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Assessing the Need for Mental Health Interventions Within the Law Enforcement Community

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Assessing the Need for Mental Health Interventions within the Law Enforcement
Community

by Lizzi Varga Reinard, Bachelor of Arts

A Research Project Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Arts
in the field of Art Therapy Counseling

Advisory Committee:

Megan A. Robb, MA, ATR-BC, LPC, NCC Chair

Dr. Jayashree George, DA, ATR-BC, LMFT

E.M. "Shelly" Goebl-Parker, MSW, LCSW, ATR-BC

Graduate School
Southern Illinois University Edwardsville
May, 2020

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

GRADUATE STUDIES

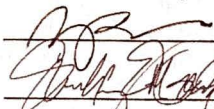WE HEREBY RECOMMEND THAT THE RESEARCH PROJECT SUBMITTED

BY_____ Lizzi Varga Reinard _____

ENTITLED_____ ASSESSING THE NEED FOR MENTAL HEALTH INTERVENTIONS WITHIN
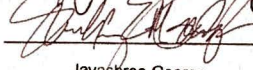
THE LAW ENFORCEMENT COMMUNITY_____

PRESENTED ON __May 8th -   2020_____

BE ACCEPTED IN PARITAL FULFILLMENT OF THE REQUIREMENT FOR

THE DEGREE OF _____ Master of Arts_____

WITH A MAJOR IN _____ Art Therapy Counseling_____

RESEARCH PROJECT COMMITTEE:

_____Chairperson

Jayashree George

_____

_____

We certify that, in this research project, all research involving human subjects complies with the Policies and Procedures for Research Involving Human Subjects, Southern Illinois University Edwardsville; Edwardsville, Illinois.

For research projects involving animals or biohazardous material, including recombinant DNA, we certify that the research complies with the Policies and Procedures established by the Animal Care Committee on the University Committee Biosafety, respectively, of Southern Illinois University Edwardsville; Edwardsville, Illinois.

ABSTRACT

IS MENTAL HEALTH INTERVENTION A NECESSITY WITHIN THE LAW
ENFORCEMENT COMMUNITY?

by

LIZZI VARGA REINARD

Chairperson: Professor Megan Robb

This research explored mental health interventions within the police. There is a need

for mental health in law enforcement (O'Hara, 2018; Blue Help, 2019; Waters & Ussery,

2007; Mohandie & Hatchert, 1999; Miller, 1999; Violanti, 2010). Having been a law

enforcement officer myself, I have experienced the stigma and the need of mental health

care. I used a cross-sectional survey design to obtain further information on police officers in

a Midwest county in the United States to assess the need for mental health interventions. I

created response artwork prior to obtaining the survey results (to help assess and sort through

my biases) and immediately following (in order to process the results with clarity). Findings

include a warranted lack of trust that most officers seem to have in both the mental health

industry and within their departments; a high presence of uncertainties among officers

regarding fears and negative stigmas associated with seeking professional counseling; and

barriers to seeking therapy in the law enforcement community depicting a sense of fear

related to misunderstanding, repercussion, and judgment.

Keywords: law enforcement, suicide, mental health

ACKNOWLEDGMENTS

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CHAPTER I

INTRODUCTION

According to the statistics listed on the Centers for Disease Control and

Prevention (CDC), suicide is the fifth leading cause of death in the United States, ranging

from the years 1999 through 2016, among ages 21 through 68, encompassing all genders.

In 2017, it became the fourth leading cause of death. According to O'Hara (2018),

"…approximately twelve officers take their own lives each month" (n.p.). In 2017 (see

Figure 1), the suicide rate for police was higher than the general public: "…16/100,000

compared to a public rate of 13.5/100,000" (O'Hara, 2018, n.p.). Blue H.E.L.P. is an

organization that was created to assist in reporting and maintaining accurate records of

death by suicide within the police force (including retirees) listing the reported deaths by

year. As noted in Figure 1.1, deaths by suicide have escalated from 143 in 2016 to 228 in

2019 (Blue Help, 2019, n.p.). Waters and Ussery (2007) advised that generally law

enforcement tends to "…deny the very existence of psychological factors" (p. 180). They

stated that police officers are at "…greater risk for suicide than other professions"

(Waters & Ussery, 2007, p. 180).
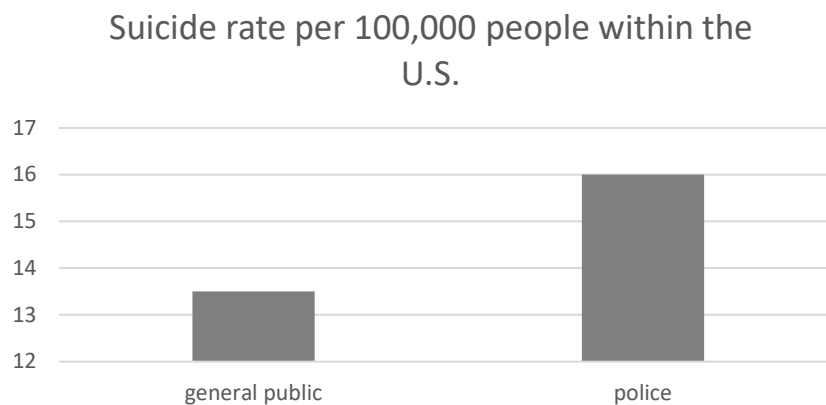
Figure 1. Graph indicating suicide rate in 2017 for the general public and police per every 100,000 people in the United States (O'Hara, 2018).

