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Mental Health Counseling: Should Law Enforcement Agencies Require All Officers to Receive it Annually?

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ABSTRACT

Mandating annual mental health counseling to all law enforcement officers is relevant to contemporary law enforcement because no profession is exempt from mental illness. Generally, law enforcement agencies do not focus on the mental health of their officers. Alternatively, the officers focus on resolving matters involving others who are suffering from psychological problems. Officers are encountering citizens who are emotionally distraught or otherwise mentally ill “routinely”; such encounters range from the quiet and withdrawn individuals who seemingly do not pose a threat, to individuals who suffer from excited delirium and are thus a serious endangerment to themselves and public safety. Given a significant segment of the law enforcement community experience high rates of suicide, stress, depression, social isolation, and chronic anger (Gimartin, 2002), it is important to explore whether a correlation exists between those factors, and the mental health of police officers.

The purpose of this research is to define mental disorder, discuss various issues surrounding officers experiencing mental disorders, and to suggest methods of early detection to prevent, or at least minimize, decision-making miscalculation that could result in lethal consequences. Because a significant percent of the United States population suffers from various forms of mental disorders (Slate & Johnson, 2008), the researcher hypothesized that police officers themselves could not be immune to mental health problems; hence, law enforcement agencies should explore programs and models that would mandate all officers to participate in regularly scheduled mental health counseling. Ultimately, such measures would help to ensure the safety of the officers and the public they serve.

The method of inquiry used by the researcher included a review of articles, Internet sites, periodicals, journals, surveys, personal interviews, and case studies. During the inquiry, the researcher discovered that mental disorders and emotional stress are present for a large segment of America's population and no one profession is exempt. Consequently, mental disorders and emotional stress act as catalysts to grievous errors in decision-making; worse yet, more often than not decision-making errors trigger fatal consequences. Thus, to ensure police officers' well being as well as the safety of the public, earlier recognition and intervention programs for mental disorders should be mandated and supported among law enforcement professionals.

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INTRODUCTION

The concern to be examined considers whether mental disorders are prevalent in the law enforcement community and if so, what measures could be used to prevent or minimize their impact on law enforcement professionals. Additionally, given the stress and hazards associated with the profession of law enforcement, potential mental health disorders could exacerbate the emotional stress of officers attempting to perform their duty in a safe and professional manner. The impact of potential mental disorders among law enforcement officers raises complex and multifaceted issues. Suffering from a mental disorder could cause the decision-making process to be altered, thus jeopardizing public safety. Furthermore, the existence of a mental disorder could cause a disquieting rate of officers to experience divorce or consider suicide. Moreover, liability could apply to the employing agency that did not have sufficient safeguards or early recognition program.

The relevance of initiating an annual professional mental-health counseling program by law enforcement agencies would provide early recognition and intervention of officers suffering from mental disorders. This could potentially minimize fatal consequences to the officers, their working partners, their families, as well as the public they serve. Furthermore, a well-trained and educated police force is an enormous investment, particularly in terms of experience amassed during a lengthy tenure. Therefore, the agency should consider the expense of a counseling program as an additional safeguard investment that in a long run could save officers from a self-destruction path; this in turn, could prevent the agency from incurring a more substantial cost of replacement, training, and professional development.

During the course of a year, it is estimated that one in five individuals in the U.S. has a diagnosable mental illness (Slate & Johnson, 2008). Clearly, this statistic carries alarming social implications. Case in point, the researcher is an officer at a small department totaling 24 officers. Taking the Slate and Johnson estimate and applying it to the current staffing of the department, then four to five officers that the researcher works with are currently experiencing some type of mental health issue. The researcher himself could be one of those officers and not even recognize it.

The purpose of this research is to draw on the findings that mental disorders account for 15% of the overall diseases affecting the American population (U.S. Department of Health and Human Services, 1999) and to underscore that officers are not exempt from this statistic. With this premise, the author will advocate a proposal recommending law enforcement agencies to mandate routine mental health counseling. Furthermore, the author will illustrate potential benefits of early recognition and intervention as opposed to more traditional models of reactive approaches to metal well-being among police officers. The mental counseling approaches proposed by the author aim to minimize potentially fatal consequences related to officers' flawed decision-making processes on duty as well as traumatic consequences in their personal lives.

The research question to be examined focuses on a rhetorical argument whether or not the law enforcement community, as a cultural and professional subgroup of our society, could be afflicted by various mental disorders equally, if not higher, as compared to the rest of the population. Law enforcement officers typically come from the communities in which they serve; thus, they would face similar challenges and cope with issues common to individuals in other professions and social statuses. Moreover, it

is conceivable that such challenges and issues would be exacerbated among law enforcement officers because of the additional emotional burdens inherent to their profession.

The intended method of inquiry includes a review of selected articles, books and journals that discuss mental disorders, their underlying potential causes, their effects on people, and their potential effects and manifestations among the law enforcement professionals. Additionally, a survey will be distributed to 18 different agencies aiming to measure the percentage of agencies that currently mandate mental health counseling on a routine basis. Case studies will also be examined regarding officers' decision making errors that signaled potentially undiagnosed emotional problems--supported by subsequent discussion on potential benefits of early recognition and intervention associated with a mental health program--in each of the cases. And finally, a telephonic interview with a mental health professional working within law enforcement community and a personal interview with a criminal justice scholar with law enforcement operational background will be conducted in order to determine feasibility and scope of prevention and assessment program initiative.

The intended outcome or anticipated findings of the research would indicate that law enforcement officers are involved in a stressful occupation and that many suffer from different levels of mental health issues or emotional anxiety. Intuitively, if officers are having personal problems that are affecting their lives, it is difficult not to bring those problems and issues to work and therefore to the street; indeed, it could be a divorce, the loss of a parent, financial stress, or problems associated with their children that preoccupy them. Yet, few choose to discuss intimate and personal problems in the open

forum. Conversely, if all officers participated in mandatory, rotational counseling visits, then the stigma associated with mental health counseling could be attenuated. If the mental disorder was revealed, the officers would have opportunities to be diagnosed professionally and to undergo proper treatment. This could promote better well-being, better morale, and better professional fulfillment.

