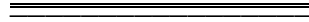
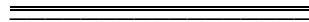


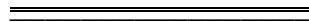
**The Bill Blackwood  
Law Enforcement Management Institute of Texas**



**Mental Health Resources an importance for Law Enforcement**



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



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## **ABSTRACT**

Law enforcement officers are challenged with learning the profession, while maintaining appropriate training to ensure that the job is done correctly. One of the most unaddressed issues to law enforcement officers is that of the stress the officers receive while on the job. This stress comes from the situations they are required to face daily. Often these issues result from traumatic events the officers are required to process. These stressful situations cause the officers to process various levels of trauma which they are not properly trained to do.

Research has shown that these traumas have led officers to suffer from symptoms known as Post-Traumatic Stress Disorder (PTSD). These same officers do not know how to process these symptoms in a healthy matter. Officers so often turn to drugs, alcohol and in extreme situations suicide to help them relieve the symptoms they are facing. This unhealthy response to trauma is because many of the officers do not know what resources are available to them or are afraid to reach out for help.

There are resources available to officers such as various types of therapy, peer support groups and counseling. Research has discovered that many law enforcement officers do not know about these resources. Many more officers do not address the symptoms due to the stereotypes they face. Law enforcement agencies have made great efforts for law enforcement officers to have training for firearms, driving and criminal investigations but have not trained the officer in respect to their mental health. This can be accomplished by providing mandated training to all law enforcement officers. Mental health resources should be made more easily available to law enforcement officers.

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## INTRODUCTION

The law enforcement profession is one of the most rewarding and demanding professions in society. In the daily duties of a law enforcement officer there are many responsibilities that the officer must process and face. Officers have seconds to make decisions with little to no information available to them to make the decision. They have to make a best guess in their decision which is a stressful situation for the officer. The average officer will also experience some of the most traumatic events imaginable which include situations involving serious bodily injury or loss of life.

When officers put on the uniform and badge, they know that great demands come with their chosen profession. There are times where officers have to miss meals and family gatherings. They also have to work extra shifts to cover demands. The first thing a new law enforcement officer has to deal with is the fact that they may not return home at the end of their shift due to the ultimate sacrifice of being killed in the line of duty. The officer has to set personal feelings aside and work the calls putting the needs of others first.

The law enforcement agency generally ensures that the officers they employ have appropriate training to protect the officer physically, but research shows very little training in mental health is provided to prepare the officers for the stressful situations they will face (McDonough, 2011, p. 1). Officers often time face the issue that they do not know how to process the feelings they have from the stressful situations they encounter on the job. They are scared to deal with the feelings and symptoms for fear of repercussions from their employer or coworkers. There are underlying factors that come into play that keep the officers from healthfully processing these emotions. Peer

pressure often times causes officers to not talk about their issues. Sometimes they simply do not have anyone to talk to. Unfortunately, in many instances these law enforcement officers cave to the pressure and in order to get relief turn to drugs, alcohol, or in so many instances take their own life.

There are other officers that simply do not know what mental health resources are available to them. There is no doubt that law enforcement officers have superior training in topics such as firearms, de-escalation for citizens in crisis, and how to investigate criminal offenses. They have driving training, training on report writing and testifying in court just to name a few. Officers also receive training for physical health, but very few if any training is provided for mental health in officers. Mental health resources should be made more easily available to law enforcement officers.

## **POSITION**

Every law enforcement officer taking the oath of office knows that when they pin on the badge there is a chance of physical injury or death. The officers know that when they leave their residence and say goodbye it may be for the last time. What so many officers do not know or understand at the time they become police officers are the mental effects the job will have on them. Mental health issues among law enforcement officers are not an isolated issue for just one officer or just one agency. Ramchard et al. (2018) states that "There are close to 16,000 state and local law enforcement agencies in the United States, 70% of which are municipal police departments, 17% are sheriff's offices and 50 are state police departments. 49% are small with 10 or fewer officers" (p. 56). These officers see any number of traumatic events daily, weekly and monthly.

There are many law enforcement officers who do not have the tools, resources and abilities they need to process the emotions and feelings left by these traumatic events. Due to the limited resources available to law enforcement officers, or simply the lack of knowledge they have on the subject, the choices they make personally when dealing with trauma is often turning to drugs, alcohol and or in so many unfortunate incidents, suicide. This trend of self-destruction is a traumatic loss to the officer themselves, their department and the officer's immediate families. The decision they make effects so many and is a result of the trauma they face.

