

**The Bill Blackwood
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**Peer Support:
A Program to Safeguard the Mental Health of Law Enforcement
Professionals**

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ABSTRACT

In 2019, there were 228 reported suicides among law enforcement professionals. In contrast, there were 132 line of duty deaths (Officer.com, 2020, p. 2-3). Statically, police officers have a 60% greater chance of taking their own life than losing their life by any other means (American Police Officers Alliance, 2019, p. 6).

Law enforcement professionals across this nation are faced with continued oversight, scrutiny, expectations, and day-to-day exposure to traumatic situations leading to adverse effects on their relationships, work product, ability to cope and sometimes even leading to substance abuse and death. Adding to all the stressors, both acute and cumulative facing law enforcement, officers now share the additional stressors of current times (2020) with the pandemic, economic shut down, and the overt war on police. Peer support programs offer a comprehensive peer-to-peer led dialogue between the affected employee and a trained and certified Critical Stress Incident Management (CSIM) member. These members are also able to guide the affected employee through the internal and external processes often involved in critical incidents.

Law enforcement organizations should initiate and maintain a peer support program with a focus on the mental well-being of all personnel. A traumatic event or critical incident does not only affect the involved officer but also their family, friends, and support team. This paper will offer in-depth research of a successful peer support program and explore the benefits and concerns affecting those who make up the program and those who are served.

TABLE OF CONTENTS

	Page
Abstract	
Introduction	1
Position	2
Counter Arguments	5
Recommendation	8
References	11

INTRODUCTION

Law enforcement organizations should initiate and maintain a peer support program with a focus on the mental well-being of all personnel. Police officers throughout their careers will experience and witness the most tragic and horrific things the world has to offer. To the world, police officers appear to be the warriors that stand between right and wrong, the guardians that protect our communities at all cost and those willing to sacrifice their life for a stranger. Police Officers deal with internal and external stressors such as physical and emotional demands, uncertain work schedules, long hours, shift work, expectations from the public, life and death scenarios, a myriad of emotions, deadlines, and scrutiny and criticism from the public among many other factors (Redman, 2018). Police officers, because of the sheer nature of their work, find themselves vulnerable to the factors that effect their mental and emotional well being.

Without intervention, because of the continued traumatic exposure and critical incidents, police officers have a higher rate of mental health related compromises. A critical incident is defined as any event that has a stressful impact sufficient to overwhelm the usually effective coping skills of an individual (Officer.com, 2007). As many as 87% of officers are affected by critical incidents (Officer.com, 2007). According to the American Police Officers Alliance, 1 in every 4 police officers have thought about committing suicide (American Police Officers Alliance, 2019). More police officers die by suicide each year than by any other means (National Alliance on Mental Illness, n.d.). Because of the nature of work, police officers often turn to alcohol, drugs, gambling, and other unhealthy coping mechanisms to mask the effects of the tragedies of the job. Police officers, compared to other professions, have a much higher rate of

depression, PTSD, burnout, suicide, and other mental health conditions. They often are too proud or scared to face their peers and come forward with any type of mental health concerns. Additionally, peers are typically the first to notice something is not right with their partner but are not sure how to bring the concerns to light or who to address the concerns with. All employees are deserving of and seeking that program or persons they can confide in without fear of retribution, and someone they can go to in a time of need who understands or can relate to their concerns or crisis.

POSITION

A peer support program is designed to assist the law enforcement officer through difficult traumatic events and critical incidents. The program is comprised of peers of the organization who often have experienced or been affected by critical incidents themselves. Additionally, these members have been trained and certified in Critical Incident Stress Management (CISM). The Federal Law Enforcement Training Center (FLETC) defines a Peer Support Program as, “An informal, private opportunity, available 24 hours a day for you to speak to someone like you, to assist with any issues you may be having difficulty within your life” (Federal Law Enforcement Training Center, n.d., para. 1). Peer support programs have three major roles: listening, assessing and referring (Tomz, 1998). Law enforcement organizations should initiate and maintain a peer support program with a focus on the mental well-being of all personnel. The goal of a successful peer support program, according to the International Chiefs of Police Association is, “To provide all public safety employees in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties” (IACP, n.d., p. 21). Peer support