The field of law enforcement will benefit from the research because data on mental health disorders among police officers are very scarce; concomitantly, the fact that mental disorders and emotional stress are present for a large segment of our population can no longer be ignored in the law enforcement community. The research will elevate awareness about the pervasiveness of the issue of mental health; consequently, it will open the door to the evaluation of policing community within the larger system of the society and as such initiate further much needed scientific studies in the domain of police officers' mental well-being. Finally, the research could pioneer a paradigm shift in the way law enforcement approaches mental disorders from highly reactive, localized measures to broad, overarching, comprehensive models. Ultimately, as further research progresses, best-practice models to confront the problem could be developed. In a long term, officers' well being, law enforcement organizational health, and public safety could be significantly enhanced.

REVIEW OF LITERATURE

As noted in the Surgeon General's Report on Mental Health, "mental disorders collectively account for more than 15 % of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer" (U.S. Department of Health and Human Services, 1999, p. 3). Coincidentally, approximately 300 officers

per year commit suicide (Weinblatt, 2006). These statistics are reminders that officers not only have to assume the risk of physical danger associated with their profession, but also may experience depression and the fatal consequences associated with it.

According to Slate and Johnson (2008), approximately one in five Americans during the course of a year has a diagnosable mental illness. Many people with mental illness have been able to be successful in life; however, the stigma associated with mental illness by society prevents people suffering from this disorder from publically acknowledging their diagnosis. Most people that are experiencing a mental health issue, nonetheless, do not physically look different, as well as most do not exhibit abnormal behavior (Wahl, 2003). They therefore can usually function undetected while blending within the “norm” population.

Webster’s Dictionary (2009) provides a definition of mental illness as “any disease of the mind; the psychological state of someone who has emotional or behavioral problems serious enough to require psychiatric intervention.” The U.S. Department of Health and Human Services (1999) refers to mental illness as all diagnosable mental disorders and suggests that the term “mental disorders” is a more neutral term. Mental disorders can be defined as health conditions that result characterized in changes in thinking, mood, or behavior or variations thereof. Additionally, they are linked to distress and/or impaired functioning. Alzheimer’s disease, for instance, represents a mental disorder in which charges occur with respect to thinking (i.e., specifically memory). Depression represents a mental disorder largely marked by mood changes. Attention-deficit/hyperactivity disorder represents a mental disorder marked by changes in behavior (i.e., over-activity) and/or thinking (i.e., inability

to concentrate). Consequently, changes in thinking, mood, or behavior contribute to a wide variety of problems—patient distress, impaired functioning, or heightened risk of death, pain, disability, or loss of freedom (American Psychiatric Association [APA], 1994).

Another differentiation was extracted from the Diagnostic and Statistical Manual of Mental Disorders (DSM MD) published by the American Psychological Association (APA, 1994). The DSM MD classified adult disorders into six categories: *Common disorders* such as alcohol and substance abuse, anorexia, bipolar disorder, depression, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder (PTSD), seasonal affective disorder (SAD), or social anxiety disorder: *Dissociative disorders* such as depersonalization disorder, dissociative amnesia, or dissociative identity disorder; *Sexual disorders* such as erectile dysfunction; *Sleep disorders* such as circadian rhythm sleep disorder, hypersomnia, insomnia, nightmare disorder, narcolepsy, or sleep terror disorder; *Other disorders* such as acute stress disorder, adjustment disorder, bereavement, brief psychotic disorder, kleptomania, panic attack, or pathological gambling; and *Personality disorders* such as antisocial personality disorder, narcissistic personality disorder, or paranoid personality disorder.

The DSM MD cautioned that personality disorders were the hardest to diagnose because most people suffering from them lead rather normal lives, and do not seek treatment until times of social demand or extreme stress. Most personality disorders could not be diagnosed until late 20s or early 30s.

Moreover, the National Institute of Mental Health (NIMH, 2008) confirmed that nearly half (i.e., 45%) of Americans with mental health disorder met criteria for two or more disorders. Furthermore, the report accentuated that nearly 20.9 million adults in America (i.e., 9.5% of an entire population) had mood disorders (e.g., major depressive disorder, dystchymic disorder [chronic, mild depression], bipolar disorder, suicide, schizophrenia, anxiety disorder, panic disorder, obsessive-compulsive disorder, or PTSD). Furthermore, the median age of onset for mood disorders was 30 years and depressive disorders often co-occurred with anxiety disorders and substance abuse. Interestingly, NIMH reported that the median for some disorders' onset was early 30s; specifically, major depressive disorder median age was 32, chronic mild depression median age was 31, and generalized anxiety disorder median age was 31. The report also affirmed that 90% people who kill themselves have a diagnosable mental disorder, most commonly a depressive disorder, or substance abuse disorder. The median age for suicide in the United States was 85 years of age.

Another study by Harris and Barraclough (1997) examined correlation between mental disorders and suicide. The authors conducted a meta-analysis of medical reports located on MEDLINE between 1966 and 1993 and extracted 249 reports. They used the Standardized Mortality Ratio (SMR) for each of the disorders identified. The authors concluded that out of 44 disorders considered, 36 had a significantly raised SMR for suicide, 5 were insignificant, and other could not be calculated. The authors concluded that to a higher or lesser degree all mental disorders had an increased risk for suicide except for mental retardation and dementia. Harris and Barraclough's findings are significant because for law enforcement, the literature predominantly

focuses on officer suicides and divorce rates, as well as the causation of those statistics. Conversely, there were no empirical studies available on any research conducted among police officers' rates of mental illness. Therefore, only factors such as divorce rates, suicide rates, or substance abuse, all potentially resulting to varying degrees from mental disorder, were available for inferences.

Case in point, the existing literature, rather than examining officers' mental health, centers on issues, guidelines, and procedures for law enforcement officers when dealing with citizens suffering from mental disorders. Nonetheless, law enforcement agencies profess police officers' well-being or mental wellness; indeed, there are many areas, in which the law enforcement officers are required to demonstrate, and maintain high levels of proficiency. For example, physical fitness and physical health have become a focus of regular scrutiny. Upon being hired, officers are typically required to succeed at a rigorous fitness test, written test, and medical examination. Successful scores indicate the officers have proven their physical ability, intellectual ability, and medical wellness.

