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Managing Mental Health of the Law Enforcement Officer

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ABSTRACT

As Law Enforcement officers continue to be bombarded with traumatic incidents on a daily basis, the number of officer suicides continues to rise. In 2016, 108 law enforcement officers committed suicide in the United States (Kulbarsh, 2017). As these numbers increase, Police Departments, Communities and Local Governments must start taking a more proactive role in managing their officer's mental health.

Suicide, while a key problem among Law Enforcement, is just the tip of the ice berg. The real issues lie beneath the surface in the form of PTSD, Alcohol Abuse, Drug Abuse and marital problems.

Today almost 19% of the law enforcement population admits to suffering from some form of PTSD (Kulbarsh, 2016). Currently a large majority of these struggling officers admit to using inappropriate coping mechanisms that include "alcohol abuse, substance abuse, anger, impatience, violence and arguments with loved ones" (Larned, 2010, p. 66).

Departments need to start by removing the stigma of Mental Health related illnesses in law enforcement by creating an open line of communication then implement mandatory annual mental health checks, provide peer support groups and voluntary counseling services. These types of services will help our officers cope with the traumatic incidents they deal with daily and create healthier happier more successful officers in the long term.

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INTRODUCTION

Increasingly more departments around the United States are focusing on the physical aspects of their officers by implementing mandatory physical fitness training and testing, allowing for paid physical fitness time, issuing ballistic vests, ballistic shields, and assault rifles. These physical fitness tests are not only required during the application process but are completed annually, biannually or in some cases quarterly to maintain employment. While the concern of an officer's physical fitness is a much-anticipated topic, in many departments an officer's mental health post recruitment continues to go unaddressed.

"Each year, there are 100-150 law enforcement suicides taking place, or about ten per month" (A Study of Police Suicide, n.d., par. 1). According to studies in 2016, 108 law enforcement officers committed suicide in the United States (Kulbarsh, 2017). Still very few departments are addressing the ongoing mental well-being of their officers.

Some departments do offer a free voluntary counseling service that officers in need can call to receive assistance anonymously. However, this service is rarely used due to either the officer refusing to admit they need help or the mistrust in the system. Some officers feel these types of services are, in fact, not anonymous and they may be targeted or singled out for utilizing it ("Prescription for Police Mental Health," n.d.).

Other departments set a mandatory annual mental health screening which is as ineffective as not having one at all. When officers who need the help are forced to participate in such mandatory programs they typically lie, try to convince the practitioner

that everything is alright and in many cases - succeed. Officers have gotten very good at hiding this issue for fear of being seen as weak.

So, in turn, officers carry their burdens in silence. This revolving process promotes the idea that officers have to consistantly portray an image of bravery and resiliency leaving no room for true feelings. Benson quotes retired Califonia police chief Craig Steckler as saying “Our refusal to speak openly about the issue perpetuates the stigma many officers hold that deperession, anxiety and thoughts of suicide are signs of weakness and failure, not cries for help” (2015, par. 4)

Over the years, officers are constantly exposed to extreme violence and disturbing incidents that can cause varying degrees of Post-Traumatic Stress Disorder (PTSD) and mental illness. Unfortunately, a large group of officers use harmful and inappropriate coping mechanism to combat these horrors. Such strategies include “alcohol abuse, substance abuse, anger, impatience, violence and arguments with loved ones” (Larned, 2010, p. 66).

Some studies show that as many as 25% of active law enforcement officers abuse alcohol in an attempt to cope with daily life (Becker, 2016). Also, it has been found that law enforcement officers have a higher rate of cancer, heart disease, diabetes, and other related illnesses than the general public (Larned, 2010). As a community, law enforcement officers describe themselves as a family or a brotherhood and typically go above and beyond to help each other, but when an officer is suffering with mental health-related issues, very seldom does anyone come to their aid.

In a 2016 study, Williams spoke of the brotherhood of law enforcement officers and the obligation that each officer must care for the others mental well-being. During

the study, he advised that when he asked, “many senior officers what they were doing about the problem they either said they weren’t aware of the problem or that it was not their issue” (Williams, 2016, p.22.). As a leader, either formal or informal officers must take it upon themselves to talk about the issues and begin removing the stigma of mental health-related disorders.

Suicide prevention in law enforcment is everyone’s job. Due to the increasingly violent environment officers work in on a daily basis and the staggering statistics of officers that are suffering from some form of PTSD, the lack of ongoing mental health screenings, beyond the initial physiological evaluation, is becoming a major concern in departments across the states. Law enforcement agencies should start taking a more-proactive role in managing their officers’ mental health before it is too late.

