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Law Enforcement Mental Health: Addressing the Stigma and Changing the Culture

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ABSTRACT

In the last year (2019), there has been an increase in coverage of officer-involved suicides. This phenomenon is not new but is receiving coverage as several of the suicides have been while the officers have been on duty. Police suicides are impacted by the stigma surrounding mental illness and its treatment.

Agencies have an obligation to their officers and communities to ensure that officers receive mental health treatment. Law enforcement agencies should have a culture that enables/encourages personnel to get mental health help without fear of punishment. Law enforcement can be a very toxic and traumatic career and without the support of the agency the officers will suffer.

The stigma surrounding the treatment of mental health is a barrier to officers receiving treatment. Addressing this stigma will require a paradigm shift in the response to mental health overall. In order to deal with the mental health issue will require a coordinated response between the law enforcement agency and human resources.

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INTRODUCTION

The purpose of this discussion will be to address the issue of law enforcement officers across the United States not obtaining the mental health help that they need due to the stigma of mental health (Corrigan, 2004). This topic has a very profound impact on the overall health of a law enforcement agency. By addressing this issue, it will lead to healthier officers and by extension safer communities.

In 2018, there were 169 law enforcement suicides in the United States according to the website bluehelp.org and according to the National Law Enforcement Memorial Fund; there were 138 law enforcement line of duty deaths during 2018. As of November in 2019, there were 196 law enforcement suicides (bluehelp.org) and 103 line of duty deaths (nleomf.org).

In Texas alone there are currently over 79,000 peace officer licenses issued by the Texas Commission on Law Enforcement (TCOLE). TCOLE has also issued over 29,000 jailers licenses. Combining both types of licenses means that there are over one hundred thousand licenses issued. While this problem does not affect just the state of Texas, it is most certainly an issue for the state considering the number of peace officers and jailers that are licensed.

This problem affects law enforcement at every level from small rural agencies to the extremely large metropolitan and federal agencies. In addition, this issue affects officers at the lowest level of an agency all the way to the very tops of agencies, and time in service from rookie officers to officers that have been in service for decades.

Law enforcement, in general, has been very poor about addressing the mental health of employees by avoiding and failing to address the problem. Coupled with the

varied sleep patterns from rotating schedules and the constant exposure to stressful work situations (Violanti, Owens, McCanlies, Fekedulegn & Andrew, 2017) this has created a perfect storm for the sharp spike in the national suicide rate for law enforcement officers. This has been enough of an issue that the United States Congress passed legislation addressing the issue (Law Enforcement Mental Health and Wellness Act, 2017).

Agencies do not encourage or enable their officers to get away. This is especially true as officers promote. Officers are expected to be available more to the point that most agencies are issuing cellular phones with the expectation for an officer to be available. This leads to officers not being able to disconnect from their agency. This causes the separation from healthy relationships and furthers the department first mentality (Gilmartin, 2002). The only way to overcome this attitude is to shift the culture inside a law enforcement agency. Law enforcement agencies should have a culture that enables/encourages personnel to get mental health help without fear of punishment.

POSITION

As officers start their careers in law enforcement, they are idealistic and for the most part excited. Officers see and experience new things. They typically immerse themselves into this new career (Gilmartin, 2002).

At some point, the job begins to wear on officers and the negative life experiences begin to add up. Those experiences could be anything from assaults on the officer, an increase in family instability, financial troubles, and exposure to traumatic incidents. Inconsistent sleep patterns begin to affect officers in several facets of their

lives and can begin to exacerbate personal issues (Vogel, Braungardt, Meyer, & Schneider, 2012).

One of the ways that this comes into play is that officers begin to disconnect from others that are not officers. Officers begin to spend more time with other officers because of the rotating schedules. This includes holidays, birthdays, and other significant life events. When an officer witnesses a fatal crash that has claimed the lives of a family, another officer has witnessed it with them and they can directly relate and understand what the officer is feeling and experiencing. The officers work family begins to take a more prominent role in their lives very typically to the point that officers lose most of their non-law enforcement friends (Gilmartin, 2002).

