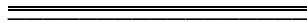


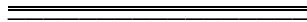
**The Bill Blackwood
Law Enforcement Management Institute of Texas**



Mental Health Programs at Law Enforcement Agencies



**A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**



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ABSTRACT

Law enforcement officers operate in one of the most caustic environments day in and day out. Officers are given instruction on how to correct most concerns that may arise from service calls. Whether it be critical thinking, use of force, or arrests, law enforcement officers must problem solve to make a situation better for the consumer of their services. Officers enter into the consumers lives on what could be described as the worst day ever and are expected to stifle the sights, sounds, and smells while continuing to provide high levels of service. Police agencies expect that through proactive supervision, policies, and self-awareness if there was a problem with an officer someone would step forward and say something. In a culture of silence and machismo this does not work. Data and studies are indicating a trend that more officers commit suicide than die in the line of duty each year. Mental health programs for officers help reduce not only suicide, but also the effects of job related stress to include long term medical conditions. Law enforcement officers should not only be taught how to thrive in the day to day caustic environment but also how to survive and thrive for their entire career to include retirement. Law enforcement agencies should have mental health programs for their employees to ensure their mental health well-being.

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INTRODUCTION

Law enforcement can best be described as having a front row seat to the greatest show on Earth. Part of the allure of this profession is that nothing stays the same and police officers can go from boredom to terror in two seconds. The sensationalism of this profession has increased with the wide variety of law enforcement programs available with all the technology, training, and money, to allow the police officer to generally win, and rarely lose. Professionals pick out what appears to be the most lethal encounter for law enforcement and exploit the situation whether it be wild police chases, shootouts, or other violent encounters. What is not being shown or discussed is what happens when the shift ends; the excitement is over; and the sights, sounds, and smells of the call replays over and over like a broken record in the officers head.

Very little is mentioned about the lasting effects of traumatic events that every officer encounters, often on a daily basis, while on duty. Law enforcement officers function in some of the worst conditions imaginable. While operating in these conditions, many officers fall prey to the stresses of the fish bowl effect, where everyone is constantly watching and recording officer's daily interactions with the public to find any perceived injustice so it can be publicized for scrutiny.

While at work, law enforcement officers are taught to check their emotions at the door as they are not welcome at work and tend to get in the way. Unfortunately, the senses a police officer experiences at a scene do not disappear as easily as flipping a switch, which leads to physical and mental health problems for law enforcement officers. The general public is unaware that the number one threat to law enforcement

officers is themselves. Traditionally, law enforcement suicide kills more officers than all other situations combined. Mental health programs can reduce the effects of job related stress by providing general information to law enforcement officers on how to thrive in such a caustic environment. For this reason law enforcement should have mental health programs at their agencies to ensure that employees have fruitful careers and retirement.

POSITION

Mental health programs can help prevent law enforcement suicide. More police officers die by their own hand than by all other means combined. *Officer Down Memorial Page*, a civilian-run website that tracks law enforcement officers line of duty deaths, reports since January 1, 2019, through March 29, 2019, there have been 28 line of duty deaths. Their statistics show that in 2018 there were 150 line of duty deaths compared to 152 line of duty deaths in 2017 (*Officer Down Memorial Page*, 2019). All the deaths documented by *Officer Down Memorial Page* have had various causes of death, but all have been classified as in the line of duty. What is not represented in this data is suicide.

Blue H.E.L.P., also a civilian-run website that tracks confirmed suicides in law enforcement, reports since January 1, 2019, through March 29, 2019, there have been 56 verified law enforcement suicides. Their statistics show that in 2018 there were 163 verified suicides and in 2017 there were 162 verified law enforcement suicides (*Blue H.E.L.P.*, 2019). Since most law enforcement suicides go unreported, the number of suicides represented by these figures are realistically only the tip of the iceberg.

Unfortunately, these statistics are not well known or spoke about. If these statistics are known, they are dismissed due to limited quantifiable facts. New officers start their career in law enforcement with aspirations of changing the world one call at a time and unknowingly begin bottling up their emotions. Each day on the job, the officers deposit more emotional baggage into their bottles. As more baggage piles up and they push a little harder to force more emotions in the bottle they eventually run out of space and the bottle overflows and explodes. Once this happens, officers feel they can no longer force their emotions inside. They begin to feel helpless and that they have nowhere to turn. This subsequently ends with the officer using a permanent solution for a temporary problem and they take their own lives.