The trauma that these officers face is known as Post-Traumatic Stress Disorder (PTSD). This disorder is often developed after an officer experiences a traumatic event such as a life-threatening event either by personal experience or observing the event occurring in others (National Centers, 2021). This diagnosis is becoming a common diagnosis among society. The federal government in their studies learned that "PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault" ([www.ptsd.va.gov](http://www.ptsd.va.gov)). Each of these issues law enforcement officers can experience on a daily basis while working a shift. This diagnosis is not a new diagnosis to law enforcement but has been developed through years of medical research. A French neurologist Jean-Martin Charcot began the concept by showing that traumatic events can be connected to hysterical attacks later in life (Green, 2017). This was just the start for development for what was later known as Post-Traumatic Stress Disorder. In both World War I and World War II the issue was known by the men in the trenches as "shell

shock” (Green, 2017). The end of the World Wars saw a need for some type of treatment which led to the development of group treatments.

In the 1980’s with the introduction of medically prescribed drugs as treatments and the discovery that there were long term consequences to trauma, the American Psychiatric Association created the diagnosis of Post-Traumatic Stress Disorder or as it is more commonly known PTSD (Green, 2017). This is a serious issue that needs to be recognized by law enforcement agencies and the officers that work there. It is normal for any officer to have concerns and be bothered emotionally about incidents that occur. When that feeling lasts for an extended period of time or causes other issues such as loss of sleep, loss of eating, and feelings of being on edge this is a sign of Post-Traumatic Stress Disorder (National Centers, 2021).

McDonough (2011) points out that behavioral science experts state that these issues effect the person as a whole (p.1). This is a disorder that must be taken seriously in the law enforcement profession. If not properly dealt with, Post-Traumatic Stress Disorder will lead to self-harm and in many instances suicide of the officer. When an officer reaches this point of working through the symptoms of the trauma, the symptoms have become so prevalent that they can no longer function without depression and in many instances a desire to live. One study conducted on this disorder notated suicide is more common in the law enforcement community than the general public (Law Enforcement Officer, 2020). It was discovered that there are many reasons for the belief that suicide is the only way out. Because of the lack of tools and training that the law enforcement officer has in respect to mental health, suicide is becoming a prevalent option being taken by officers. One such tool that all law enforcement officers have is

the firearm. Violanti et al. (2017) states that “Access to lethal weapons provides an immediate means of acting upon suicidal behaviors” (p. 141). This firearm is the one item that all law enforcement officers have, are most comfortable with, and have the most experience using. Thus, an easy tool to use and a way out of the symptoms is suicide by firearm.

If trends do not change, law enforcement suicide rates will continue and possibly increase. According to the reports generated for the United States Congress through the Law Enforcement Mental Health Act of 2017 there were 168 deaths in 2017, 172 in 2018 and 228 in 2019 (Law Enforcement Officer, 2020). These deaths by suicide outnumbered the deaths due to line of duty incidents (Law Enforcement Officer, 2020). This suicide rate shows that many law enforcement officers are suffering and did not know where to turn in their time of need or were too afraid to do so. Police Officers are choosing at a higher rate to commit suicide, and this must be given special attention (Gutschmidt, & Vera, 2021, p. 1310). The officers think that the only way to have relief from the symptoms is to commit suicide.

This loss of life is not necessary and can be changed with proper treatment. When these officers are provided resources and treatment along with an understanding that they are not alone, they will have the option to choose life over death. Those officers need to be informed that there are resources available to them such as counseling, therapy and medication to ease the symptoms of Post-Traumatic Stress Disorder.

Law enforcement agencies across the nation invest great time and resources into the protection of the communities they serve. The agencies make sure the officers are



trained on policies and procedures and that the officers know what to do to protect the community. The biggest most valuable asset to the law enforcement agency is that of the law enforcement officer (Law Enforcement Officer, 2020). For this reason, resources of mental health services must be made available to those officers that are suffering. One type of resource available to the officer in need is that of therapy.

One such type of therapy that is available but generally unknown about is Cognitive Processing Therapy. This style of therapy is a process that was developed primarily for Post-Traumatic Stress Disorder (Lenz et al., 2014, p. 362). In PTSD, part of the symptoms the officer is forced to deal with are the memories from the traumatic event and in some instances the physical effects of the trauma. For example, if the officer was in a serious motor vehicle accident and lost a limb, the fact that the limb is no longer there affects the officer because they can no longer walk or use their arm as they once did.

In Cognitive Processing Therapy, those traumatic memories that cause the officer to feel that they are no longer useful and successful are brought to the surface and discussed. The officer is then provided with positive ideas and memories that help the officer to be successful (Lenz et al, 2014, p. 362). As with all treatments one treatment will not necessarily work for everyone. There are additional medical services that are available as the need arises to support the officers.

Two additional therapy styles that are commonly used for treatment of Post-Traumatic Stress Disorder are Prolonged Exposure Therapy and Eye Movement Desensitization and Reprocessing (Flanegan et al., 2018). Prolonged exposure therapy is a treatment that is an extended or long-term treatment program (Flanegan et al.,

2018) This type of program usually consists of 10 weeks in time and will last between 60 to 90 minutes in each session (Flanegan et al., 2018, p. e4). This style of treatment is traditionally used on the individual having them process the trauma they are struggling with several times throughout the treatment to aid them in working through the emotional feelings. This is to give the officer the opportunity to slowly work through the issues at their own pace.