Verified police officer suicides to date
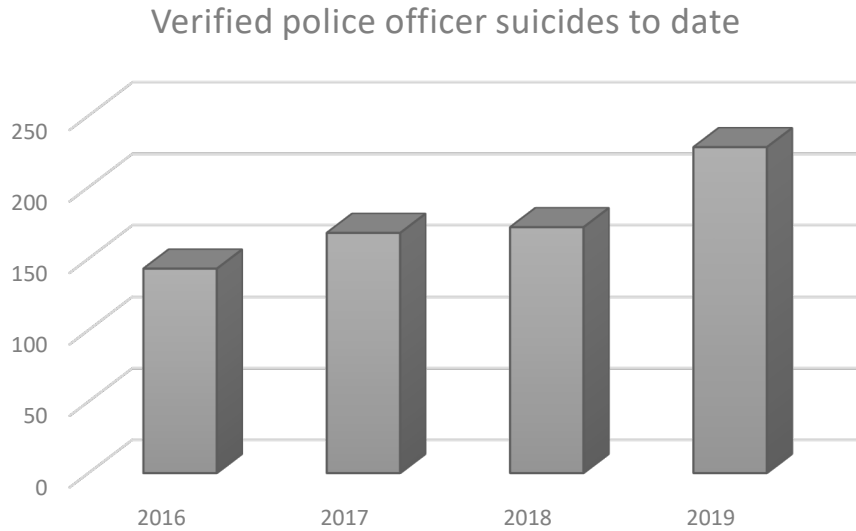
Figure 1.1. Graph representing the number of reported police officers who died by suicide between the years 2016 and 2019 in the United States (including retirees) (Blue Help, 2019).

Suicidal ideation among police officers is not uncommon. Terms such as "…'Eating the gun' has become a known part of police culture…" (Mohandie & Hatchert, 1999, p. 360-361). O'Hara (2018) noted: "…based on the 2017 figure, more officers died of suicide during the year than were killed in the line of duty" (n.p.). The specific account of deaths by suicide is unknown since many tend to go underreported for families to benefit from their deaths or to deviate from the public eye (Miller, 2000; Violanti, 2010). In 1999, Miller stated: "[c]ops under stress are caught in the dilemma of risking confiscation of their guns or other career setbacks if they report distress or request help" (p. 3). This statement remains accurate.

Personal Experience

My interest in conducting research within law enforcement stems from the 11 years that I served as a police officer. Throughout my career, I worked alongside police officers from my police department as well as other departments (local, federal, and state). I personally experienced trauma, exhaustion, anger, oppression, hatred, depression, loneliness, spite, and helplessness, among other strong emotions. Often times I felt the

only way to survive was to suppress my emotions, but that did not last. Eventually I had to face them. These emotions led to my search for answers.

I posit that my experience is not a unique one. In the police culture, officers are trained and encouraged to ignore their own emotions. In 1999, Mohandie and Hatchert conducted a study regarding the risk of suicide in law enforcement. They noted that the police environment is not conducive to overcoming negative emotions and feelings but is rather great at suppressing them and pretending they do not exist. During my 11 years of service, I have known five police officers who died by suicide and have been made aware of many more. In the course of writing this proposal, another officer I knew decided to end his life.

Mohandie and Hatchert (1999) reported that "[l]aw enforcement culture also has a strong emphasis on strength, toughness, self-reliance, and independence. The 'you gotta pull yourself up' mentality is pervasive" (p. 361). In return, a police officer tends to isolate him or herself in order to avoid condescending behavior. Due to the "macho culture" of law enforcement, the problem escalates before the police officer is able to ask for the help that he or she needs (Mohandie & Hatchert, 1999, p. 361). It is a profession where the job can consume the mind, body, and soul creating a blurred line between their personal and professional life. The outrageous suicide rates indicate a desperate cry for help within the police community as evidenced by the overwhelming statistics.

Definition of Terms

Within this context, law enforcement will be used to refer to dedicated people who have legally been sworn to "…maintaining public order and enforcing the law…" (Bureau of Justice Statistics, 2018, n.p.). This definition includes, but is not limited to, police officers (cops), sheriff deputies, federal agents, and correction officers, which may

be used interchangeably throughout this paper. Chae and Boyle (2013, p. 92) defined

suicide as "ending one's life" and suicidal ideation as "…thoughts and cognitions about

ending one's life" (p. 92). In accordance with the World Health Organization (2018),

mental health is defined as "…a state of well-being in which an individual realizes his or

her own abilities, can cope with the normal stresses of life, can work productively and is

able to make a contribution to his or her community" (n.p.). This definition is an accurate

description of the term "mental health" within this proposal, where lack thereof deems

the opposite.

CHAPTER II

LITERATURE REVIEW

The research presented in this literature review revolves around three main topics:

mental health and suicide, mental health and law enforcement, and law enforcement and

suicide as seen in Figure 2. Table 1 lists the alternative search words used to locate

sources in EBSCO, JSTOR, Pro-Quest, among others.
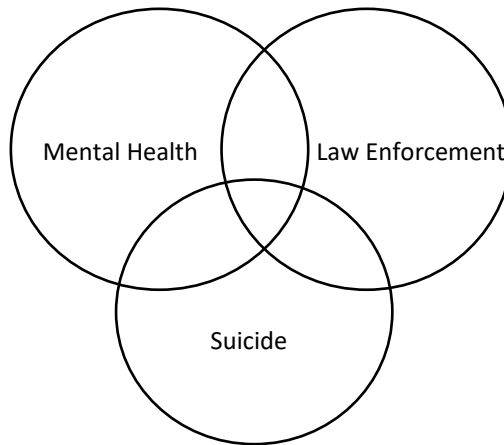
Figure 2. Venn diagram depicts the three topics (law enforcement, mental health, and suicide) discussed in this literature review and their relation to each other.

Table 1.

Law enforcement	Mental Health	Suicide
Police officers	Emotional health	Self-harm
First responders	Mental soundness	Disregard to self
Public safety officers	Mental balance	Suicidal ideation
Cops	Mental stability	
Deputies	Soundness of mind	Harming oneself
Sworn officers	Right mind	

Note. The alternative search terms are listed under each heading: law enforcement, mental health, and suicide.

Mental Health and Suicide

Suicide and mental disorders have been linked in psychological studies

throughout time, however, traumatic experiences such as "…physical or sexual abuse,

accident or domestic violence, violence, accidents, major losses, loss or separation of

parents and family conflicts…" have been large contributors to suicidal ideation (Lappann Botti et al., 2018, p. 1293). These researchers advised it is of the essence to utilize assistance from "…health professionals, friends, family, and the community in which they are inserted…" in order to "… develop resilience" (p. 1294).