After hire, many departments continue this practice by requiring their officers to pass semi-annual physical training (PT) tests. Many departments adopt written directives requiring officers to demonstrate the required physical fitness level during a PT test; if an officer fails, he or she is granted another opportunity to pass during the next scheduled semi-annual test. In fact, many departments deem the physical fitness requirements so valuable that officers might be terminated from employment if there is a second failure to meet the required standard. Some agencies decided that physical

fitness was so invaluable to officers that they engage in regular physical training during the course of the shift.

Furthermore, according to Cowen (1994) and Warner (1984) raising health care costs and increasing rates of morbidity and mortality resulting from unhealthy behaviors have triggered wellness movements across organizations. In law enforcement, it has been documented that the officers are prone to develop life-style related diseases such as cardiovascular problems, cancer, diabetes, obesity, ulcers, cirrhosis, and chronic low back pain (Vena, Violanti, Marshall, & Fiedler, 1986). Therefore, many law enforcement agencies, funds permitting, have implemented annual physical examinations. One reason for this, of course, is that a healthy employee takes fewer sick leave days and is likely to be more productive and have a longer successful career. For the agency, this translates to having an employee who is more efficient and effective.

Officers are required to demonstrate intellectual ability beyond the initial hiring examination as well. Officers continually need to broaden and update their knowledge of state and federal laws. Additionally, they are often required to continue their education with in-service training that employs the use of tests to gauge the knowledge obtained from the training. Texas peace officers are required to complete at least 40 hours of continuing education within a 24-month training period (Texas Commission on Law Enforcement Officer Standards and Education [TCLEOSE], 2009). Officers must have the ability to learn, understand, and comply with policies, directives, and procedures. As an investigator, the officer must be able to utilize the working knowledge, experience, and education intellectually to be successful in resolving a criminal investigation. The intellectual capacity is meticulously examined when officers are being considered for

promotions. Most departments use written examinations to gauge one's knowledge and decision-making skills, as well as oral interviews to assist in selecting the appropriate candidate for the position.

There exist other demands placed upon law enforcement professionals such as firearms proficiency. In Texas, officers are required to demonstrate 70% proficiency with firearms at least once a year (TCLEOSE, 2009). Clearly, agencies place such a priority on firearms accuracy that the officer can be terminated from employment if the officer, after consecutive failures and remedial training, cannot acquire the necessary proficiency level. There are approximately 37,000 officers within the uniformed division of the New York Police Department (NYPD). Still, out of 37,000 officers, few would ever discharge their weapon during the law enforcement career. In fact, only 5% of the NYPD officers *reported* weapons being pointed at suspects. During 2006, only 156 officers were involved in a firearm-discharge incident, and less than half of those incidents involved discharging a weapon at another person. Nationally, as it is in New York City, the use of any force is rare (RAND Center on Quality Policing, 2007).

Even though statistically it is unlikely for an officer to discharge a weapon at another human being, American law enforcement places an enormous significance in this area of competency, and rightfully so. After all, the use of a firearm is considered deadly force and law enforcement agencies nationwide advocate officers' safety and ultimately well-being. According to Gilmartin (2002), tremendous progress has been accomplished in the arena of officer safety training in the last two decades. However, the author warned that the street survival training did not constitute a full picture of risk exposure by the police officers. In fact, in spite of winning the battle of street survival,

the officers seemed to be loosing the battle of emotional survival. Gilmartin underscored that the rate of felonious death of police officers in the 1990s was 69 cases a year, whereas the rate of police suicides was 300 cases a year (Fields, 1999, as quoted in Gilmartin, 2002, p. 9). Clearly, it is not acceptable in the police world to accept any loss of life to felony death, yet with respect to suicide rates law enforcement organizations continue to ignore the emotional toll of police work on self-destructive behaviors of officers.

In sum, physical fitness, physical health, intellectual growth, and firearms proficiency tests are standard measures of officers' well-being and safety. Unfortunately, even though a new officer seeking employment is required to be examined and approved by a licensed psychologist or psychiatrist selected by the employing agency, without a break in service, a requirement to be psychologically evaluated will most likely never occur again in the officer's career (TCLEOSE, 2009).

Gimartin (2002) argued that pre-employment practices in police agencies eliminate candidates with psychological abnormalities upon hiring. Therefore, one would expect that officers start their careers psychologically stable. Arguably, the path along the police career itself takes a toll on officers' mental health. Gilmartin further advocated that whereas suicide was the most measurable self-destructive statistic of officers' ill-health, other self-destructive forces plagued officers as well; specifically, the author listed depression, social isolation, and chronic anger among mental disorders affecting emotional well-being of officers. Importantly, such disorders are troublesome because their effects might not be clearly visible and immediately identifiable. The problem

becomes compounded if no structured standardized procedures exist to re-examine the officers' mental health periodically as they progress through their demanding careers.

Granted, many researchers conducted studies among law enforcement personnel focusing on critical incidents and on stress resulting from traumatic events emergency personnel face (Violanti, 1983). According to Brown (2003), law enforcement officers are vulnerable to developing the posttraumatic stress disorder (PTSD) after they have been involved in a catastrophic event. Because untreated trauma from such events can become debilitating, many departments adopted policies, directives, and procedures dealing with the PTSD. Furthermore, Robinson, Sigman, and Wilson (1997) conducted a study of duty-related stressors among 100 officers and estimated that 13% of them displayed symptoms of PTSD. The authors determined that being involved in a "near-death" experience was the best predictor for developing PTSD.

Brown (2003) distinguished between two different forms of causes for PTSD. The first cause is the most studied and more identifiable and it stems from single event traumas such as shooting or use of deadly force. Agencies respond to it by resorting to post-incident stress debriefings and evaluations by critical incident management teams as well as psychology experts. The second type of trauma, more ominous and less identifiable, is the trauma that develops incrementally over a long period of time and that erodes slowly and pervasively the officers' self-esteem, trust, and confidence in management, superiors, and subordinates. Such trauma echoing Brown can "shake the person's very belief system to the core….It can make a police officer question whether the job has any meaning or value" (p. 3). Worst of all, this second type of trauma could

linger undetected for years culminating in errors in judgment and in self-destructive practices such as suicide.