POSITION

In managing officers’ mental health, departments must begin when the officer is starting out in their career and continue through retirement. This isn’t a onetime fix: it’s a constant battle. Law enforcement academies throughout the nation need to start mandating these types of trainings for their cadets so officers start out with a solid base and the idea that this is a topic that should be talked about.

“We issue ballistic vests to protect our officers from bullets but what do we give them to deflect the caustic events they face during their careers” (Mattos, 2010, p. 1). In 2016, 108 active law enforcement officers took their own lives, which was a 14 percent decrease from 2012 where 126 active officers committed suicide (“A Study of Police Suicide,” n.d.). There is no complete data from 2012 to 2016, only speculation

and samplings, but if this is any indication, law enforcement is heading in the right direction.

Unfortunately, still more police officers die from suicide than are killed by gunfire and traffic crashes put together (“A Study of Police Suicide,” n.d.). In a 2016 study of recent officer suicides, the median age of affected officers was 42 years old and the average time of law enforcement service was 17 years. “Sergeants and above accounted for 22 percent of law enforcement suicides; five were chiefs. 87 percent were males and gunshot was the most common means (80 percent)” (“A Study of Police Suicide,” n.d., para. 5).

Some do not think those numbers are high enough for concern but take into consideration, of the roughly 800,000 law enforcement officers that are employed across the United States, approximately 150,000 suffer from some form of PTSD (Kulbarsh, 2016). That is approximately 18.75% of law enforcement officers suffering every day. It is believed that the number is similar for retired officers. And, remember that is only the number that can be documented.

Thousands, tens of thousands or possibly hundreds of thousands of law enforcement officers suffer in silence. Before agencies can address the problem, they must understand the environmental factors that statistics show has led to the rate of officer suicide (Violanti, 1995). These factors include age, years of sevice, health, possible retiremnt, alcohol abuse, constant exposure to violence and firerms and marital problems.

Also, Violanti says “continuous exposure to death and injury; social strain resulting from shift work; inconsistencies within the criminal justice system; and the

perception of negative public image" can have a tremendous effect on officer suicide (1995, p. 19). Once law enforcment agencies begin talking about the issues and addressing the need for help, officers longevity and productivity will improve. By providing officers with "emotional armor" early in their career, they are setting them up for a long, healthy career (Mattos, 2010. p. 2).

Mattos states that "during the initial part of an officers career the seeds of professional integrrity, ethical hygiene, and personal wellness are developed" (Mattos, 2010, p. 2). This is why it is imperative for police academies to start this process at the ground level and for departments to ensure their field training or patrol training programs include some type of a mental and physical wellness progam. It is also important to select the right people to head up these programs and mentor the younger generation of officers so that trainees are surrounded by people that will provide the right type of ethical role models.

If departments take these steps and implement more mental health support progams for their offficers, they will bettter prepare them for the hardships to come and essentially lower the suicide rate in law enforcement. Also, the organizations' bottom line will benefit from better-prepared officers through fewer sick days, better communication with the public they serve, and heightened productivty (Mattos, 2010).

COUNTER ARGUMENTS

Opponents of further law enforcement mental health support and programs dismiss the above data by saying "high risk individuals select law enforcement as a career" (Fox, 2007, p. 352). Therefore, officers are pre-disposed to mental health

issues and there is no helping the law enforcement community. However, research suggests the contrary.

Research has shown that most officers that are entering the academy have a personality profile that suggests they are above the general public in mental health standards and have a desire to “make a difference” (Fox, 2007, p. 352). This data alone shows officers typically enter the field of law enforcment with “the desire to help rather than to engage in risky scenarios” (Fox, 2007, p. 352). With that being said, law enforcement officers should be less likely to fall victim to mental health disorders as they have been tested and proven to be mentally stable.

As studies have shown, those that suffer from PTSD in the general public tend to be around 7%-8%, law enforcment is much higher (“PTSD,” n.d.). Unfortunantly, with all of the disturbing incidents an officer experiences over their career and the lack of ongoing mental health support, law enforcement officers have a higher PTSD rate than the general public. Some studies say that 19% of law enforcement officers have PTSD. Others suggest that approximatley 34% of officers show signs of PTSD but do not fully quailify for the diagnosis (Kirschman, 2017).

As PTSD and other related mental health issues are talked about more and more, there are still those in the public that believe such illnesses are “all in your head and do not really exist” (“PTSD Myths,” 2017, par, 2). However, PTSD is a scientifically-proven mental health problem and in fact does exist. Studies show that persons that have been diagnosed with PTSD show changes to their amygdala, hippocampus and prefrontal cortex (Bremner, n.d.).