Familial support. A study conducted in 2015 indicated that the following issues seemed to be present in a majority of the investigated suicides: "…relationship problems/loss" (45.1%), "life stressors" (50.5%), and "recent/impending crises" (32.9%)…" as noted in Figure 3 (Stone et al., 2018, p. 617).

ISSUES PRESENT IN MOST LIVES OF INDIVIDUALS WHO DIED BY SUICIDE IN 2015
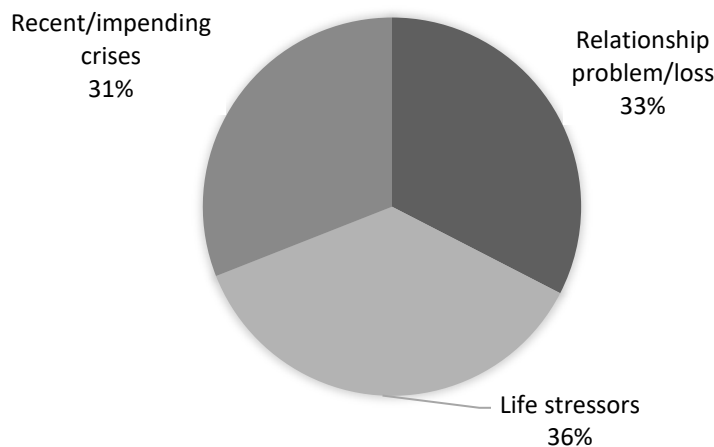
Figure 3. Line graph representing a comparison of the issues present in the majority of deaths by suicide in the United States in 2015 (Stone et. al, 2018, p. 617).

In another study conducted in New Zealand by Manuel et al. (2018), the compilation of research indicated that a majority of individuals who resorted to suicide did not have, or were not aware of, immediate access to obtain the help they needed. In order to obtain the information for their research, Manuel et al. (2018) accessed the coroners' data regarding deaths by suicide. Through contacting family members,

physicians, and associates of the deceased, they were able to compile data leading to interesting outcomes regarding deaths by suicide, such as "…poor collaboration with families had been repeatedly found to have occurred in many investigations" (Manuel et al., 2018, p. 647). The results indicated that a large number of those did not have much support from their family. The research appeared to present lack of support for most of the deceased individuals, indicating that the accessibility of support is indeed a necessity among those suffering from suicidal ideation (Manuel et al., 2018).

   Protective factors for suicide. To combat suicide, a current study was conducted by Teismann et al. (2018), which reflected the benefits of positive mental health in relation to suicidal ideation. Teismann et al. (2018) stated: "[t]he current finding complements previous studies showing that wellbeing, as assessed with the PMH-scale, seems to be of special relevance to positive psychological functioning" (p. 4). The study seemed to indicate that positive mental health could be the key for decreasing the likelihood of suicidal ideation among those suffering from depression. The positive mental health scale, which is a tool used to measure personal affect and life satisfaction, was used to define "positive mental health" in this study. Although the study was conducted on German students, the information may be generalized in providing a link between positive mental health and suicidal ideation. It may be a subject of interest for future mental health studies (Teismann et al., 2018, p. 4). Stone et al. (2018) concluded their research by highlighting: "…the need to both prevent the circumstances associated with the onset of mental health conditions and support persons with known mental health conditions to decrease their risk for poor outcomes" (p. 622).

Mental Health and Law Enforcement

Waters and Ussery (2007) described a seminar in which Karl Goodin spoke about police stressors. He noted the common occurrence of health problems, such as "…heart attacks, depression, and suicide in numbers that are much higher than individuals in the business world or government service…" (p. 172). They went on to say that society deems police officers to be "superhuman" (p. 173) when in reality they are extremely "…vulnerable due to their need for constant vigilance" (p. 173). These researchers stated:

> Hiding one's feelings becomes a badge of courage. Thus, the police culture combined with the reality of police work, even in the lowest crime rate areas, and the psychological factors that lead an individual to choose police work, all combine to create a situation that aggravates the inherent pressures of law enforcement. (p. 175)

Stressors within law enforcement culture. Dealing with stress within police culture is significantly difficult. Although the police academy usually addresses the high levels of suicide among police culture, the idea of suicide is seemingly farfetched at the beginning of one's career. Suicide becomes more prevalent as police officers progress in their careers, when all the stressors build to the point of no turning back. Waters and Ussery (2007) summed it up stating that police officers "must be good psychologists at the same time they must secure the safety of the public and investigate the scene of a crime; address the needs of the victims, witnesses, and perpetrators; and face troubled individuals who may try to kill them or try to commit suicide" (p. 170). They went on to say that the possibility exists that there are "phantom assailants who are not immediately

visible and they must still be able to keep their own reactions under control" (Waters & Ussery, 2007, p. 170).

On the job stress can take its mental toll on a police officer. Both Miller (2000) and Waters & Ussery (2007) advised that the accumulation of traumatic incidents have the potential to explode at any time given the amount of stress accrued. Miller (2000) stated: "[f]or other officers, there may be no singular trauma, but the mental breakdown caps the cumulative weight of a number of more mundane stresses over the course of the officer's career" (Miller, 2000, p. 2). Waters and Ussery (2007) indicated that:

On any particular day, officers face the normal challenges of the job ranging from the boredom of watching traffic to the potential danger of a domestic violence call to the guaranteed risk of a "break and entry" in progress. The event may literally be the "last straw" in a long career of tension filled days or it may be a situation of such magnitude that no one could have predicted the scope of its impact. (p. 175)

Bravado. In 1999, Miller wrote about trauma in relation to stress where he described police as "tough guys". This term referred to police officers of all genders who appear rough in terms of "attitude, temperament, and training" (p. 1). He further described them as having witnessed trauma and a variety of mentally exhausting duties throughout their career. He alluded to the necessity of the "tough guys" as "… the very toughness that facilitates smooth functioning in their daily duties now becomes an impediment to these helpers seeking help for themselves" (Miller, 2000, p. 1). Often, within police culture, their own peers do not recognize that a member of their police force needs intervention.