Officers begin to believe that the only people that can relate to them are other officers. Typically the ones that have been with them through these traumatic life events (Wheeler, Fisher, Jamiel, Lynn, Hill, 2018). An echo chamber of ideas can be created that causes officers to insulate themselves away from others and reinforces ideas. This leads to officers believing that no one can relate to them, which leads to the traditional employee assistance programs (EAP) to be underutilized (Rostow, & Davis, 2004)

In a traditional EAP role, the provider is not affiliated with the police department. This creates an air of distrust on the part of officer, and can reinforce the stigma of the broken cop. Several agencies addressed this by starting EAP's that are departmental employees (Rostow, Davis, 2004)

While a traditional EAP or even an agency EAP may be effective, it cannot be the only way that the stigma is addressed. The stigma to the treatment of mental health is documented and known to affect all levels of law enforcement (Velazquez, Hernandez,

2019). The lack of training and awareness to mental health treatment is startling, and is even reinforced in popular culture, often for comedic response (Rostow, Davis, 2004).

The stigma against mental health treatment is radically seen in small agencies. The suicide rate for officers in these agencies is higher than large agencies (Violanti *et al*, 2017). This has been attributed to the idea that officers must handle their own stress by themselves and without outside help (Karaffa & Tochkov, 2013)

When an officer is first hired, they are usually placed with a training officer for on the job training. The first field-training officer (FTO) has a unique place in the eyes of that new officer. The FTO's responsibility is to train the new officer in the trade of becoming a valuable police officer. They teach that new officer how to be a cop and survive.

The FTO is in a unique position to train the new officer and help address the stigma associated with treatment. FTO's have the necessary knowledge that a new officer will need as they go forward in their career. If an FTO reinforces the belief in mental health help then that trait should be passed on to the new officer (Velazquez, Hernandez, 2019).

After the field training officer the first line supervisor is going to be the next step in ensuring that the officer is free to get the help they need. The first line supervisor will see the officer and should be in tune with how the officer is performing. They will also know when the officer has responded to those traumatic and disturbing calls and may have even responded to the calls with them. The supervisor seeking treatment with a subordinate will help remove the stigma as well as the fear of consequences (White, Shrader, Chamberlin, 2015).

An officer is exposed to many stressors. Organizational stressors are caused by calls for service, report writing, lack of time off due to low staffing, rotating shifts, limited mobility within the organization, and many others. Personal stressors are caused by financial issues, lack of time off, unstable work hours, reduced sleep from work and family responsibilities, and again many other issues (Karaffa, K. & Tochkov, K., 2013).

As these stressors occur, the officer may begin to exhibit behavioral signs that there is a mental health issue. The psychological impacts could be PTSD, alcoholism, and depression. Direct work impacts that could be manifesting themselves could be increased aggression, absenteeism, and reduced efficiency (Karaffa & Tochkov, 2013)

As officers fail to obtain treatment, there is a rise in the rate of alcoholism. This is attributed to the inability to seek healthy treatment for post-traumatic stress disorder, depression, anxiety, and sleep disorders (Karaffa, K. & Koch, J., 2016). Alcoholism is a risk factor in police suicides. However, alcohol is also used as a bonding practice is police culture. This makes the use of alcohol very dangerous inside the relationships of officers (Violanti, et al., 2017). Violanti, et al. (2017) goes on to say that the odds of suicide increase by 4.45 percent. The culture in law enforcement makes the abuse of alcohol a major factor in suicide.

A barrier to treatment is the lack of trust in the confidentiality of the treatment. In order for trust to be established there needs to be an understanding that the mental health help will be confidential. The limits to the rules of confidentiality should be outlined before treatment begins. There is also concern that a record will be created when the officer utilizes their insurance benefits. However, private treatment where the

officer pays for treatment themselves is expensive and most will not be able to afford the service without the assistance of insurance (White, *et al.,* 2015).

The Supreme Court of the United States decided a case in 1996 that dealt with whether a person seeking mental health help had privacy under psychotherapist-patient privilege. Redmond was a police officer that became involved in a use of deadly force. During the subsequent lawsuit, her use of a therapist was brought into the court proceedings. The Supreme Court set the precedence that the treatment that a law enforcement officer receives is privileged information and cannot be used in court proceedings. Officers should look at Jaffee v. Redmond for the confidence that their mental health care is confidential (Jaffee v. Redmond, 1996).