Whereas initiatives targeting potential PTSD “casualties” are necessary, they focus mainly on reacting and post-incident mental wellness. However, comparatively, numbers of officers involved in catastrophic events remain relatively small overall. In fact, a study by Collins and Gibbs (2003) conducted in the United Kingdom, analyzed the sources of stress-related symptoms among police officers, and measured the prevalence of significant associated mental ill-health. The authors conducted a cross-sectional questionnaire survey among 1,206 police officers and determined that occupational stressors that ranked the highest within the sample were not specific to policing work per se, but to organizational issues such as lack of consultation and communication, lack of control over workload, and inadequate support in general. Collins and Gibbs suggested that the organizational culture was a key issue in officers’ stress and that management action was required. Thus, PTSD initiatives such as critical incident stress debriefing (CISD) or critical incident stress management (CISM) do not address the mental health issue holistically and longitudinally throughout an average span of the officer’s career.

Ultimately, with mental health being of the mind and how we think and therefore how we act and make decisions, it might appear paradoxical that mental disorders appear to be a taboo topic in law enforcement unless and until a critical incident happens. Part of the issue might be contributed to the definition of mental health itself and part of the issue might be grounded in police organizational culture. Many ingredients of mental health may be identifiable, but mental health itself is not easy to

define. In the words of a distinguished leader in the field of mental health prevention (Cowen, 1994):

> For one thing, built into any definition of wellness (or for that matter sickness) are overt and covert expressions of values. Because values differ across cultures as well as among subgroups (and indeed individuals) within a culture, the ideal of a uniformly acceptable definition of the constructs is illusory. (p. 152)

In other words, what it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures. Furthermore, Cowen (1994) posited that mental health focus research centered primarily on (a) things that go *wrong* psychologically (i.e., psychopathology), (b) attempts to understand the processes by which they go *wrong* (i.e., pathogenesis), and (c) seeking better ways to repair things that have already gone *wrong* (i.e., psychotherapy). Given that approach, little research has been attempted comparatively to address the issue of mental health versus mental illness, namely in defining and suggesting what should go *right* in psychological adjustment. Clearly, such prevailing approach to mental health (i.e., from a perspective of mental disorder or illness) could have consequences within the law enforcement community efforts to address mental well-being among its force. Moreover, it could explain why reactive and post-incident mental health measures seem to dominate in law enforcement environment as opposed to preventive initiatives.

Case in point, Donovan (1994) referred to the syndrome of acknowledging any mental disorder by police officers as *death before dishonor*. The author, a veteran of the Boston Police Department, had suffered first hand from suicide attempts, alcoholism, and prescription drug addiction in his career. He pinpointed that the police culture did not allow officers to acknowledge problems they experienced. Donovan

reported: “When you’re wearing a badge, you’re not supposed to have problems….Our image is the biggest killer we have” (p. 3). Consequently, Donovan devoted his retirement years to instituting various counseling networks in police departments, but he cautioned that services and treatments had to be more proactive and grounded more on stress management and education than crisis intervention.

Kureczka (1996) pointed out that delivering mental health care to police professionals was difficult because of the resistance that the officers displayed towards counseling. Namely, the author indicated that the officers had a strong sense of self-sufficiency and typically relied on beliefs that they could solve their problems on their own. Therefore, the officers had great distrust to anyone form the outside of law enforcement attempting to counsel them. Given the evidence that organizational structures affect the mental health of police officers greatly (Collins & Gibbs, 2003), and that police culture prevents the officers from acknowledging mental disorders, or mental health issues (Donovan, 1994), it is not surprising that police officers develop their own strategies for coping. Unfortunately, officers’ strategies for coping lack mechanisms that promote what should *go right*; indeed, they merely avoid identifying what *is wrong.*

Gilmartin (2002) defined one of the coping mechanisms as *cynicism.* According to the writer, over the years, officers learn to create distance in facing organizational challenges by developing what Gilmartin named the *bullshit strategy*. Specifically, the bullshit strategy is a coping mechanism for everything and anything the officers do not agree with and do not like such as political bullshit, administrative bullshit, affirmative action bullshit, management bullshit, union bullshit, touchy-feely bullshit, and total

bullshit (pp. 26-27). Ultimately, enthusiastic and mentally healthy individuals with idealism and core values end up disenchanted and self-destructive. Moreover, they alienate themselves from the rest of the society who in turn are labeled as a cause of all the bullshit, namely assholes (e.g., known assholes, flaming assholes, management assholes, union assholes, federal assholes, local assholes, and political assholes as listed by Gilmartin, 2002, pp. 28-29). Again, such negatively espoused worldviews do not contribute to mental health on the force, yet police agencies nationwide profess that well-being of officers is paramount. Still, the overall well-being is more than physical health, physiological health, street safety, or intellect.

Mental health guarantees a successful performance of mental function, thus leading to enriching activities, fulfilling relationships with others, and the increased adaptability to change and to cope. Mental health constitutes a critical element of the overall personal well-being, of fruitful family and interpersonal relationships; it also facilitates successful contributions to the community and the society. Still, mental-health components are often ignored until problems surface. Poor mental health in children, for example, prevents the development of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. Similarly, among the adults, such skills are indispensable to ensure individuals' successful contribution to the community and the society. Critically, in law enforcement, mental-health component constitutes a foundation for the overall wellness of officers to the same or even greater degree than the physical or physiological health.

Some researchers suggested that comprehensive wellness counseling could promote the overall (mental and physical) wellness of police officers. Specifically,

Tanigoshi, Kontos, and Remley (2008) conducted an exploratory study of 51 law enforcement officers from a suburban jurisdiction in Louisiana. Tanigoshi et al. attempted to determine whether individual counseling sessions grounded in holistic perspective (i.e., adaptive coping responses as well as health promotion and disease prevention) would increase the overall wellness of police officers. The most remarkable point of the study was the use of the 5F-Wel inventory. The 5F-Wel inventory is an assessment tool for the 5 factors of wellness: *Essential Self* including spirituality, self-care, gender identity, and cultural identity; *Creative Self* consisting of thinking, emotions, control, positive humor, and work; *Coping Self* including realistic beliefs, stress management, self-worth, and leisure; *Social Self* comprising friendship and love; and *Physical Self* encompassing wellness and nutrition (adapted from Tanigoshi et al., 2008, p.67). Moreover, the self-efficacy (SE [individuals' perceived ability to perform and execute a given behavior]) was evaluated as well.