Rouse et al. (2015) mentioned that it is unsure why, as police officers, they can intervene with a suicidal individual as a part of their duties but not with one of their own.

Within their research, they speculated that it may have something to do with their

"…stereotypical hyper-masculine culture…" (Rouse et al., 2015, p. 102). In 1988,

Mosher and Tomkins defined hyper-masculinity as "callous sexual attitudes", "violence

as manly", and "danger as exciting". They further suggested that "superior masculine

affects" such as "excitement and anger" were favored over "inferior feminine affects"

such as "distress and fear". Given these definitions of "hyper-masculinity" or "macho" or

"manly" in the context of police or military, the word has been associated with warrior-

like mentalities where "inferior feminine" emotions are not welcome. This could be

dangerous among peers such that suppressing those "inferior" emotions could lead others

to miss a vital cue that could save a fellow officer's life (Mosher & Tomkins, 1988, p.

60).

Another explanation for the difficulties in recognizing the need for intervention

could be the barriers officers may place on themselves by feeling "invincible", ignoring

or misinterpreting the signs that may be emerging. When thinking about bravado in terms

of trauma, police officers are trained to function in a constant state of vigilance which can

turn into hypervigilance. Violanti et al. (2007) describe such vigilance as

"hypervigilance" as a positive attribute of police training, however, it obscures how being

in a constant state of hypervigilance comes with its own consequences, such as clouding

one's judgment and impairing the thought process that would normally occur if an

individual was to maintain a balanced level of vigilance versus hypervigilance.

Hypervigilance can be defined as "the absence of the normal orienting responses"

(Levine, 1997, p. 160).

PTSD symptoms. According to Miller (2000), although police officers are not all

the same, "[e]very officer has his or her breaking point" (p. 2). Traumatic incidents may

result in the onset of posttraumatic stress disorder (PTSD) in which some of the symptoms displayed consist of "…numbed responsiveness, impaired memory alternating with intrusive, disturbing images of the incident, irritability, hypervigilance, impaired concentration, sleep disturbance, anxiety, depression, phobic avoidance, social withdrawal, and substance abuse" (Miller, 2000, p 2).

Waters and Ussery (2007) described three different kinds of stressful situations: "…explosive, implosive and corrosive incidents". The explosive events were described as those that left a high impact on all involved, such as a terrorist attack, and led to "…acute and severe overt reactions, sometimes against other people". At times those reactions were suppressed for the officers to be able to continue their daily duties. When ignored (over time), those reactions could cause lasting damage due to "…the impact of severe stress reactions…". Implosive incidents, such as "…internal conflicts and the values that guided his/her choice of occupation" may lead to thoughts regarding the "…inability to "make a difference", the conflicts among family and personal responsibilities, and job-related considerations" which progress into "…stress symptoms over a period of time". Corrosive incidents are defined as "…daily tensions associated with police work" which have a tendency to destroy confidence and tear down their "…level of hardiness and resiliency" (p. 175).

Incident reaction. In 2015, Rouse et al. wrote: "[e]mployees seemed overwhelmed—and perhaps traumatized, by other incidents that resonated with their personal lives and struggles, as well as other types of life-threatening on-duty incidents" (p. 103). He advised that police departments ought to "…consider their critical incident debriefing policies…" (p. 103) and examine whether they are adequately diverse to afford "…support to employees who may experience on-duty trauma not related to a shooting

incident" (p. 103). Rouse et. al (2015) advised that police departments should incorporate a policy for "…responding to employee suicide" (p. 103).

   Burnout symptoms and personality traits. The stressors in police culture include a variety of factors. Day shifts, night shifts, overtime jobs, and being on call can contribute to a police officer's stress level. Waters and Ussery (2007) noted that "[c]hanging sleep patterns, digestive system circadian rhythms, and other bodily functions affect both physical and psychological well-being. The process of readjustment to shift change schedules exacts a toll on each officer" (p. 174-175). Other factors include the ever-present fear of death. Police stressors are not only existing while on duty, but off duty as well. Waters and Ussery (2007) stated: "[p]olice officers are always on duty… The perpetual need for vigilance, even when off duty, also takes its toll on the officer's level of resilience" (p. 175). In 2016, a study was conducted by Ellrich (2016) in Germany regarding police officers and factors causing victimization. One of the byproducts of this study suggested that "[p]olice officers with higher levels of emotional exhaustion were more likely to report an attack during their last police encounter" (p. 662). An exhausted police officer's interest diminishes while participating in "…socially competent behavior, such as perspective taking, communication, affect regulation, or empathy" (Ellrich, 2016, p. 662).

   In a case study created by Mohandie and Hatchert in 1999, they referred to the "reactive mindset" (p. 361) of police officers, defining it as "…reacting to events as they occur, making quick decisions, and immediately stabilizing situations" (p. 361). Mohandie and Hatchert (1999) stated:

   The reactive mindset is conditioned by chasing radio calls in patrol, responding to victims as a detective, or responding to unknown disturbances. This phenomenon

is known as the "action imperative" where "do anything just do something" is common… this can contribute to impaired decision-making ability. (p. 361)

Several of the points highlighted by authors Waters & Ussery, Ellrich, Mohandie & Hatchert, intersect with the ideas about trauma treatment proposed by Levine (1997), Porges & Dana (2018), Courtois & Ford (2013). During SWAT training, officers are told to hold their rifles in a ready stance, where the butt of the rifle is tight against one's shoulder, however, the tip of the rifle is aimed towards the ground until the officer is ready to shoot. The reason for this technique is to ensure the officer is able to have a full view of his/her/their surroundings before bringing the rifle into their line of vision. Once the rifle is in the officer's line of vision, they are no longer able to see their full surroundings. This is similar to the differentiation between hypervigilance and vigilance. When in a constant hypervigilant state, the line of vision is minimized and one can no longer "organize details in a way that makes sense" (Levine, 1997, p. 160). Being in a vigilant state, a person is able to make rational decisions based on the ability to filter through real threats versus non-threats.