COUNTER ARGUMENTS

Law enforcement officers exhibit a large amount of autonomy due to the very nature of their jobs. There is also a large amount of responsibility for officers to perform duties with little supervision. The perceived expectation of officers by their peers causes the expectation of the officer that they must perform without getting help (Karaffa, & Tochkov, 2013). There is a belief by officers that because of the autonomy, that if an officer got help, his peers and co-workers would ostracize him for being weak (White, A. et al, 2015).

This thought causes the officer not to actively pursue treatment because of the belief that there will be the loss of the respect of his/her peers. The respect of another officer is a major barrier. It is also very difficult to overcome because of relationships that officers develop with each other (White et al, 2015).

As an officer begins a career, because of the culture that is present, his whole life and existence becomes that of the agency. The threat of the loss of that status is damaging to an officer. It will cause him to shut down, internalize, and hide the issues instead of getting treatment (Gilmartin, 2002).

This creates an atmosphere that could create a very toxic officer that will lead to the manifestation of mental illness and could lead to suicide (Donnelly, E., et al, 2014). By that officer failing to get the help that is needed he reinforces the stigma and his co-workers will believe or agree with the stigma. Stigma is the leading cause in officers failing to get mental health help (Corrigan, 2004).

Stigma is addressed pre-emptively by first the field training officer and later by the first line supervisors, and even the agency head (White, et al, 2015). By addressing the problem in this manner, it is addressed in layers. It creates many eyes that are looking for a potential issue and building a critical response to employee issues before it leads to a suicide.

Officers do not get treatment on their own (Corrigan, 2004). They refuse to use the employee assistance programs that agencies have set up and in place for them to use. Employers provide these benefits to employees to provide for their wellbeing in the same way that health insurance is provided (Rostow & Davis, 2004).

The conception of the failure to use EAP's is that the employer gets a record of the EAP use or visit. The creation of the record that an officer is mentally ill causes officers to not seek the treatment that they need. There are only a few instances where a mental health provider is eligible to release mental health records (Karaffa & Koch, 2015).

Officers strongly identify with one another and they believe that they are the only ones that have issues with the negative experiences (Karaffa, & Koch 2015). This is a direct addition to the stigma to obtaining mental health treatment.

This argument is directly invalid in that most officers are willing to get treatment. The main reason for failing to get treatment is the stigma associated with that treatment. This stigma is a paralyzing barrier to getting not just treatment, but effective treatment (Karaffa, & Koch, 2015).

Part of the reason that the stigma is so great is that most officers have developed a prejudice or stereotype of a mentally ill individual. This is from responding to calls for service to individuals that have a mental illness and are causing disruptions in the community. Typically, these persons are substance abusers, to include alcohol or illegal narcotics. They may also be homeless and as a result dirty, unkempt, and have had many negative interactions with law enforcement. This reinforces the prejudice and strengthens the barrier to the treatment (Corrigan, 2004; Karaffa & Koch 2015; Karaffa & Tochkov, 2013).

Stigma of mental health treatment is not unlike other social justice issues that have been faced in the last several decades. By effectively addressing and treating mental health issues, the stigma surrounding them will diminish. As this illness is better understood, the stigma will begin to fade. This is not unlike other diseases such as leprosy, small pox, and even AIDS (Corrigan, 2004).

In their 2015 study, Karaffa and Koch, applied pluralistic ignorance to mental health treatment. This is similar to the idea and theory of groupthink in that as a group law enforcement officers are less likely to get treatment for their illnesses. This is due to

the thought that fellow officers will lose respect for them if they receive treatment for a mental illness (Karaffa & Koch, 2015).

RECOMMENDATION

The issues that this mental health crisis bring can only be overcome by a paradigm shift in the way that this issue is looked at and perceived. This shift must occur or we will continue to lose law enforcement officers to not only suicide but also substance abuse and other unhealthy coping methods (Violanti et al, 2017). As a whole, law enforcement agencies must begin to address these issues in a concerted and methodical way.

Officers start their careers in a very fast manner. Law enforcement officers begin their careers with other officers and those relationships will start to isolate them from the world outside and away from law enforcement. Couple this with the fact that officers, by the nature of their jobs, interact with individuals under less than ideal circumstances, and the situation leads to the voluntary isolation by the officer from anything other than co-workers (Gilmartin, 2002).