The style of treatment found to be most supported by the United States Department of Veterans Affairs and Department of Defense is the therapy known as Eye Movement Desensitization and Reprocessing (Flanegan et al., 2018, p. e5). This treatment is a combination of the two prior treatments discussed, but the act of eye movement is utilized on the officer while the treatments are being used. This treatment began in 1987 when it was developed by a psychologist from the United States, Francine Shapiro (Green, 2017). These therapies are not the only forms of treatment available to officers in need.

Peer support groups consisting of fellow law enforcement officers is one additional option that is available. Counseling sessions with a licensed counselor is also a resource that can be made available. If it is determined that there is a greater need for treatment to accompany the therapy, some psychologist or medical doctors can prescribe medication to the officer.

## **COUNTER ARGUMENTS**

Law enforcement officers make the profession of law enforcement their career by choice. When the uniform is put on and the badge is pinned to the uniform a great sense of pride is held. It takes great sacrifice from both the officer and the family of the

officer for the officer to serve in their community. When the pride is established, law enforcement officers do not want to risk losing that pride and career for any reason much less trauma symptoms. That fear of loss is one of the greatest struggles to a law enforcement officer who is suffering with Post-Traumatic Stress Disorder.

This fear of loss causes many officers struggling with Post-Traumatic Stress Disorder to not seek treatment for their symptoms. There is a stereotype among the law enforcement community that concerns many officers. They often fear that if they utilize the resources that are available to aid in their mental health struggles that they will lose their career. The mistaken belief among officers is that their agency will get access to their medical records and that the agency will find them unfit for duty (Redman, 2018). In times like these there is a lack of trust in the agency, so the officers do not get the help they need.

There is also a stereotype of fear that if it is known that the officer requests help they are letting down their fellow officer. In many agencies there is an unwritten rule about having to be tough. Garret (2006) states that “Historically police officers have been taught to never show vulnerability, repress or deny emotions, and get the job done” (p. 40). The old mindset established by law enforcement officers in the past is that as an officer you should toughen up and not show weakness.

These stereotypes of fear of information being released is simply not true. In the case of Jaffee v. Redmond a court hearing from 1996 the court found that medical records such as those from counseling sessions are protected and cannot be released (Jaffee V. Redmond, 1996). There is also other federal legislation titled Health

Insurance Portability and Accountability Act of 1996. This act protects medical records from being released except under certain circumstances (Kruger, 2019, p. 14-15).

It is true that under the Health Insurance Portability and Accountability Act there are exceptions where information can be released. These exceptions do not apply to medical records pertaining to mental health treatment of officers. The exceptions were that law enforcement can be released information when it pertains to issues where criminal investigations are being conducted. For example, information was released in criminal investigations where physical assaults have occurred (Kruger, 2019, p. 14-15). Other exceptions to the rule involved the issuance of court orders and warrants to obtain the information again for criminal investigations. Medical records information is only released in criminal investigations.

Due to the fact that the medical information of officers utilizing mental health treatment is protected by the Health Insurance Portability and Accountability Act, the fear that law enforcement officers have of fellow officers and or their agency finding out is not a struggle the officers need to have. Treatment by the officer can be sought in private and neither the agency nor the individual officers will have access to the records. Also, the fear of showing weakness among the officers is also not true. There are many officers struggling with these very same symptoms, so the officers are not alone in their trauma. Law enforcement officers will hold true in this instance and there will be support. As more officers are made aware of the commonality and resources available the stereotype of weakness will be gone.

Schuck and Rabe-Hemp (2018) stated that "Historically policing has been a blue-collar occupation with relatively low salaries" (p. 113). This leads to the other argument

made by many officers for not seeking treatment. This concern among law enforcement officers is the cost associated with the treatment. The reality among law enforcement is that agencies pay low salaries and the officer does not want to further burden their loved ones by paying for treatment. According to the research done by [www.salary.com](http://www.salary.com), "The average law enforcement officers' salary is \$59,441 as of October 29, 2021 but the salary range typically falls between \$52,716 to \$ 66,063" ([www.salary.com](http://www.salary.com), 2021). This range is determined by the geographical economics in the area where the officer is, the experience and training of the officer, the certifications the officer has and the rank the officer has.