Police officers may begin their careers in a vigilant state, however, as they experience trauma, lack of sleep, changes in circadian rhythms, stress, among others, officers can easily transition into a hypervigilant state. As a trainee in the police academy, officers are taught to always be vigilant, and may not be taught to self-regulate, or pendulate. Pendulation means "the natural oscillation between opposing forces of contraction and expansion" (Porges & Dana, 2018, p. 18), referring to the process of being able to regulate one's emotions after being hyper-aroused. This could lead to hypervigilance if left unattended.

Furthermore, Mohandie and Hatchert (1999) argued that police officers tend to be "people pleasers", which translates into depression or helplessness when they cannot meet the sometimes-unrealistic standards they are required to achieve. They further argued that those feelings of helplessness and/or depression could lead to violent outbursts such as harm to oneself or others.

Coping mechanisms. Police officers vary in personality types and coping skills. Although not all police officers may be affected by certain incidents, the redundant accumulation of stress tends to eventually present itself in the officers' lives. Waters and Ussery (2007) reported suppressed emotions which "…are often a precursor to the development of stress related disorders" (p. 172). Officers may rely on "…maladaptive coping mechanisms, such as alcohol consumption to deal with work and life stress" (Chae & Boyle, 2013, p. 109). Through further research, emphasis was placed on the "…parallels between sleep restriction and intoxication" (Chae & Boyle, 2013, p. 109).

The contrast between emotional inhibition and the instinctual purpose for emotions could have adverse effects on the mind and the body. In 1997, Gross and Levenson conducted a study on the effects of suppressing emotions. They suggested that "…emotional inhibition might diminish cognitive performance" (p. 102) in that the body and mind are programmed to express emotions, therefore suppressing them takes more effort than allowing them to exist. Felt emotions do not disappear, but rather they appear in other forms in unexpected ways. Emotions are designed to "…coordinate adaptive behavior in the face of challenge" and if they are suppressed, they have the ability to "…compromise an individual's ability to manage these challenges successfully" (Gross & Levenson, 1997, p. 102). In certain circumstances, especially as a law enforcement officer, it is necessary to suppress emotions for the time being while handling a situation;

however, it is important to find an outlet for those emotions before they begin interfering with the individual's decision-making skills.

  Stress impacts on the body. Violanti at al. (2007) conducted a pilot study including 92 police officers from New York City Police Department, on the "…association between reported PTSD symptoms and the salivary cortisol response patterns observed: at awakening; after a high protein meal challenge; over the course of a day; and after taking a low dosage (0.5 mg) of dexamethasone at bedtime-a dexamethasone suppression test (DST)" (p. 190). The cortisol configurations revealed the presence of "… allostatic load…" meaning that the chronic stress endured by police officers led to severe hypothalamic pituitary adrenal axis (HPA) impairment. These impairments, combined with trauma, could create long term "…acute generalized anxiety, worry, and depression…" (p. 197). The results of the study showed biological and physical proof that police officers are in a hyper-aroused state as illustrated in Figure 4. One may argue that hypervigilance is necessary for the occupation. However, the damage of living in a constant state of over-reactivity may be hazardous to the police officer and the public as well (Violanti et al., 2007). According to Levine (1997), vigilance is a survival response which is necessary in order to identify threats and helps the body respond accordingly. Being in a hypervigilant state is a symptom of PTSD and could be described as the inability to relax or return to a non-aroused state of being. This, as listed previously, has many dangerous repercussions for the body and the mind (Levine, 1997).

  Waters and Ussery (2007) stated: "[t]he fact that police officers begin their careers in excellent physical health and retire early or die from job related stress disorders demonstrates the cost of continuous pressure and the need for ongoing emotional

readjustment" (p. 172). Police officers are given physical and psychological exams when they apply for a department to ensure they are mentally and physically capable to perform accordingly in the required field. Once they undergo the police academy, they are usually in their peak performance level as new recruits, however many officers tend to "develop a broad range of stress related disorders during their careers" (Waters & Ussery, 2007, p. 174). Chae and Boyle (2013) stated that "chronic exposure to low-level stress can yield debilitating effects that prevent officers from providing adequate services to the community" (p. 109).
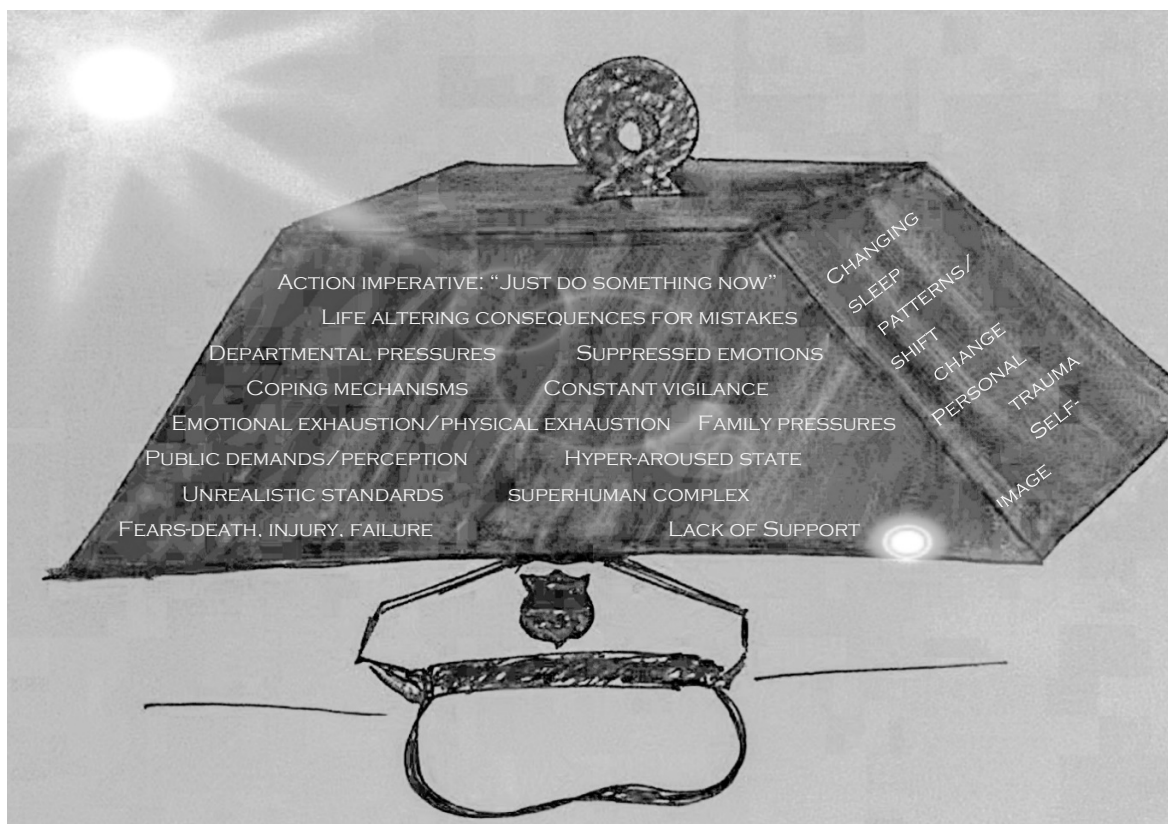
Figure 4. Inputs and environments that affect law enforcement in their daily lives.

