

Mental Health & Peer Support in Law Enforcement

Since 1974, there has only been a handful of research studies in law enforcement about peer support. Most of the studies focused on one particular department and did not encompass additional data. Growing up, I didn't value mental health services and had several slag terms for individuals employed in the mental health profession.

I always had a wonderlust and I left home as soon as I graduate to find adventure in the military. As a military veteran I assumed I had all the tools I needed to survive a career in law enforcement. I was sorely mistaken. Several years into my law enforcement career I decided to go back to college, using my G.I. Bill. While sitting in the mandatory General Psychology class, everything started making sense. From the criminals we came into contact with, my coworkers and more importantly myself. That was the start of my psychological journey.

I was determined to pursue psychology as a major and went on to graduate school, majoring in Mental Health Counseling, which leads to licensure as a therapist. Like those before me, my goal is to open a mental health counseling practice to focus on law enforcement and first responders. As part of my internship, I trained at a local community mental health facility where I gained clinical experience. During my time at the facility, I gained valuable insight into how a civilian organization operated and their assumptions about what law enforcement can and can't do.

I have dedicated the last 10 years of my life as an "agent of change" in hopes to "normalize" mental health in law enforcement. I have moved to a doctorate program in education. My dissertation is to design and implement a mental health counseling program which

can be embedded into any law enforcement department. Having said that the following is things I've learned during my time in law enforcement.

The law enforcement profession does not hold mental health professionals in high regard. Historically speaking, mental health professionals were the last stop before a law enforcement officer was fired, suspended or having their firearm officially taken from them.

The law enforcement profession frowns upon showing any form of emotion and any display of emotion is taboo. Law enforcement officers, collectively, do not have resources to turn to when they are in need of mental health services. Law Enforcement is a male dominated career field. Contemporary society has unwritten norms about men and emotions, especially crying. As with most men, law enforcement officers are no exception. Most male law enforcement officers do not show any visible signs of weakness, which is a way of maintaining credibility with their peers.

As with any population having difficulty with emotions, law enforcement officers frequently internalize their emotions and do not seek assistance, as seeking assistance is viewed as a sign of weakness. Due to the lack of perceived mental health support systems, there is a higher rate of suicide within law enforcement when compared to the general population.

Larger departments and those departments, which can afford a mental health professional, have a greater chance of assisting an officer in need of services. However, there is officer distrust of the mental health professionals, when the departments employ them, since the officers view those mental health professionals as "pipeline to the chief." Another indication that Law enforcement officers hold the mental health professionals in contempt due to a select few mental health professionals who screen law enforcement officers for a "fitness for duty"

evaluation. If the respective law enforcement member is “unfit” to continue to work in law enforcement, they are terminated. Several assumptions can be inferred from the distrust and provide some insight into possibilities the law enforcement officers does not seek mental health assistance. For a majority of law enforcement officers, the only resource for mental health services is their particular Employee Assistance Program (E.A.P). Most Employee Assistance Programs are for the general employees employed at a business or general employee problems such as marriage counseling, organizational stress, or financial stressors. Most of the programs do not have providers trained in trauma. There a large number of E.A.P. programs, which lack provider’s trained specifically to understand the law enforcement chronic exposure to trauma and violence.

Due to the shortage of providers and with mental health concerns among law enforcement on the rise, departments have implemented a Peer Support Program. A major obstacle for the original operation of the Peer Support Program is finding qualified peers who the majority will confide in.

Law enforcement officers face two general types of stress. The first type of stress is the chronic exposure to trauma, violence, horrific events, and crime scenes. Second type of stress is internal or organizational stress such as policy changes, demanding shift schedules, lack of perceived support from the organization, favoritism, and discipline. There is a tendency for law enforcement officers to turn to alcohol or other substances to help cope with their chronic exposure to trauma and organizational.

Previous Research Studies

In a law enforcement organizational stress study, Shane (2010) examined the organizational stressors faced by law enforcement officers in two large urban police departments in Michigan and New Jersey. There were 461 participants from two large urban police departments' road patrol section. The participants completed several questionnaires' designed to measure the level of organizational stress. The organizational stressors were called "job context" for the purposes of the study and included micro managing by the supervisors, "punishment for 'minor' infractions, and "fearing of being 'degunned'" (Shane 2010). The road patrol is comprised the highest number of new and non-tenured officers. This section felt they had no input in how the organization conducts daily operations and thus they had no control over what transpires within their organization (Shane 2010). Due to the structure of the organization, there were wide gaps in "social distance" which caused "internal communication" problems even in life-threatening situations (Shane 2010). The results of the research showed officers working for a large organization had the highest level of organization stress since they perceived they had no valid contribution in the organization and they viewed the organization as "self-serving" and unconcerned about the officers (Shane 2010).

Wester, Arndt, Sedivy, and Arndt (2010) conducted a study of 178 male law enforcement officers from a Southeastern Wisconsin police department to determine if there was a connection between male gender roles and the stigma associated with seeking mental health services. Wester et al. (2010) sought the assistance of law enforcement labor unions in an effort to alleviate any concerns about the study being used punitively by their department. The research supported the assumed stigma associated towards males seeking counseling as it desecrated male gender roles and posed a risk to the officers opinion of themselves. The results disclosed if the officer thought

there were more benefits to counseling there was less stigma attached to actually attending counseling (Wester et al. 2010).