Mental health training programs can also reduce the physical effects of job related stress and teach officers healthy ways to deal with the aftermath of their jobs. Russell Davis (2003) is quoted as saying, "just as you, a police officer, might put on a protective Kevlar vest to blunt the potential effect of a criminal's bullet, so, too, you can learn to armor-proof yourself in an emotional sense" (p. 3). The Texas Commission on Law Enforcement (TCOLE) is the governing body for certification of Texas Peace Officers. They also set the minimum requirements for Basic Peace Officer courses which is the certifying course that all officers must attend to become a Peace Officer.

According to the latest requirement, Basic Peace Officers courses are required to teach at minimum a total of 618 hours. Of the 618 hours, only 14 hours of training is required in the areas of fitness and wellness, and stress management combined (Texas Commission on Law Enforcement, n.d.). For many officers this is the last and only formal training that they will receive regarding how to deal with their emotional wellness.

Mental health training teaches officers to take control of their lives and to do something about it (Gilmartin, 2002). New officers hit the street on their first day of law enforcement and unwittingly begin the journey of losing sight of the person in the mirror. The job inadvertently becomes who they are and not what they do. Unknowingly, they begin to lose their identity and their non-law enforcement friends all of which were prior ways to relieve some of the job stressors. Officers fall victim to the “I usta syndrome” which Gilmartin (2002) describes as, “all those activities that existed before becoming a police officer, that helped define the officer as a complete person, and have been put on the back burner.” (p. 70). Stressors of the job begin to add up and then a variety of health issues start to subtly appear in the officer’s life until they become full blown problems.

Davis (2000) states that, “severe stress can cripple an individual’s ability to do his/her job and live a normal life. Unresolved trauma can kill just as surely as a gun” (p. 3). Stress has been linked to sleep disorders, cancer, digestive issues, and alcoholism. In a separate study conducted by Drs. John Vena, John Violanti, James Marshall and Fiedler officers were subject to higher risks of certain cancers to include digestive, colon, lymphatic, brain and bladder cancers depending on the length of their career. (Vena, Violanti, Marshall, and Fiedler, 1986).

Davis (2000) also states that “when compared to the general public the cops tend to have significantly higher rates of divorce” (p.2). Senior officers often describe career milestones with the wife that they were married to at that time. Officers that do not take steps to control the negative stress levels from work ultimately bring work stressors home, thus resulting in higher marital and family issues. Mental health programs

prepare officers for the emotional trap doors specific to law enforcement and give them tools and resources to counter the negative effects of stress. Mental health programs also teach families warning signs to look out for and can provide them options and tools to help their loved ones when they start to see the effects of stress impacting them.

Having a mental health program can assist with early intervention and potentially reduce mental health issues. A study on the effects of a comprehensive police suicide prevention program conducted at Montreal Canada Police Department revealed that over a 10 year period, a suicide prevention program reduced the number of suicides by 78.9 percent (Mishara & Martin, 2012). In all aspects of life, it is better to be proactive and prevent something from happening rather than being reactive once it happens. Prevention is key and mental health should be no different. The prior example used in regards to bottling emotional baggage until there is no more room can lead to detrimental and lasting mental health issues.

Glenn (2017) states that “Post-traumatic stress disorder is the result of being exposed to a stress trauma that is extreme and beyond a person’s coping capacity” (p. 97). As quoted by Laura Greenstein (2017), “when we think about post-traumatic stress disorder, it’s typically in the context of active duty service members and veterans – for good reason. Dangerous and potentially traumatic situations are common occurrences in the context of military service” (para. 1). Professionals failed to realize that just because law enforcement personnel were not in traditional combat roles did not mean that they could not suffer from this disease.