Stigma. Within the police environment, or brothers and sisters in blue, the police departments claim to "have each other's backs," however, many police departments tend to view psychological distress as weakness. "Structural aspects of the police organization

(e.g. bureaucratic leadership) can be a source of chronic anxiety and tension" (Chae & Boyle, 2013, p. 109). According to Waters and Ussery (2007):

> Not only does the individual officer deny his or her risk factors, but departments also ignore the problem. Within departments and academies, attention has always been paid to training for job related skills and to the need for up-to-date equipment. Less concern has been directed toward physical health and toward mental health and resiliency, proven tools for survival. (p. 172-173)

In 1999, Miller addressed the problem in relation to mental health stigma within the police culture by stating that they "…have a reputation for shunning mental health services, often perceiving its practitioners as "softies" and "bleeding hearts" who help criminals go free with over complicated psychobabble excuses" (p. 9). Some law enforcement personnel may view psychology as "…a humiliating and emasculating experience in which they lie on a couch and sob about their dysfunctional childhoods" (Miller, 2000, p. 9). The most common reason police officers seem to be resistant to obtaining therapeutic support is due to the misconception of "…needing "mental help" implies weakness, cowardice, and lack of ability to do the job" (Miller, 2000, p. 9). It is common practice in many departments for employees to "realistically fear censure, stigmatization, ridicule, thwarted career advancement, and alienation from colleagues if they are perceived as the type who folds under pressure" (Miller, 2000, p. 9). Another fear could be an officer "spilling his guts" to the therapist and in the process revealing too much information that could result in repercussions to his fellow officers as well as him/herself (Miller, 2000, p 9).

Walters and Ussery (2007) presented trust as another point of resistance. Police officers tend to fear being misinterpreted and misunderstood among other professionals

as well as within their own family. Depression is "unheard of" in the police culture. Walters and Ussery (2007) advised there is a "…tendency to ignore such symptoms of depression as a decrease in energy, feelings of sadness or worry, and the sense of desperation that permeates one's thought" (p. 177). If an officer seeks help, their image of being "independent, competent, and trained to take care of dangerous situations, and to protect the public" (Walters & Ussery, 2007, p. 177) may be challenged. Another realistic fear of seeking mental help includes losing credibility in a court of law (Waters & Ussery, 2007, p. 177). An attorney can question the police officer's state of mind which could possibly lead to termination; or dismissal of an important case in which the perpetrator is released due to an officer's discredit. This prompts the question: Is this a systemic issue and if so, how can we change this?

Law Enforcement and Suicide

According to Violanti et al. (2016), "[p]revious epidemiological evidence suggests an elevated risk of suicide in law enforcement, yet little is known regarding possible etiological risk factors involved in such suicides" (p. 408). It is imperative to understand the factors that may cause suicidal ideation in police officers in order to further assist in the betterment of their psychological wellbeing.

Risk factors. In a literature review, Chae and Boyle (2013), researched reasons why police officers commit suicide. They concluded that it was not only one feature, but rather many different aspects that led officers to suicidal ideation, which, in some cases, led to suicide. They found that "…minimal support from supervisors, few opportunities for advancement, and poor working conditions contribute to feelings of isolation and despair…" (Chae & Boyle, 2013, p. 109). Violanti (2010) found that issues in the personal lives of police officers in addition to PTSD from work related incidents,

contributed to an increase in the use of alcohol, which elevated the risk of suicidal ideation.

Information on police officers who died by suicide is difficult to obtain since that information is not always privy to the public. Waters and Ussery (2007) advised that "[p]olice officers tend, not only to avoid discussions about suicide, but also to be highly resistant to any form of educational prevention programs or treatment for imminent acts of self-destruction" (Waters & Ussery, 2007, p. 173). Although police officers often feel the need to protect "their own," rejecting help for themselves and their counterparts is unproductive and detrimental to the police population.

Violanti et. al (2016) stated that stress and helplessness are related. Often times suicide follows a police officer's state of helplessness. Lack of support seems to be a large issue on the impact of helplessness among police officers and, in combination with post-traumatic stress disorder, the risk factor is elevated (Violanti et. al p. 409, 414). According to Violanti et. al (2016) "[s]upport is crucial for those experiencing posttraumatic stress symptoms. Social support from family, friends, supervisors, and coworkers has been shown in repeated studies to attenuate or reduce the effects of psychological stress among police" (p. 414).

Access to weapons. According to O'Hara (2018), guns have been the weapon of choice for police officers that have died by suicide from 2008 until 2017. The "immediate access to firearms" along with other factors listed in this literature review, have a tendency to "…elevate risk of suicide and violence risk" (Mohandie & Hatchert, 1999, p. 362). Possible explanations for guns being the weapon of choice for police officers who die by suicide could be the familiarity with the weapon and the lethal level. Police officers are trained to handle weapons and are experts in gun usage being that it is their

weapon of survival. Since suicide is often done impulsively, a firearm's easy access could provide the motivation needed to complete the act.