Since these changes show tangible proof of PTSD's effects, the argument that such illnesses do not exist are very innaccurate. As this topic continues to grow, some believe that the cost of these types of programs will be too great for their departments to implement and they may lack the funds and resources necessary (IACP, 2014). However, when considering the cost of recruiting, hiring, training, and outfitting an officer which can be in excess of $100,000 (Meade, n.d.).

Not to mention "the cost of sick time, loss productivty, legal fees and other expenses" that an officer with mental health issues can incure, the overal cost of implementing these types of programs far outweigh the alternative (IACP, 2014). Some even believe that when a person has decided to commit suicide, there is nothing anyone else can do to stop them (Smith, Segal, & Robinson, 2017). This is also very inaccurate. While most suicidal people are in fact depressed and "want the pain to stop" (Smith, Segal, & Robinson, 2017, para.6), they do not want to die.

They waver on their decision until the very end (Smith, Segal, & Robinson, 2017). Some acts of suicide are implusive, however, most are not. The suicidal person that is suffering with the choice in front of them often exhibits warning signs long before they actually commit suicide (Larned, 2010). In some cases "these signs can be traced back for years" (Larned, 2010, p. 64) prior to the person actually acting.

Departments must get better at reading these signs and taking action before it is too late. A few of these clues include "talking about suicide, giving direct verbal clues, self-isolation, expressing hopelessness and giving away belongings" (Larned, 2010, p.4). Something else to take into consideration is the fact that a study by Violanti has

proven that persons who use alcohol and have any variation of PTSD run a ten times greater risk of having suicidal tendancies (Larned, 2010).

With the rate of police officers who reportedly admit to having a problem with alcohol consumption being approximately 25% of the population (Sprout, 2016) and the rate of PTSD being around 18% of the police population (Kulbarsh, 2016) it is easy to see why there is a problem. Alcohol is, in fact, found to be present in 95% of all police suicides (Larned, 2010).

RECOMMENDATION

Law enforcement agencies should start taking a more-proactive role in preventing police suicides and managing their officers' mental health before it is too late. Departments have an obligation to strive to improve the quality of life for it's personnel. To do this, departments have to provide the "necessary tools to their employees" (McDonough, 2011, p.3). As officers' quailty of life improves so will the quailty of service they provide, which in turn will improve the quality of life for the citizens they serve.

These tools include a department-established employee wellness plan that not only adresses the officers' physical wellness but addresses the officers' mental, emotional, and spiritual wellness. This type of training needs to begin when the officer is brand new to the department and continue through retirement. This plan will have to be a way of life for officers and will have to be put into policy by the department administration.

TCOLE and other law enforcement regulatory agencies across the country need to make this type of training mandatory in academies and once employeed by

departments. The plan should include some type of yearly voluntary mental health check, a peer support group, formal training for the peer support officers, printed literature and constant communciation about the hard topics. This communication is imperative and can happen anywhere at anytime.

Members of the department should be asking their fellow officers these four questions “do you know someone who has commited suicide, have you ever contemplated suicide, how can we help someone in need, and what can we do to prevent suicide” (Marx, 2015, p. 218). This type of communication can be uncomfortable at the time but will help officers feel more comfortable opening up in the furture. To be effective, the peer support group should be a proactive organization and make efforts to reach out to officers before they are showing signs of distress (Marx, 2015).

Once officers are showing signs of stress it can be too late. Officers should attempt to get help before they need it - not get help when they need it. Also, with the established peer support group and formal training, members of the department should be able to recognize the warning signs quicker, and since there is already an open line of communciation about the topic, officers will be more likely to either seek help or offer help to somone in need.

The annual mental health check must be voluntary, not mandatory. In the past, mandatory mental health checks have not been succesful. By implementing voluntary annual mental health checks that provide the officer with some sort of external benefit, such as extra time off or a gift card, departments will get more participation.

This participation and training they will receive through peer counseling will help officers gain buy-in and recognize through an outside professional source that they may, in fact, have a problem. This will give offficers an outlet to begin fixing the problem.

If departments would start taking these steps to ensure their officers mental health, they will be providing happier, healthier officers for their communities. These officers would be more productive, have extended longevity, cost the departments less money, be involved in fewer use-of-force incidents and the overall rate of police suicides would decrease. Law enforcement departments across the nation should start implementing peer support groups, voluntary annual mental health checks, and an open line of communication throughout their officers before it is too late.

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