must do a better job of taking care of fellow officers.

RECOMMENDATION

Law enforcement agencies and the Texas Commission on Law Enforcement should mandate personal mental health survival training and mental trauma survival training for peace officers beginning at the beginning of their law enforcement careers and continued throughout the entirety of their careers. This position is based on the rising numbers of peace officers who have unrecognized, undiagnosed, and untreated mental health problems and disorders that have been attributed to the psychological traumas that peace officers are exposed to during the entirety of their careers. Peace officers not only deal with these traumas but must deal with other work factors that can have negative outcomes on their lives including lack of sleep or unusual sleep rhythms, exposure to death and violence, poor nutrition, and contact with an element of society that may be hostile toward law enforcement (Gilmartin, 1997). Police officers are generally always in the public eye and have little true personal time to be in private. This lack of privacy does not allow peace officers time to heal and reflect. Police officers are generally on duty all of the time. Although they may not be 'on the clock', peace officers generally have a duty to act when others need help. This duty to act may

well be a written policy for some or may be an unwritten duty, but, nevertheless, it keeps the officer in a constant state of readiness. This constant state of readiness does not allow for the officer to entirely 'switch off' and be completely off duty. The constant vigilance and responsibility to act does not allow for proper recharging and rest. These are issues that military and first responders are exposed to in their work environment.

Eventually, these traumas may lead to other self-destructive behaviors such as chemical or alcohol dependences, suicidal ideations, depression, post-traumatic stress disorder, loss of relationships, behavioral problems, disciplinary actions, loss of employment and even suicide. When officers have these negative issues it, not only impacts the individual officers, but it also impacts their families, friends, co-workers and the communities they serve (Clark, 2013).

If training were to be made mandatory during the initial basic training academy and during a routine annual basis, it would remove the individual officers from having to make a choice as to whether or not to attend. Making the training mandatory would reduce stigma or perceived weakness that may be associated with attending such training. This essentially puts everyone on the same page. Although there might be some hesitancy from law enforcement officers to attend, once it becomes mandatory and everyone attends the training that argument will eventually become a non-issue.

Research shows that early recognition, detection, and treatment can dramatically reduce the negative mental health impacts that can be caused by a peace officer's exposure to mental traumas (Gilmartin, 1997). If a better job of detecting and deterring possible mental health issues within the law enforcement community is done, a positive

impact on the quality of life, emotional, and mental well-being for police officer families and law enforcement peers can be accomplished.

The first action to take is to establish and implement a training program that addresses this problem. This training program must include all peace officers, their supervisors, and police administrators. Training should be initiated during the police academy and continue on an annual basis. This training should also be required to obtain intermediate, advanced, and master peace officer proficiency certificates. Training should also be required when an officer has been exposed to critical incidents that could have a negative impact on the officer. Such incidents would include but not be limited to any incidents in which the officer has been exposed to extremely violent deaths, death of children, large scale disasters, or when officer has had to use force or deadly force during the course of their duty. These may also include off duty encounters in which by the nature of their job, the officer responded to provide assistance. It is essential that all peace officers and their supervisors be able to identify signs that may indicate a co-worker or subordinate is having an issue with the stress associated with law enforcement. It is everyone's responsibility to protect the law enforcement family. Everyone must be able to recognize the symptoms of stress related problems and be able to take the required and necessary actions to prevent mental health problems.

Mental health, survival, and awareness training should be continued through an officer's entire law enforcement career on an annual basis. It should also be conducted on an as-needed basis upon an officer's request or when an officer has been exposed to a critical or traumatic incident. Frankly, it should be mandatory for any officers

exposed to critical incidents to attend a debriefing regardless of the individual officer feels it is needed or not. To be effective, police administrators and TCOLE must mandate continued mental health survival and awareness training and education as part of the 40-hour continuing education requirement and as a requirement to obtain intermediate, advanced and master peace officer proficiency certificates. Furthermore, law enforcement administrators and chiefs may also consider writing this training into department policy.

If the law enforcement community fails in this endeavor, the ramifications may continue for generations to come. These issues must be brought to light and addressed. The entirety of law enforcement administration and chain of command must be actively engaged in the effort to increase mental health training in this profession.

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