Suicide interventions. Although suicide among the police culture has become somewhat of an epidemic, there are ways in which therapy can help police engage less in suicidal ideation. According to Chae and Boyle (2013), "…evidence-based approaches include the use of visualization and imagery as a prevention strategy to reduce the effects of disturbing trauma" (p. 109). Waters and Ussery (2007) stated in their research that:

The question remains about what can be done to prevent police suicide and to reduce occupational stress and dysfunctional behavior in officers. The single most important factor for anyone who is recovering from a crisis is reliance on a dependable support group (p. 176).

If police are not willing or ready to seek help from a professional therapist an alternative could be educating peers and supervisors to notice and value when and how to help a fellow officer. Waters and Ussery (2007) stated:

To the police officers, no one is better equipped to comprehend the pressures of law enforcement than another officer… The concept of peer counseling is not a new idea. Law enforcement officers frequently gravitate toward more experienced colleagues who can serve as mentors in times of crisis. (p. 180)

CHAPTER III

METHODOLOGY

Survey Research: A Cross-Sectional Design

The research on mental health, law enforcement, and suicide, illustrates the necessity of mental health support and treatment within the law enforcement community. A survey was conducted as a first step to reflect whether a sample of law enforcement personnel felt the need for the acceptance of therapy within their own law enforcement community. The structure of this survey methodology was based primarily on a study conducted by Wickramasinghe and Wijesinghe (2018) regarding police burnout in Sri Lanka. This survey was conducted with the approval of Southern Illinois University of Edwardsville Review Board, relevant Police Department administration, and the Institutional Review Board (IRB) (See Appendix A). The surveys were anonymous, and participants responded on a volunteer basis only, thereby strict adherence to the ethics code of conduct were maintained.

Procedure. The total allotted period for this research took approximately 11 months, including obtaining the proper approval, distributing the survey, compiling the data, and analyzing the results.

Survey Participants. One survey prototype was distributed to police and sheriff departments in a Midwest county in the United States of America. These surveys were disseminated via Qualtrics, a web-based software provided to the students of Southern Illinois University of Edwardsville. Emails were sent to the participating departments explaining the process to the chiefs and sheriffs in order to gain better access to police officers and deputies to complete the surveys. I received responses from the departments granting approval to distribute the survey (see Appendix B for request letter).

Twenty-one police/sheriff departments participated in the survey. There were 36 participants out of 192 candidates (18% response rate) with a 94% completion rate. The sample size calculator indicated that with a 95 percent confidence rate and a 5 percent margin of error, the sample size should be approximately 129 participants (Survey Monkey, 2018). Since there were 36 participants, with a 95% confidence rate, the margin of error would be 15%.

The length of experience of those respondents showed that 1 officer/deputy had 5 years or less, 7 officers/deputies had 6 to 12 years, 6 officers/deputies had 13 to 20 years, and 22 officers/deputies had over 20 years on the police force. The majority of respondents had 20 years of experience or over. Their ranks ranged as follows: 7 police officers/deputies, 4 detective/investigators, 11 Sergeants, 5 Lieutenants, 2 Captains, 4 Chiefs/Sheriffs, 2 Assistant Chiefs/Under chiefs, and 1 in a Special Assignment, the majority ranking higher than Officers or Deputies. Gender was not reported or requested in order to preserve anonymity.

Survey design and measures. A recent study regarding views of the community towards use of force by police, conducted by Carter, Corra, and Jenks (2016), indicated that people responded better to specific questions and examples rather than broad questions referencing the subject. It was my intention to structure the questions to be as specific as possible.

I used a sample survey obtained from Survey Monkey website (2018) as an example for my survey format; however, I did not use any of their questions in my survey. In the survey, I was researching the "need for mental health intervention among police officers" as seen in table 2 and the "receptiveness to different means of therapy by police officers" as seen in table 2.1. I intended to use closed ended, multiple choice, and a

select few open-ended questions. The majority of the questions elicited forced-choice

responses leaving room to add a response if the response was not found. There was a total

of 20 questions which took approximately 7-10 minutes to complete (See Appendix C).

Table 2

Need for mental health intervention among police officers

Variable: Need for intervention	Draft questions (in idea form)
Years of experience on the department	5 years of experience or less
	6-12 years of experience
	13 or more years of experience
Stress indicators/reactivity	Stress level high/low when responding to a high-intensity call
	Physiological responses in the days following the response to a high intensity call

Table 2.1

Receptiveness to different means of therapy by police officers

Variable: Receptiveness	Draft questions (in idea form)
Experience related to therapy	Positive (Enjoyed therapy/will seek again)
	Negative (Disliked therapy/will not seek again)
	Had no experience with therapy
Stigma regarding therapy in L.E.	No stigma regarding therapy
	Stigma is present but unspoken
	Stigma is present and evident
Readiness to seek therapy	Willing to seek peer support but not therapy
	Willing to seek therapy
	Not willing to seek therapy or peer support
If seeking therapy, which therapy models would be more appealing	Mindfulness based therapy (including but not limited to art therapy)
	Group therapy and/or family therapy
	Cognitive Behavioral Therapy (CBT), Psychodynamic Therapy, or Interpersonal Therapy (IPT)
	Peer support groups offered by licensed therapist

Note. L.E.: Law Enforcement

Question number 11 on the survey incorporated three images (badge with black

line across, class A uniform hat, and a gun) in which the individual taking the survey was

asked to express the primary emotion that arose when viewing each image. According to

Chien & Chang (2012), due to the mind's interpretation of verbal stimuli, the brain

encodes the information provided and forms a visual image in a person's mind, hence creating the possibility for misinterpretation of the data received. They conducted a study using animations to support the written portion of the survey, which proved to be effective in narrowing the imagination of the person taking the survey for more accurate interpretation of the questionnaire (Chien & Chang, 2012).

The images I incorporated in the survey were self-created and each had the capacity of representing death within law enforcement. The black line is worn across the badge when a law enforcement officer has passed away, especially in the line of duty (fallen officer); the hat is part of the "class A" uniform worn during funerals; and the gun could represent protection, violence, or death.