The 15-week long research project comprising many counseling sessions revealed that significant changes occurred between pretest and posttest scores in four of the five factors, namely Social Self, Physical Self, Creative Self, and Coping Self. No major changes occurred in the category of Essential Self. Additionally, the increase in wellness was not influenced by the self-efficacy; this is very critical for law enforcement because it could be interpreted that participants' perceived confidence to successfully perform behaviors that promote wellness may not be a factor in predicting change in wellness. Moreover, this finding signals that high self-efficacy might not equate with intentional action to promote wellness. In other words, officers cannot rely just on being aware that they need to engage in wellness behaviors, but they need to be assisted by

professionals to achieve that end. Finally, the authors commented that the increase in wellness through counseling sessions might have not been a result of the counseling per se, but a result of contact or attention given to the officers.

The research on comprehensive approach to police professional wellness remains scarce, but the study of Tanigoshi et.al., signals a step in the right direction because it targeted among other components the mental health of the officers. Clearly, taking into consideration national statistics on mental health outlined above, law enforcement profession needs to adopt new policies and directives and possibly initiate a shift in beliefs and organizational culture to promote the overall well-being of those who are responsible for making high consequence decisions of public safety.

METHODOLOGY

The research question evaluates whether law enforcement agencies and departments should implement routine mandatory counseling for law enforcement officers assessing overall mental health and identifying possible mental well-being issues that may develop from everyday life and particularly from the stress associated with police service. The question is of particular relevance given the overwhelming evidence that mental disorders affect a large portion of United States' population and that the issues of mental health have been avoided in law enforcement sector with the exception of pre-employment screening and as a response to acute stress related to critical incidents. Furthermore, as mental health is a condition sine qua non of sound decision-making, it is plausible to ascertain that lack of evidence-based testing during officers' careers, could have fatal consequences.

The researcher hypothesizes that lack of regular assessment for officers' well-being, to include evaluation of potential mental disorders acquired during the tenure as police officers, might lead to poor decision making and the development of chronic mental disorders that may remain undetected for many years. Furthermore, such disorders have potential of eroding the core values and beliefs of professionals who entered the law enforcement careers as healthy and idealistic individuals. This in turn, could have a tremendous impact on those individuals, their colleagues, their families, and the society as a whole.

The method of inquiry will include a review of existing literature on the issue of mental health with a specific focus on law enforcement initiatives aimed to promote officers' well being as outlined in the Review of the Literature section. Moreover, the instrument that will be used to measure current initiatives on the assessment of mental health of police professionals will consist of a diagnostic survey questionnaire. The instrument consisting of six questions (see Appendix) will be administered to 18 police officers representing 18 law enforcement agencies including municipal police, county police, and state police, within the state of Texas.

Additionally, in order to support his hypothesis, the researcher will present four case studies, three in the state of Texas, and one in the state of New York; all the selected cases will point to potential undetected mental disorders. Finally, the researcher will conduct two interviews, a telephonic interview with a mental-health expert, and a personal interview with a law-enforcement background academician, in order to gain insight into their opinion on feasibility and necessity of the program suggested by the author.

The response rate to the survey instrument was 100%. The information obtained from the survey will be analyzed in the Findings section below.

FINDINGS

Survey Results. Respondents of the survey constituted a good cross section of Texas law enforcement. They worked for large departments, smaller municipal departments, County Sheriff's Offices, and state agencies. In response to Question 1 (see Appendix), only 5% (*n* = 1) of the total sample (*N* = 18) confirmed their agency had a mandatory, routine physical fitness program. Similarly, in response to Question 2, no agency indicated having a mandatory mental health counseling program. In addition, 22% of responders (*n* = 4) indicated that counseling was available on *as needed* basis (i.e., if the officers themselves requested psychological help).

With respect to Question 3, 100% of respondents stated that their agencies had mandatory professional counseling for officers involved in critical situations such as shooting or crash. In addition, whereas such counseling was mandatory as part of debriefing procedure, officers could request additional expert support in such cases. Finally, in response to Question 4, 56% of those surveyed (*n* = 10) discussed cases known to them at their agency of officers in need of counseling due to life and work stressors. The divorce or other marital problems were the most common underlying cause of stress discussed by the respondents (i.e., 80%, N = 10, n = 8). The remaining causes listed were prescription drug abuse, and natural disaster involving multiple fatalities (i.e., tornado) impact.

Moreover, specific examples supported the answer such as (a) a Lieutenant killing himself due to marriage problems, (b) an officer experiencing serious marital

problems after the tragic death of a child, (c) an officer having serious marital problems due to night shift work schedule, or (d) a spouse of an officer killing herself. Especially noteworthy were comments stating that officers' performance greatly improved after counseling either by a professional or even talking to a friend. Even minor adjustments such as placing the night shift officer on desk duty when he was experiencing marital problems increased his mental health well-being. Moreover, one responder commented that the Lieutenant who killed himself was suffering from marital issues; it went undetected until it was too late. The respondent stated also that if the officer received counseling, he would most likely not have taken his own life. In sum, the survey instrument indicated that selected law enforcement agencies in Texas offered professional counseling for post-traumatic events as part of agency policy; however, none of the surveyed individuals evidenced that his/her agency mandated counseling for the purpose of early diagnosis and intervention.

Case Study 1. Based on the article in the "USA Today" published October 2, 2008, a NYPD Officer decided to deploy a Taser (i.e., an electronic control device) on Iman Morales. Specifically, on September 24, 2008, Iman Morales, age 35, had become distraught and threatened to kill himself. When the police arrived, Morales fled naked out his apartment window fire escape and climbed down until he reached a ledge approximately 10 feet (3.3 meters) from the ground. Morales remained on the ledge, and did not appear to comply with police orders to come off the fire escape. NYPD Lieutenant Michael Pigott was the commanding officer on the scene; the Lieutenant ordered another officer to deploy the Taser. Once Morales was exposed to the electrical current of the Taser, he was immobilized and tumbled headfirst to the ground. Even

though an inflatable bag designed to protect people if they jump or fall from elevated locations had been requested, it had not yet arrived when Morales fell to his death. Police officials almost immediately admitted that departmental policy regarding the use of the Taser that explicitly prohibited its use "in situations where the subject may fall from an elevated surface" appeared to be violated. Consequently, Lieutenant Pigott, a 21-year police veteran, committed suicide only days after he ordered another officer to deploy the Taser at Morales, who then fell from a 10 feet elevation to his death. Lieutenant Pigott had been assigned to the Emergency Service Unit, which routinely handled such cases as that of Iman Morales. One day before committing suicide, Lieutenant Pigott had publically apologized, saying he was "truly sorry."