Officers respond to tragedy in its purest form and before they have a chance to deal with it and work through it, another one subsequently occurs. Officers deal with

scenarios at work involving circumstances that might resemble their personal lives. Often times, officers tend to place their family members into the scenarios they just dealt with at work. When officers return home to their families, they feel forced to hide their emotions from them. Officers stop interacting with their family members and many find it difficult to remove the memories of the event they just left. Each day the officer compartmentalizes their feelings is another day of potentially developing different mental health problems such as anxiety, paranoia, or full blown panic attacks. Some officers display these feelings each time they return to duty and their lifelong dream of being a police officer fades into a true living nightmare.

COUNTER ARGUMENTS

There are those that say there is not a need for mental health programs because there is an Employee Assistance Program (EAP) available and officers do not use that program so why start another program they will not use. A study that was conducted in New Jersey by Asen and Colon (1995) revealed that all respondents were aware of their EAP and a majority (70.7 %) had reviewed or seen their policy. However, only 22 % reported using their EAP and 15.9 % reported that usage of their EAP for a family member. The law enforcement culture is skeptical of seeking assistance from an Employee Assistance Program because of the misconception that the police administration will be allowed to receive confidential information. Officers are fearful that seeking mental health help for a mental health issue will result in the removal of the officer from duty. Officers are also fearful of seeking mental health help because of the misunderstanding of if you seek mental health assistance that you cannot be in possession a weapon (Redman, 2018).

Officers are not aware of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which defines protected health information and sets definite guidelines on what is permissible to release and what is not. In those guidelines there are limited reasons why and how information can be released and being the employer is not one of the reasons (HHS, n.d.). This point was reinforced by a United States Supreme Court Case *Jaffee v. Redmond* (1996). A lower court ruled that because a psychotherapist refused to disseminate protected information in a civil case that the jury could use that refusal against the officer at trial. This ruling resulted in an adverse finding against the defendant. The case was sent to a superior court for review and the decision was reversed citing that psychotherapist-patient information was protected information (*Jaffee v. Redmond*, 1996).

Another objection to a new mental health program is budget restraints. Budgets are already being cut or spread thin. With the creation of a mental health program, administrators are forced to decide what current program can be removed or scaled back while still keeping a high quality of service to the community. The International Association of Chiefs of Police (IACP) list 3 things to consider when putting a budget together, "Urgent and necessary for legal purposes, the necessary, and the desirable, but not necessary" (Orrick, 2018, p. 8). The public expects high quality of service from law enforcement officers. Removing service oriented programs to pay for a mental health program could affect the quality of service or the tools that assist the officers delivering the service.

One way to combat the cost could be to set up a contract with a local clinician that bills for services provided and not a retainer fee. The city of Round Rock, Texas

has a contract with Tania Glenn, a licensed practitioner who is nationally recognized with twenty-seven years of experience working with emergency responders, military, and the aviation community, where the “City agrees to pay Consultant an amount not-to-exceed Seventy-Five Thousand and No/100 Dollars (\$75,000.00) per year for a total not-to-exceed amount of Three Hundred Seventy-Five Thousand and No/100 Dollars (\$375,000.00)” (Round Rock, Texas, City Council, 2019, p.2). Having a contract such as this would prevent over and unnecessary spending.

In 2014 and 2015, the United States Federal Government spent nearly 173 billion dollars on police and fire protection (Anderson, Papazoglou, Nyman, Koskelainen, & Gustafsberg, 2015). It should be noted that a significant portion of this was spent on officer health conditions, early retirement, and settlements for officer wrong doing, all which can be reduced with mental health programs (Anderson, Papazoglou, Nyman, Koskelainen, & Gustafsberg, 2015). The return on investment of a mental health program could be significant after factoring in the savings on productivity, morale, health care, retention, and costly civil settlements.

Another objection relating to the formation of a mental health program is the fear of potentially creating a negative work environment that stigmatizes employees for using the program. Bullock and Garland state that, “The process of stigmatization starts where certain individuals are labeled as ‘different’ and ‘distinct’ from what is normatively expected within a particular set of social relations” (Bullock & Garland, 2018, p. 177). The law enforcement culture is known for being rough, tough, and able to handle any situation thrown at them. For a police officer to ask for help would mean that they were inferior to others and therefore unreliable during a stressful situation. The thought of

being different or looked down upon for a mental health situation is avoided because most officers want to be in the middle of the action with their teammates when the chaos begins.