In 2010 Adams and Buck studied the “social stressors” of law enforcement officers in relation to the law enforcement officers peers and citizens the officers came into contact with as part of their job performance. There were 196 officer participants from 12 police departments in Wisconsin and Illinois. Adams and Buck (2010) postulated police officers have to control and display appropriate emotions based on the current situation despite how the officer felt internally at the time. Adams and Buck (2010) called the “faking emotions” as “surface acting.” The officers answered a variety of questionnaires during the study. The results supported the “social stressors” and law enforcement officers routinely engage in “surface acting” in most social situations including their daily interactions with coworkers. The results also suggest “surface acting” is a response to organizational stress and law enforcement supervisors were encouraged to be mindful of the phenomenon to help reduce overall organizational stress (Adams and Buck 2010).

In 2009 Violanti, Fekedulegn, Charles, Andrew, Hartley, Mnatsakanova, and Burchfiel examined police suicide and potential causes. There were 105 officer participants from a midsized police department with 930 employees. Violanti et al. (2009) found a positive correlation between depression and suicidal ideation. The research results showed the male officers who had depression were twice as likely and female officers were three times as likely to have suicidal ideation compare to officers who were not depressed. A major preventative factor was marriage. If the officer was married they were less likely to commit suicide. In the findings, Violanti et al. (2009) suggest the law enforcement organizations develop a mental health program for officers to assist the officers who are in need of mental health services.

In a law enforcement sleep study in 2011, Rajaratnam, Barger, Lockley, Shea, Wang, Landrigan, O'Brien, Qadri, Sullivan, Cade, Epstein, White, and Czeisler studied the health and safety of law enforcement officers. Rajaratnam et al. (2011) studied almost 4957 law enforcement officers and their sleep patterns. The findings showed almost 46% of the officers reported falling asleep while driving at least once or twice in a month. During the study, two hundred eighty-seven participants had been involved in a vehicle crash. Almost 41% of the officers tested positive for at least one official diagnosable sleep disorder (Rajaratnam et al. 2011).

Becker, Meyer, Price, Graham, Arsena, Armstrong, and Ramon (2009) conducted a study to determine the preferences of law enforcement officers when they decided to seek treatment. Becker et al. (2009) found the officers were more positive towards mental health services when offered options for treatment. The officers' top choices for therapy were Cognitive Behavioral Therapy and Exposure Therapy. During the study Becker et al. (2009) found almost 10% of the officers met the official diagnoses for Post Traumatic Stress Disorder (P.T.S.D.) and 48% of the officers met at least the first criteria for P.T.S.D. Becker et al. (2009) noted one question, "the question whether they would seek treatment if they did develop PTSD" was not answered by most of the officers leading Becker et al. (2009) to speculate the reasons the officers did not answer the question.

Deficiencies in the Evidence

In previous research studies, law enforcement officers have not answered truthfully for a variety of reasons including concerns about confidentiality. Despite informed consent and other protective confidentiality measures, law enforcement officers do not feel completely protected. There are indications the officers believe their answers in the research studies will be turned over

to their employing departments. There are few Peer Support Programs in existence within law enforcement community. Most of the current peer support programs are not based on empirical data and there is no set standard for peer support in the law enforcement community. Some Peer Support Programs do not have a complete infrastructure, which includes mental health professionals properly trained to assist law enforcement officers.

After a thorough review of all available research studies, there are few analytical research studies on the subject matter of peer support within law enforcement. Of the available research from 1974 to 2008, there were six research studies and three author opinions in law enforcement magazines. There are no current published research studies or data in support of Peer Support Teams.

Who can benefit

All law enforcement officers, law enforcement peer support team members, all law enforcement supervisors, all law enforcement organizational leaders as well as all mental health professionals currently working with law enforcement officers and all future mental health professionals who will work with law enforcement can benefit from the study. The importance of the study will benefit the current gap in the research by providing statistical and applied data, which has been missing from previous research studies. The practical importance of this study will provide all law enforcement entities an empirically based mental health program at minimal cost.

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About The Author:

Officer Jeff Watson has over 12 years of civilian law enforcement experience. Officer Watson has a wide range of experience ranging from Patrol Officer, Detective, to Crisis Negotiator. During his time in law enforcement, Officer, Officer Watson has had years of success dealing with consumers experiencing a mental health crises and assisting consumers in need of services.

Officer Watson is one of the founding members of his department's Crisis Negotiation Team and was the team trainer. He founded the department's first Peer Support Team and Critical Incident Stress Management Team and is the Teams Coordinator. Officer Watson has been teaching mental health and firearms classes to law enforcement officers since 2005 and teaches general and high liability classes at a local Department of Public Safety including the Crisis Intervention Team (C.I.T.) and firearms.

Officer Watson is currently working towards state licensure as a Licensed Mental Health Counselor specializing in P.T.S.D. and Trauma. Officer Watson is currently a Doctoral Student at Nova's Fischler School of Education where he is working towards a Doctorate in Organizational Leadership.

Prior to his career in Law Enforcement, Officer Watson served his country for 12 years in the U.S. Army including Military Police Officer and Apache Helicopter Crew Chief.

Officer Watson is a member of American Counseling Association, The American Psychological Association, Florida Association of Hostage Negotiators, International Association of Law Enforcement Firearms Instructors, International Critical Incident Stress Foundation, National Alliance on Mental Illness, and National Tactical Officers Association.