This isolation fuels the stigma that is related to treatment for mental health. An officer can become worried that if he is out for mental health that his co-workers will perceive him as weak and unable to do the job (Karaffa & Tochkov, 2013). This leads to the under use of EAP's by employees (Rostow & Davis, 2004).

The stigma leads to the lowered use of common EAP's and leads to perception that officers will not get the help that they need (Corrigan, 2004).

There is a belief that officers will not seek help that is not the case. Research shows that officers are actually willing to get help. They do not seek help simply because of pluralist ignorance and groupthink that they will be judged for seeking help.

The first way that this can be addressed is through a comprehensive policy through both the agency and the human resources department. The purpose of the policy would clearly define what would happen if an officer received mental health treatment. The policy should provide protections to the officer to assuage the fear of getting treatment. The goal of this would be to begin that paradigm shift into destigmatizing the treatment of mental health.

Modifying the field training policy to address mental health for an officer would have a positive impact on officer development. This would have a senior officer imparting wisdom to an employee that he is responsible for training. This relationship will found credibility that it is okay to receive treatment for a mental health issue.

The added benefit to this is that field training officers typically promote to supervision roles. With first line supervisors coming from the field training role they will more willing to identify and encourage employees to obtain that treatment. The idea is that there will be buy in to the treatment policy.

Involvement of human resources would be imperative in order to provide consistent outcomes to the treatment. This union of resources would provide a multi-dimensional approach of dealing with the stigma of mental health treatment.

There is no easy solution to this issue and will require a concerted effort on the part of all levels of law enforcement. This is imperative to ensure that officers are the healthiest that they can be. A law enforcement agency should do these things to

ensure, and enable its officers to get the mental health help that they need without fear of punishment, exclusion, or retribution.

REFERENCES

Law Enforcement Mental Health and Wellness Act, *An Act to Provide Support for Law Enforcement Agency Efforts to Protect the Mental Health and Well-Being of Law Enforcement Officers, and for Other Purposes*. (2017)

Corrigan, P. (2004). How Stigma Interferes With Mental Health Care. *AMERICAN PSYCHOLOGIST*, (7), 614

Donnelly, E., Valentine, C., & Oehme, K. (2015). Law enforcement officers and Employee Assistance Programs. *Policing: An International Journal*, *38*(2), 206–220

Velazquez, E. & Hernandez, M. (2019). Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health : A state-of-the-art review. *Policing: An International Journal*, (4), 711.

Gilmartin, K. M. (2002). *Emotional survival for law enforcement : a guide for officers and their families*. E-S Press.

Karaffa, K. M., & Koch, J. M. (2016). Stigma, Pluralistic Ignorance, and Attitudes Toward Seeking Mental Health Services Among Police Officers. *CRIMINAL JUSTICE AND BEHAVIOR*, *43*(6), 759–777

Karaffa, K. M., & Tochkov, K. (2013). Attitudes toward Seeking Mental Health Treatment among Law Enforcement Officers. *Applied Psychology in Criminal Justice*, *9*(2), 75–99

Rostow, C. D., & Davis, R. D. (2004). *A Handbook for Psychological Fitness-for-Duty Evaluations in Law Enforcement*. New York: Routledge

Violanti, J. M., Owens, S. L., McCanlies, E., Fekedulegn, D., & Andrew, M. E. (n.d.).

Law enforcement suicide: a review. *POLICING-AN INTERNATIONAL JOURNAL OF POLICE STRATEGIES & MANAGEMENT*, *42*(2), 141–164

Vogel, M., Braungardt, T., Meyer, W., & Schneider, W. (2012). The effects of shift work on physical and mental health. *Journal Of Neural Transmission (Vienna, Austria: 1996)*, *119*(10), 1121–1132.

Wheeler, C., Fisher, A., Jamiel, A., Lynn, T. J., & Hill, W. T. (2018). Stigmatizing attitudes toward police officers seeking psychological services. *Journal of Police and Criminal Psychology*

White, A. K., Shrader, G., & Chamberlain, J. (2016). Perceptions of Law Enforcement Officers in Seeking Mental Health Treatment in a Right-to-Work State. *JOURNAL OF POLICE AND CRIMINAL PSYCHOLOGY*, (2), 141