What studies have shown is that mental health programs can change the culture surrounding the code of silence. A mental health program that reached all levels of the agency from chief to recruit has the ability to change culture at the department. Conduct that was normally tolerated and classified as morbid humor was no longer accepted and officers took it upon themselves to give options for help (Mishara & Martin, 2012). Perin quoted Renee Meador, with the Central Shenandoah Criminal Justice Training Academy, as saying "You see someone who needs help and in your heart you know he is not OK. But, we are trained not to push it further. The blue wall of silence has allowed officers to spiral down" (2007 p. 10).

One reason why officers do not continue to push during critical conversations is the lack of knowledge on what to do, and how to go about the conversation when it starts. Officers are forced to decide where the line is between intervention and continued support. Officers are taught to take control of every situation and they avoid placing themselves in situations where they do not know what to do. The avoidance of the unknown results in the wall of silence. Having a mental health program can break down the stigma of being weak or unreliable and encourage officers to seek help. Officers can become de-sensitized to the stigma by the continual conversation and thus speak up when they see a situation that would require intervention; essentially ending the blue wall of silence.

RECOMMENDATION

Law enforcement agencies should have mental health programs. The implementation of a mental health program at law enforcement agencies would start bringing to light some of the real issues surrounding law enforcement and mental health. Traditionally, law enforcement suicide kills more officers than line of duty deaths. (Law Enforcement Today, 2018). More emphasis needs to be placed on surviving in the law enforcement career and not just the daily encounters.

Mental health programs teach officers about some of the physical stresses of the job and how to properly deal with them. Having stress reducing techniques already in place prior to a crisis increases the likely hood of resiliency. Reducing the serious physical health conditions that arise from stress allows for officers to have lengthy careers and even longer retirements.

Another benefit of mental health programs is that early intervention reduces the likelihood of mental health issues. Post-traumatic stress disorder is no longer a diagnosis that is limited to the United States Armed Forces. Officers are starting to be diagnosed with post-traumatic stress disorder due to repeated traumatic events that push them beyond their normal coping mechanisms. Mental health programs have shown their effectiveness which is demonstrated in the Montreal, Canada study that showed a prevention program over a 10 year period reduced the department's suicides by 78.9 percent (Mishara & Martin, 2012).

Opponents to having a mental health program argue that there is no need for an additional program because departments already have Employee Assistance Programs (EAP) that officers do not use, so why start a new program. Studies show that officers

are hesitant to use an employee assistance program because they feel that the agency will find out that they sought mental health help and they will no longer be able to continue their regular duties due to the psychological requirements of the job (Redman, 2018). Officers also fear that the agency has the right to all information at the EAP and they have no confidentiality. Contrary to this belief, case law has shown that any information obtained during a psychological session is protected information and violations are subject to serious repercussions.

Opposition also states that creating a new program would be costly. With limited funds in the budget, administrators would be forced to decide which operational programs would need to be cut while still providing a high level of service to the public. While a mental health program is desirable, it is not necessary, considering the high priority on service related items and items that are required by law. A solution to the budget concern could be to seek contractual services with a local mental health professional that would only bill for their services and not for retainer fees. The contract could set aside specific amounts payable per hour and limit the out of pocket maximum each year and for the duration of the contract.

Opponents to a mental health program think a program would create a negative environment where users of the program would become stigmatized. Officers may ostracize members who use mental health services from those who don't insinuating those who use mental health services could not handle the pressures of the job (Bullock & Garland, 2017). Mental health programs that span all levels of the agency have the ability to change culture through intense continual conversations. These programs can also put a stop to innuendos that are often justified as just morbid. Officers who have

participated in mental health programs no longer tolerate these comments and are more likely to give coping techniques to officers that could potentially be silently suffering.