The officer many times is either misinformed or under informed about the options that are available to them to cover the cost of the treatment. As the mental health of officers are becoming a larger topic of discussion, the officers are finding that there are resources available to them that do not cost any money for the officer or the agency. Peer support groups are one example of such a resource. In most instances the peer groups consist of fellow officers or first responders getting together and discussing common issues. A common and often successful way to aid officers struggling trauma is the use of paraprofessionals in these groups (Levenson, 2007, p. 18). This simply takes time from the officer and little to no out of pocket money is involved. Members of the department come together to support their own (Levenson, 2007, p. 18). These team members are supporting each other during their time of need. This support is provided by showing the officer who is struggling with these issues that they are not alone and there are other options than suicide to find relief.

Another resource available to officers that does not cost any money for the officer are programs known as employee assistance programs. In these programs' agencies are providing services such as counseling at no cost to the employee. There are two well-known types of employee assistance programs available to law enforcement officers internal and external programs. Due to the fact that the organization is seeking services outside of the organization, which is not controlled by the agency administration, makes the external program more popular (Goldstein, 2006, p. 36). The staff of these groups cannot discuss the results of the treatment thus making this confidential for the officers. The agency is providing the service, therefore making it affordable to the officer.

## **RECOMMENDATION**

Law enforcement as it currently stands is a dangerous and stressful job to the law enforcement officer both physically and mentally. Due to this, mental health resources should be made more easily available to law enforcement officers. As they are often the first to arrive on scene, law enforcement officers when they continuously expose themselves to the trauma the job offers, will be at a greater risk for mental health issues (Velazquez & Hernandez, 2018, p. 712). This exposure to trauma over time if not addressed will take a grave effect on the officer which is causing the increased numbers of suicides in law enforcement officers.

The negative consequences of police stress are beginning to find that the rate of heart disease, stomach disorders as well as isolation, divorce and suicide are increasing (Gutschmidt & Vera, 2021, p. 1310). Law enforcement officers are dealing with stress at a rate greater than ever before. The officer is also being faced with

challenges of how to handle the trauma. There is a lack of knowledge of the available resources and a stereotype that if help is sought it will cost the officer their employment and respect from the other officers in their departments. There is also a fear that the officer cannot afford the needed treatment. This trauma and the lack of addressing it properly is causing officers to suffer with Post-Traumatic Stress Disorder.

Post-Traumatic Stress Disorder is leading officers in many instances to turn to suicide because they do not believe they have anywhere to turn to get relief from the symptoms. They do not know that there are resources available to them because they have not been properly trained. They further do not know that there are therapy options that they can turn to in order to work through the emotional feelings they are having. Officers also do not know about the peer-to-peer support group or counseling sessions that they can access. The employee assistance programs offered by many agencies are also not being made as available as they should be.

One struggle that many officers have is the fear that if they seek help they will be found to be weak or lose their job. They are not aware that the Health Insurance Portability and Accountability Act protects them from the release of information. This belief that they face is the old saying in law enforcement which is “are you going to cowboy up or just lay there and bleed” (Garrett, 2006, p. 40)? This mindset has to change if the suicide rate in law enforcement is expected to decrease.

There should be an increase in the training that is made available to law enforcement officers. One item that needs to be trained on is the truths to the Health Insurance Portability and Accountability Act. There are far too many misconceptions about the act that need to be cleared up. Agris and Spandorfer (2016) said there is an

importance of high-quality training due to the careless behavior brought on by a misunderstanding of the act (p. 652). This training should be added to the training provided for law enforcement that will teach them not only about the act but about the additional resources that are available to them. Law enforcement officers also need to be taught about the alarming suicide statistics among law enforcement.

To make this information available to law enforcement officers there should be mandated training on mental health issues and resources. The Texas Commission on Law Enforcement creates curriculum for law enforcement training in Texas. Although the Texas Commission on Law Enforcement rarely creates new training mandated for all law enforcement it is not completely uncommon that new legislation will be passed that requires new curriculums to be created. In this instance this training on mental health resources for law enforcement officers is a much-needed training that needs to be mandated for all officers on a regular basis. As the stresses to law enforcement are a daily struggle a one-time training is not enough. Law enforcement officers need a regular refresher on the issues.

This mandated mental health training would start by having a meeting with the Legislature for the State of Texas. Specifically, a meeting would need to be had with representatives from the House of Representatives and Senate. The research about the numbers of the lost law enforcement officers to suicide would be provided along with the available resources for treatment and stereotypes the officers are facing. Then the explanation of the stereotypes and the lack of knowledge of the resources would be provided.



The next step in the process would be to present the bill to the committees on law enforcement matters in both those legislative branches for their support. These committees would have the bill brought to the floor of their respective branches for their votes. The bill would then move to the governor's office for that signature signing it into law.

Finally, the signed law would go to the Texas Commission on Law Enforcement for the creation of the curriculum to be taught in the training. The law would recommend a minimum of eight hours of training in mental health issues and the resources available and be mandated to be taken by all law enforcement officers at least once every four years. This mandated training would cover all the concerns about law enforcement suicides, the stereotype fears of reporting and resources made available to combat the trauma.

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