programs have been around, in some form, since the 1970s. Peer support is not a new concept. Police officers have been confiding in one another for many years. They have come to one another with their problems and done whatever was necessary to assist their fellow officer. The peer support group concept is simply formalizing what many already do. They offer employees unbiased and non-judgmental support through a critical incident or traumatic event. They can also offer a pathway, to include the formal procedures involved, for the officer regarding the physical, mental, and emotional aftermath of experiencing a traumatic event. Officers often experience periods of doubt, guilt, uncertainty, and loss of purpose during these difficult times. It is important to the officer, their family, the organization, and the community to have someone to inform and guide the officer and their family through these times. After analysis of 54 studies, psychologist Isaac Galatzer-Levy found that at least 50% of persons displayed posttraumatic growth (Papazoglou et al., 2020). Posttraumatic growth is growth after a traumatic incident when persons re-evaluate and take a deep look at their previous priorities and often re-prioritize. Some quit their jobs or find stronger social and spiritual connections (Zaki, 2020). Another idea some organizations consider implementing with their peer support program is a physical wellness program. Physical exercise releases chemicals such as endorphins and serotonin which are both shown to improve one's mood. Physical exercise is proven to reduce anxiety, stress, and other depression factors associated with the daily exposure law enforcement personnel face (Healthdirect, n.d.)

Another benefit of a peer support program is the ability to reduce compassion fatigue among the officers. Many officers, over a period, develop what is known as compassion fatigue. Compassion fatigue can be defined as the physical, mental, and emotional state experienced by professionals that assist others in distress (Grant et al., 2019). The research, understanding, and acknowledgement of compassion fatigue has increased significantly since the attacks on September 11, 2001 (Grant et al., 2019). Officers who suffer from compassion fatigue could have difficulty sleeping, impaired judgement, cynicism, exhaustion, loss of self-worth and trust and even anger and control issues (Grant et al., 2019). These symptoms of compassion fatigue can be a great liability for the officer, his/her relationships, and the organization he/she works for. With an increase in compassion fatigue comes a decrease in compassion satisfaction. Failure to identify and address compassion fatigue can lead to a toxic environment at work and at home. With the appropriate training, peer support group members can recognize compassion fatigue before it begins to adversely affect the officers. They can offer early intervention, give the officer various coping mechanisms to assist him through this event, walk with the officer through the difficult time and offer other resources available (Grant et al., 2019).

A successful peer support program can reduce moral injury among law enforcement personnel. Moral Injury is defined as the suffering people experience when we are in high stakes situations, things go wrong, and harm results that challenges our deepest moral codes and ability to trust in others or ourselves. The harm may be something we did, something we witnessed, or something that was done to us (Norman & Maguen, 2020, p. 1-2). It results in moral emotions such as shame, guilt,

self-condemnation, outrage, and sorrow (Grant et al., 2019). Moral injury can occur when law enforcement is unable to save a spouse from a domestic violence situation that results in death or failure to intervene because law enforcement was a moment too late (Papazoglou et al., 2020). This is one of the most common types of issues officers face over a period of time. Police are regularly reminded that how they perceive the world is fictitious. What starts out as traumatic events or critical incidents become routine and officers, for self-preservation, build a wall or immunity to these tragic scenes. Without intervention, the officer can become desensitized to the needs of others. Police officers are good hearted men and women who genuinely care for the communities they serve. Without continuous motivation and a positive perspective, officers can potentially lose their sense of caring. This is typically something that occurs even without the officer's knowledge.

COUNTER POSITION

One of the challenges presented to peer support programs around the country is the stigma associated with law enforcement personnel seeking mental health support. According to a survey conducted by the Fraternal Order of Police and NBC, 90% of the 8,000 officers surveyed, reported stigma as a significant reason why they don't report or seek assistance for mental health (Report on FOP/NBC Survey, n.d. p. 1). Approximately 85% surveyed said they feared they would be weak or unfit for duty (Report on FOP/NBC Survey, n.d. p. 4). The law enforcement profession, like many others, operates under an unwritten code of ethics and have their own culture and subcultures. Historically, police officers are told not to share their feelings or emotions with anyone and to "suck it up". They have been expected to keep those emotions on

the inside and were often seen as weak if they verbalized the way the traumatic event or critical incident has affected them (Redman, 2018). Peer support programs go against those cultural norms and encourage those affected by trauma or a critical incident to come forward.

More than 70% of officers surveyed reported that a critical incident at work has caused them lingering or unresolved issues leading to sleep problems, easily angered, view of the job has changed, relationship problems, suicidal ideations, and even substance abuse (Report on FOP/NBC Survey, n.d. p. 1). Approximately 75% of the officers who have utilized a peer support program found it helpful (Report on FOP/NBC survey, n.d.) Some officers will hold those feelings inside and never discuss them with anyone, allowing those pent-up emotions to build until the day they can no longer remain in isolation. Being able to speak with a trusted peer can have a significant impact on the officer's outlook on their life and the purpose in which they stand.