Law enforcement agencies will stop at nothing to protect its officers from the dangers of doing the job. The men and women of the police forces volunteer to lay down their lives for another every day they report for duty. It is time for leaders in the law enforcement community to take a stand and realize that the mental health of officers is equally as important as the tools that protect them. Tania Glenn states “If we can save the first responders we save their families, we save their patients, we save the public. When our first responders are resilient, when they’re happy and healthy, and their lives are balanced and good they perform amazing feats” (McCloud, 2019). If a mental health program reached only one officer, saved only one family, then it was worth it. The time is now to break through the wall of silence end those silently suffering.

REFERENCES

- Anderson, J. P., Papazoglou, K., Nyman, M., Koskelainen, M., & Gustafsberg, H. (2015). Fostering resilience among police. Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/73820/1/fostering_resilience.pdf
- Asen, J., & Colon, I. (1995). Acceptance and use of police department employee assistance programs. *Employee Assistance Quarterly*, 11(1), p. 45-54
- Blue H.E.L.P. <https://bluehelp.org>
- Bullock, K., & Garland, J. (2018, April). Police officers, mental (ill-) health and spoiled identity. *Criminology & Criminal Justice*, 18(2), 173-189.
doi:10.1177/1748895817695856
- Davis, R. C. (2000, September 2). Stress: The silent cop killer. Retrieved from <https://www.policeone.com/swat/articles/44437-stress-the-silent-cop-killer/>
- Gilmartin, K. M. (2002). *Emotional survival for law enforcement: A guide for officers and their families*. Tucson, AZ: E-S Press.
- Glenn, T. (2017). *First responder resilience: Caring for public servants*. Phoenix, AZ: Progressive Rising Phoenix Press.
- Greenstein, L. (2017, November 8). PTSD and Trauma: Not just for veterans. In *National Alliance on Mental Illness*. Retrieved from <https://www.nami.org/Blogs/NAMI-Blog/November-2017/PTSD-and-Trauma-Not-Just-for-Veterans>
- Jaffee v. Redmond, 518 U.S.1 (1996).

Law Enforcement Today. (2018). *Police Suicides outnumber Line-of-Duty Deaths*

Retrieved from <https://www.lawenforcementtoday.com/police-suicides-outnumber-line-of-duty-deaths/>

McCloud, J. (Producer). (2019, January 28). *First responder resilience: Smashing the stigma* [Motion picture]. Retrieved from

<https://www.youtube.com/watch?v=CpxPuVX-4k4>

Mishara, B., & Martin, N. (2012). Effects of a comprehensive police suicide prevention program. *Crisis*, 33(3), 162-168.

Officer Down Memorial Page. (n.d.). Retrieved from

<https://www.odmp.org/search/year/2019>).

Orrick, W. D. (2018, August). Budgeting in small police agencies. Retrieved from

<https://www.theiacp.org/sites/default/files/2018-08/BP-Budgeting.pdf>

Perin, M. (2007, September). Police suicide. *Law Enforcement Technology*, 34(9), 8 – 16.

Redman, J. (2018, January 23). *Why do cops avoid counseling? Eight myths about law enforcement officers and mental health treatment*. Retrieved from

<https://ct.counseling.org/2018/01/why-do-cops-avoid-counseling-eight-myths-about-law-enforcement-officers-and-mental-health-treatment/>

Round Rock City Council. (2019, March 14). Exhibit A, Professional Consulting Services

Agreement for Critical Incident Counseling Services with Dr. Tania Glenn & Associates, PA. Retrieved from

<https://roundrock.legistar.com/LegislationDetail.aspx?ID=3881075&GUID=4146FC32-187D-40c0-B583-955DF864A5CA&Options=&Search=>

Texas Commission on Law Enforcement. (n.d.) Retrieved from

http://tcole.texas.gov/sites/default/files/CourseCMU/history_of_the_bpoc_course.pdf

U.S. Department of Health & Human Services. (n.d.). Health Information Privacy.

Retrieved from: <https://www.hhs.gov/hipaa/index.html>

Vena, J. E., Violanti, J. M., Marshall, J., & Fiedler, R. C. (1986). Mortality of a municipal worker cohort: III. Police officers. *American Journal of Industrial Medicine*, 10(4).

doi:<https://doi.org/10.1002/ajim.4700100406>