Taser International (2008), the manufacturer of Taser, specifically requires its instructors to provide a minimum of six hours training course for the end users, and to instruct using a standardized training curriculum. Specifically, the curriculum covers all situations in which caution should be exercised when the decision to deploy the Taser is being made. One of those situations concerns subjects positioned on elevated surfaces; according to Taser deployment policies, officers are prohibited from using the device when encountering subjects positioned on elevated surfaces. The shock delivered by the Taser device immobilizes the individual by stimulating the nervous system and by achieving neuromuscular incapacitation. Therefore, individuals situated on elevated surfaces would be placed in jeopardy of falling once their muscles became immobilized.

Clearly, the situational awareness is also stressed during all Taser trainings so that the deploying officers remain cognizant of any potential hazards that could injure the individual being subjected to the device. Given the standardized training

requirements as well as common sense practices expected of seasoned police professionals, routinely operating potentially lethal devices such as the Taser, one may suggest that Lieutenant Pigott was not at a full disposal of sound mental processing.

Case Study 2. According to a Conroe Courier article published April 16, 2009, Damien Cauley, age 31, a former Texas Department of Public Safety (DPS) Trooper was arrested on August 26, 2008 for aggravated theft. Investigation revealed that Trooper Cauley targeted illegal alien residents and individuals suspected of driving while intoxicated when he extorted money during traffic stops performed as part of his official duties. Egregiously, such unethical conduct occurred while Cauley was in his patrol car and while wearing his Texas DPS uniform. Cauley plead guilty to the aggravated theft charge, a state jail felony, and was sentenced to the maximum punishment of two years in Texas Department of Criminal Justice - State Jail Division, which will prohibit Cauley from ever again serving as a peace officer in Texas. Obviously, upon hiring, the Texas Department of Public Safety evaluated Damien Cauley's mental fitness to represent duties of the peace officer. Nonetheless, Cauley's actions could signal the erosion of basic core values that he set forth to defend.

Case Study 3. As documented in the Conroe Courier on April 7, 2009, a Sheriff's Deputy Murray Campbell from Harris County Sheriff's Office (HCSO), Texas, was arrested for suspicion of driving while intoxicated on April 4, 2009. Campbell, a 17-year veteran of the HCSO, was in his uniform and driving his patrol car at the time of the incident. A Texas DPS trooper observed Campbell's marked patrol car operating erratically and at an excessive speed. The trooper made contact with Deputy Campbell and could detect an alcohol beverage on his breath. Deputy Campbell refused to submit

to the field sobriety tests, and after being transported to the Montgomery County Jail, he refused to submit to a breathalyzer test as well. A search warrant for a sample of Campbell's blood was obtained and as the result of blood test, he was arrested for Driving While Intoxicated (DWI). In May 2009, the results of Campbell's blood alcohol content were reported at 10% (KHOU-TV, 2009), which was clearly above the legal limit.

Case Study 4. An article published on March 24, 2009 in The Conroe Courier provided details on yet another troubling case of flawed decision-making and poor judgment error. The Federal Bureau of Investigation (FBI) arrested a Conroe Police Sergeant Mike Tindall, a 47 year-old officer with an honorable 23-year career, and charged him with bank robbery. Tindall robbed the First Bank of Conroe on August 11, 2008. He was off-duty and entered the bank wearing a white motorcycle helmet, gloves, and a jacket. Sergeant Tindall demanded money from the bottom drawers; importantly, *bait bills* designed to track the stolen money-trail were not located in the bottom drawers—fact known only to employees and bank security staff. After stealing $28,000 in cash, Tindall drove away in an easily identifiable Chevrolet Malibu sedan. Sergeant Tindall's crime carries a maximum sentence of 20 years in prison and up to a $250,000 fine.

Ironically, Sergeant Tindall worked as a security guard at the very same bank that he robbed for many years during off-duty hours. He allowed his familiarity of the bank's internal operations manifest itself when he demanded cash from the bottom drawers, knowing that the bank kept its bait bills in the top drawers. The helmet, gloves, and jacket worn during the robbery were those worn by Sergeant Tindall several years

earlier while driving a go-cart sponsored by the Conroe Police Association. To augment the ridiculous aspect of his crime, he rented a car using his true name two days prior to the incident and returned it on the same day of the robbery. Personal bank account records indicated he deposited $5,000 about an hour after the robbery and $10,900 a few weeks later. Additionally, radio logs corroborated that the portable radio assigned to Sergeant Tindall's was on for approximately one hour prior to the robbery, but Tindall rarely activated his radio while off-duty, unless working an extra job. Un-explicably, other officers who were close friends with Tindall, including the Conroe Police Chief, could not provide any reasonable motive for his amateur crime. Sergeant Tindall did not display any "warning signs" of visible financial or emotional distress either. The implications of above cited cases will be discussed in the Discussion/Conclusion section of this paper.

Telephonic Interview. On August 4, 2009, the author conducted an interview with Dr. Gregory Riede, Ph. D., former Psychological Services Director for Houston Police Department, in order to determine whether the psychology expert considered mandatory health screening necessary and feasible as a law enforcement organizational practice. Dr. Riede agreed that counseling and mandatory evaluation screening were two different concepts and expressed concern about confidentially issues that could affect implementation of mandatory evaluation. However, he suggested that not requiring the officers to sign releases could prevent any information of the counseling session to be disseminated; thus, the patient-doctor privileged information could be protected. He argued though that a court ordered subpoena could still obtain the records even though such occurrences were extremely rare.

The expert advocated that if mandatory screenings were to be implemented, agencies or departments would have to use a different psychologist for the mandatory counseling sessions than the ones hired for pre-employment screening. Conversely, Dr. Riede believed that the concept could be cost prohibitive if contract psychologists were to be employed. He estimated that a number of 20 psychologists on staff per estimated 4,000 officers would be needed to maintain the initiative. Obviously, the Houston Police Department, on which Dr. Riede based his calculations, was not representative of an average police department in Texas. The number translated to one psychologist per every 200 officers; thus, an average Texas police department would only need one expert.