Often, police officers seeking assistance for mental health reasons find themselves navigating through the bureaucracy of procedures and policy governing their responsibilities to the community. Employers have the legal responsibility to manage and monitor the employee's mental condition and typically offer a city-wide program known as the Employee Assistance Program (EAP). An officer seeking assistance for mental health reasons, through traditional EAP, may be viewed by the organization as a liability and may be required to complete a fit-for-duty exam. Additionally, part of the officer's treatment may be a prescribed medication, prohibiting an officer from carrying out his normal duties and responsibilities. If deemed unfit, the police officer may be released or terminated by the employer (Redman, 2018). Officers

are very aware of these barriers and often add their own narratives, which only reinforced their previous reservations. Some organizations make it mandatory for officers involved in a critical incident to seek some form of counseling. This is often regulated by internal policy and procedure.

One of the first things officers can do is educate themselves, as to their rights, when it comes to seeking professional assistance regarding their mental health. The confidentiality of interactions with peer support personnel is governed through the Health and Safety Code, chapter 784 under Section 784.003 (Texas Constitution and Statutes, 2019, p.1). The United States Supreme Court ruled, in *Jefferie v. Redmond*, that officers seeking professional assistance, not ordered by the department, is legally and ethically protected, and privileged between the medical professional and the officer (Papazoglou et al., 2020). This relationship and information associated is also protected by HIPAA (the Health Insurance Portability and Accountability Act) (Redman, 2018). In fact, the employer is not privy to the idea that the employee is under a medical professional's care. There are, however, a few exceptions to the confidentiality rule to include alleged child or elderly abuse, a danger to oneself or others, and an imminent threat to cause harm (Redman, 2018).

Some have voiced concerns over the associated cost and resources required to launch a Peer Support Program in their organization. A study published in *CopShock* illustrated the average cost for intervention in one organization, where post-traumatic stress (PTSD) was diagnosed, was \$8,300 per employee (Kates, 2008). Another organization within the same study listed 12 stress-related retirements within one year, costing the department approximately \$100,000 per employee (Kates, 2008).

There is an ample amount of research indicating the implementation costs associated with funding a peer support program significantly outweighs the costs associated with ignoring the effects of deteriorating mental health among the employees. It was noted in Kates' study (2008) that the average cost for intervention was \$8,300 per employee. If treatment or intervention is delayed, the cost associated would jump to an average of \$46,000 per employee (Kates, 2008). Just imagine, if unaddressed, how much money can be associated with officers making the wrong decision or using excessive force as the result of lingering mental health conditions.

In another organization, after the peer support program was launched, the organization reduced their stress-related retirements from 12 to 1, saving the organization an estimated \$1.1 million dollars (Kates, 2008). There are examples indicating the costs associated with the implementation and maintenance of a peer support program are significantly lower than not offering the resources to the staff (Kates, 2008).

RECOMMENDATION

A police officer, depending on the circumstances requiring their presence, currently serves as a friend, guardian, warrior, counselor, mentor, and even a hero. Even though police officers are courageous, self-less, and sacrificing, they are no different than the communities they serve. Police officers have shortcomings, feel emotion, and share in failure. Police officers are asked to be the first to act when the situation is dire, and loss of human life is imminent.

Whether cumulative or as the result of one critical incident, a police officer's mental health can become fractured. A police officer needs and deserves a program

with trained staff who can come to his aid when needed. Peer support programs are being formed throughout the United States and beyond.

All law enforcement agencies across the country should initiate and maintain a peer support program for the safety and well-being of the community's guardians. Peer support programs are formed within the organization and utilize trained personnel who have experienced their own critical incidents and who can relate and share their experiences with others in need.

Peer support programs are beneficial to the mental health of all personnel, can reduce the effects of trauma, compassion fatigue, and moral injury while increasing officer longevity. It is vital to the success of the program to change the culture associated with vulnerability.

As previously mentioned, 90% of officers will not report because of the stigma attached. (Report on FOP/NBC Survey, n.d.) Some will argue they cost too much and use too many internal resources. There are federal grants, state organizations, and local non-profit organizations available for mental health programs such as a peer support program and, at least initially, the resources used for the program are filled by existing personnel. Many departments have secondary assignments such as negotiators and special operations. This too could serve as a secondary assignment for those chosen to serve in this program.

Heroes of the community deserve others to be monitored and cared for by their trained peers. For law enforcement to be best positioned to assist the citizens, they must be physically, emotionally, and mentally stable. The researched gains and

benefits of a peer support program certainly outweigh the potential cost, personnel, or resources needed to form such a program.

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