Personal Interview. On August 8, 2009, the author conducted a personal interview with Dr. Phillip Lyons, J.D., Ph.D., a scholar at Sam Houston State University. Dr. Lyons agreed with the concept of mandatory counseling and with the idea of placing an equal importance on mental health of employees combined with initiatives addressing physical health and physical fitness. He further suggested that a recurrent 5-year evaluation cycle could be an adequate timeframe between evaluative sessions if time limits or financial burdens existed.

DISCUSSION/CONCLUSIONS

The results of the survey were consistent with existing literature and confirmed that mental health diagnosis and intervention was not the focus of law enforcement initiatives geared towards police officers' well-being. Additionally, the results also validated existing research and literature that show clear dominance of reactive and post-incident programs as opposed to proactive, longitudinal processes towards

achieving mental health balance among police officers. Moreover, the survey revealed that family relationships had a tremendous impact on job performance and mental well-being. More importantly, if counseling was available, either from a friend, or from a professional, the stress diminished significantly or solutions to alleviate problems were negotiated. Conversely, potential mental evaluations and counseling could have prevented the loss of life.

As far as *Case Study 1*, one could hardy debate that Lieutenant Pigott of NYPD should have been fully aware of tremendous ramifications of his decision; after all, he made this type of decisions on regular basis under his six year assignment to the Emergency Service Unit. Lieutenant Pigott was responsible for making difficult decisions involving rescuing individuals from accidental hazardous situations and handling extreme emotional and mental disorder cases, some of which involved rescuing suicidal people from elevated locations. One argument could be waged as to the development of posttraumatic stress disorder (PTSD) following Lieutenant Pigott's realization that it was his lethal decision error to deploy a Taser in an elevated situation, as well as the humiliation and lack of self-worth after having his service weapon and badge reclaimed and he being reassigned to the motor pool answering telephones. However, another argument could be the preexistence of a mental disorder that could have affected Lieutenant Pigott's judgment on that fateful day ultimately leading to a flawed and fatal decision to deploy the Taser. If indeed a mental disorder was the underling cause of a bad judgment, one may argue that it only became exacerbated after the Taser tragedy and culminated in the officers' suicide. Whereas one will never know with certainty the cause and effect of the above scenario, it is highly plausible that

a routine mental health evaluation could have detected a mental disorder, if such existed.

With respect to *Case Study 2*, the argument might be raised whether or not Trooper Cauley had a diagnosable mental health issue that caused him to steal blatantly during traffic stops (e.g., kleptomania and compulsive disorder alike fall within the category of mental disorders). Clearly, an experienced police professional willing to take the risk of a complaint and of destroying his career does not appear to convey an image of sound reasoning, but rather altered reasoning. Whereas this could be a mere speculation given the scarcity of background information, professional routine assessment could have led to early recognition and identification of a potential problem if such indeed existed. Any measures undertaken proactively could have potentially saved an officer suffering from a mental disorder or even a combination of disorders from crime and conviction. Similarly, if Cauley was simply a thief wearing a uniform, routine mental health assessments along the career path, could have potentially revealed this flaw of character as well.

With respect to *Case Study 3*, underlying causes of a 17-year veteran making egregious judgment error could range from latent disorders such as alcoholism, stress of the job or everyday life, or any potential mental disorder leading to dangerous addiction. Or else, underlying causes could reach deeper in Deputy's Campbell's long tenure as a peace officer; after all, according to reports, he was involved in a shooting in 1996. The shooting left Deputy Campbell wounded; worse yet, his partner was mortally shot with a bullet to the head (The 100 Club, 2009). The unknown whether the shooting was the catalyst for a painstaking plummet of his sanity which alcohol helped numb

could have been explored given proper and rigorous mental health attention. Whatever the cause for the error in judgment, it resulted in total destruction of a long, successful law enforcement career of Deputy Campbell; to reiterate, a routine mental-health counseling program could have identified any warning signs concerning Deputy Campbell, and prevented such human potential waste.

Finally, when examining *Case Study 4*, one could question the sanity of a 23-year police veteran considering much less actually engaging in a criminal act. Furthermore, Tindall's basic errors in the commission of his crime signal erratic and irrational behavior. Consequently, a seasoned officer of sound albeit corrupt mind would be expected to design a better thought out *perfect crime.* Such officer, especially one who had spent numerous years as a criminal investigator and as a Public Information Officer responsible for public relations, should have possessed working knowledge of what to do or not do that would minimize being identified as the perpetrator in a bank robbery. Common sense of a non-peace officer offender would have prevented most of the mistakes made during the commission of his crime--mistakes so flagrant that one might argue Sergeant Tindall subconsciously wanted to get caught. Sergeant Tindall's personal life kept secret even from his closest friends could have provided triggering causes such as financial stress. Some evidence indeed suggests such stress existed undetected. Another triggering cause could have stemmed from chemical imbalance. Naturally, Sergeant Tindall could have been predisposed to larceny triggered by some precipitating factor; still, a routine mandatory mental-health counseling program could have identified early warning signs of financial troubles, chemical imbalances, or character predispositions. Just as important, a mandatory counseling program could

have potentially prevented a good officer from making a devastating error in judgment that will affect his remaining life. The researcher strongly believes that mandatory assessment and counseling programs would in fact have prevented many personal tragedies like the ones mentioned above. Additionally, both interviewees shared their support for mandated mental health evaluation programs even tough one of them raised some objections as to the financial and legal feasibility of such initiatives.

The issue examined by the researcher considered whether mental well-being of police officers deserved nationwide attention, and whether policies should be implemented to address psychological health of law enforcement professionals on routine bases throughout their career spans. Notably, the purpose of this research was to raise awareness about pervasiveness of mental disorders in the society and consequently among law enforcement, and to initiate inquiry into a more comprehensive approach into officers' well-being programs. The research question under examination focused on the complexity of problems related to research on mental wellness, with special attention to police organizational culture, and on correlation between mental health and sound decision-making. The researcher hypothesized that preventive, proactive, and long-term mental health programs were lacking from most law enforcement organizations whereas other initiatives ensuring other well-being components such as physical health, physiological health, safety, and intellect development were part of many agencies' policies and directives. Based on the literature, surveys, case studies, and interviews, the researcher concluded that the law enforcement community could no longer be immune to the issue of addressing mental

health of its employees, a finding consistent with the author's hypothesis. The study, however, was not without limitations.

Because of the lack of any statistical data and empirical studies on actual mental health of police officers who spent many years in law enforcement, the author had to base his observations and analyses on manifestations of potential mental health problems such as suicides, poor decision-making, or alcoholism rates. Such inferences, though quite indicative of mental disorders, did not specifically address what type of disorders occurred the most among law enforcement professionals, and to what extent. This limitation notwithstanding, the study is relevant to contemporary law enforcement because it signals the need to initiate quantitative studies on maturating officers' mental health; such studies, in turn, could define precisely what disorders were most prevalent in law enforcement and what measures could be undertaken to mitigate their consequences. Additionally, it is possible that the law enforcement community needs to reexamine its stance of mental health altogether and move toward a holistic approach to officers' well-being. Such initiatives, supported by education, counseling, awareness, and monitoring could lead to a more rewarding career for police officers, better overall organizational health of police institutions, better relations with the society and family, and more capable decision-making professionals.

REFERENCES

American Psychological Association. (1994). *Diagnostic and Statistical Manual on Mental Disorder (4th ed.).* Washington, DC: American Psychiatric Press.

Brown, H. (2003). *The effects of posttraumatic stress disorder (PTSD) on the officer and the family.* Retrieved, July 21, 2009, from http://www.geocities.com/~halbrown/ptsd-family.html

Collins, P. A., & Gibbs, C. C. (2003). Stress in police officers: a study of the origins, prevalence and severity of stress-related symptoms within a county police force. *Occupational Medicine, 53,* 256-264.

Flake, N. (2009, March 24). FBI arrests veteran Conroe police officer in bank robbery. *Conroe Courier.* Retrieved May 9, 2009 from http://www.hcnonline.com/articles/2009/03/24/conroe_courier/breaking_news/cpdarrest0325.txt

Flake, N. (2009, April 7). Harris County deputy arrested for dwi. Conroe Courier. Retrieved May 9, 2009 from http://www.hcnonline.com/articles/2009/04/07/conroe_courier/news/campbell408.txt

Former DPS trooper sentenced to maximum jail time for theft. (2009, April 16). Conroe Courier. Retrieved May 9, 2009 from http://www.hcnonline.com/articles/2009/04/06/conroe_courier/news/theft0406.txt

Cowen, E. L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology, 22,* 149-179.

Donovan, E. (1994, September 12). Programs need caring touch to reach law enforcers. *Alcoholism and Drug Abuse Weekly, 6,* 3.

Gilmartin, K. M. (2002). *Emotional survival for law enforcement.* Tucson, AZ: E-S Press.

Harris, E. C., & Barraclough, B. (1997). Suicide as an outcome for mental disorders. A meta-analysis. *The British Journal of Psychiatry, 170,* 205-228.

KHOU-TV. (2009, May 21). *Harris county deputy arrested for dwi.* Retrieved June 11, 2009 from http://www.khou.com/news/local/crime/stories/khou090521_jj_deputy-arrested-murray-campbell.30b620d.html

Kureczka, A. W. (February/March, 1996). Critical incident stress in law enforcement. [Electronic version]. *FBI Bulletin, 65,*2.

National Institute of Mental Health. (2008). *The numbers count: Mental disorders in America.* Retrieved July 23, 2009, from http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml

RAND Center on Quality Policing (2007). *Evaluation of the New York City Police Department firearm training and firearm-discharge review process.* Retrieved August 2, 2009, from http://www.rand.org/pubs/monographs/2008/RAND_MG717.sum.pdf

Robinson, H. M., Sigman, M. R., & Wilson, J. P. (1997). Duty-related stressors and PTSD symptoms in suburban law enforcement officers. *Psychological Reports, 81,* 835-845.

Slate, R., & Johnson, W. (2008). *Criminalization of mental illness*. Durham, NC: Carolina Academic Press.

Tanigoshi, H., Kontos, A. P., & Remley, T. P. Jr. (2008). The effectiveness of individual wellness counseling on the wellness of law enforcement officers. *Journal of Counseling and Development, 86,* 64-74.

Taser International (2008). *Instructor certification lesson plan: Taser X26 and advanced taser M26 training materials*

Texas Commission on Law Enforcement Officer Standards and Education (2009). *Rules and fee-schedule handbook.* Retrieved August 1, 2009, from http://www.tcleose.state.tx.us/Commission_Rules/Rules%20Handbook%20-%20July%202009.pdf

The 100 Club (2009), *Our heroes line of duty deaths.* Retrieved May 9, 2009 from http://www.the100club.org/Heroes/eng.html

Associated Press. (2008, October 2). NYC officer kills self after fatal taser case. *USAToday.* Retrieved October 3, 2008 from http://www.usatoday.com/news/nation/2008-10-02-nyc-taser_N.htm

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Retrieved May 9, 2009 from http://profiles.nlm.nih.gov/NN/B/B/H/S/_/nnbbhs.pdf

Vena, J. E., Violanti, J. M., Marshall, J. & Fiedler, R. C. (1986). Mortality of a municipal worker cohort:III. Law enforcement officers. *American Journal of Industrial Medicine, 10,* 393-397.

Violanti, J. M. (1983). Stress patterns in police work. *Journal of Police Science Administration, 11,* 211-216.

Wahl, O. F. (2003). *Media madness: Public images of mental illness.* New Brunswick, NJ: Rutgers University Press.

Warner, M. J. (1984). Wellness promotion in higher education. *NASPA Journal, 21,* 32-38.

Weinblatt, R. (2006, January 4). Police officer suicide prevention. *Policeone.com News.* Retrieved July 25, 2009 from http://www.policeone.com/pc_print.asp?vid=122042

APPENDIX

The following questions were included in the survey:

1. Does your agency have a mandatory physical fitness program?
2. Does your agency have a mandatory mental-health counseling program to provide an opportunity of counseling on routine basis? If so, how frequently?
3. Does your agency provide professional counseling to officers involved in a crisis situation such as a shooting or a vehicle crash causing serious injury or death to another?
4. Are you aware of any current or past employees who had difficulty dealing with crisis in their personal lives such as divorce, death of a loved one, or financial hardship and that counseling helped or would possibly have helped in dealing with the related stress? If yes, please provide enough detail to understand the situation and if the stress affected their job performance in any way.