There are limitations in using images in the survey, such as misinterpretation or misunderstanding of those images. Intentionality of using images would be to enhance the validity of the responses from the survey, being that the majority of the survey reflects on the subject of suicide and possible feelings of helplessness. The responses to the images could indicate the state of mind of the participants when confronted with a possible trigger. The survey identified how many years they have been on the police force, their personal experience with suicidal ideation, what their experience was with therapy (awareness of mental health), the stigma regarding therapy within the police force, police officers' readiness to seek therapy, what therapy models would be most accepted, gauging stress indicators, and reactivity within their jobs. The sample survey can be found in the Appendix C portion of this thesis.

Data analysis. In order to test the correlation between the variables, I used SPSS to analyze the data. The data and the results were checked numerous times once compiled to ensure accuracy. Excel software program was used to translate the results by creating

tables according to relevance. The information compiled was used to determine the outcome of each question and how it compared to other similar questions and their responses. It is crucial to maintain an open mind in the process of acquiring the data to ensure ethical practice and accuracy of the results (Survey Research Center, 2018).

   Self-reflection art. Upon sampling the survey, I noted the emotions I was feeling were linear and solid. I decided to create an art piece of self-reflection by means of oils and canvas (see Figure 5). As I created the art piece, I noticed that my responses to the survey itself were how I envisioned the results to be. As I continued to ponder, images of mountains and ridges invaded my thoughts. I realized that I had immediately returned to my days of policing, when the weight of the badge was on my shoulders.

Figure 5. "Mountains of Perfection" by Lizzi Varga Reinard

   The mountains, ridges, lines, and solid colors extracted my perfectionist self and brought to light the feelings that allowed no leniency and no mistakes. Creating art allowed me to organize my feelings and biases. I can clearly view what my expectations

were and am now ready to move to the next stage, where, using art, I will reflect on the

results and compare them to my expectations. This will further assist in clarity, honesty,

and acceptance of this study.

CHAPTER IV

RESULTS

This chapter is divided into the following sections: known response factors and department policy, personal feelings/coping style, and counseling. The survey results highlighted possible need for self-examination among law enforcement departments regarding fears about seeking professional help. Changing policy and providing a safety net for those who need help, while ensuring no severe repercussions for help seeking behavior, could be a starting point.

Known response factors and department policy

As noted in Figure 6, 80% of the respondents who completed the survey knew at least one police officer who died by suicide. Those who knew between 5 and 10 police officers who died by suicide, had over 20 years of experience on the police force.

**Number Of Officers/Deputies The Respondents
Knew Who Died By Suicide**
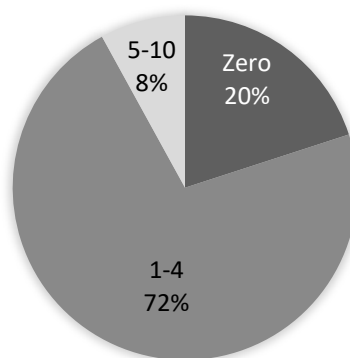
Figure 6. Response of participants referring to the number of officers or deputies they knew who died by suicide.

As noted in Table 3, when the respondents were asked which factors contributed to suicide increase within law enforcement, it appeared there were a combination of responses indicating accumulation of stressors on the job, enduring political and media

related scrutiny on a daily basis, negative public view of law enforcement, irregular sleep patterns, lack of family support or difficulties at home, lack of departmental support, the burden to always make the right choice even under abnormal pressure, and isolation. These responses coincided with the majority of the participants who identified having known at least one officer who died by suicide.

Table 3.

Factors contributing to suicide increase within law enforcement (opinion)

Factors contributing to suicide increase within law enforcement	N
Accumulation of stressors on the job	28
Enduring political and media related scrutiny on a daily basis	24
Negative public view of law enforcement	23
Irregular sleep patterns	19
Lack of family support or difficulties at home	18
Lack of departmental support	17
The burden to always make the right choice even under abnormal pressure	16
Isolation	15
Overwhelming sense of being on the job 24/7	14
No outlet for emotions	13
Lack of peer support	12
Lack of therapeutic help	10
Maladaptive coping mechanisms (alcohol abuse, etc.)	2
A large number of officers are also veterans, which carry another burden.	1

The results of the survey indicated that 44% of the police departments represented in the survey do not mandate psychological assistance. Furthermore, 31% of the responses suggested that their departments only mandate psychological assistance for officer-involved shootings, critical incident stress debriefs, significant incidents, and

traumatic events. Almost a quarter of respondents advised they have the option to seek therapeutic assistance if they need it.

In assessing departmental support, the results demonstrated some conflicting responses. The majority of respondents (56%) indicated that they felt their department supported and encouraged psychological help, however, 30% of those respondents selected additional answers indicating fear of seeking support.

The three highest ranking responses following the above response regarding departmental support were the following: uncertainty whether their department encouraged seeking psychological help, concern if they seek psychological help they will be misunderstood by the clinician, and fear of being fired or it being used against them. Only 8% of the respondents feared that fellow officers would not trust their judgment if they sought counseling.

Personal feelings/coping skills

As indicated in Figure 7, 11% (4 out of 36) of the participants indicated that they had an officer/deputy confide in them as to having suicidal thoughts. Although the majority indicated that no other officer/deputy had confided in them, 31% (11 out of 36) indicated that they suspected a fellow officer was having suicidal thoughts.

Out of the officers who responded yes to having had someone confide in them, the majority (25%) indicated that they referred them to seek professional help. Other responses selected were: they talked them through their emotions (22%), they spoke to their supervisors seeking advice (14%), they referred them to family and friends (6%), they contacted their family (6%), they took them to the bar to help them get over it (3%), and they asked what the officer in distress needed from the aiding officer (3%). Similarly, of the officers who stated they never had another officer/deputy confide in them

regarding suicidal thoughts, 86% advised that if someone was to confide in them, they would refer them to seek professional help. Other answers selected (multiple answers were allowed) as to what they would do if the situation arose, were: speak to their supervisor to seek their advice (50%), referring them to friends and family (31%), contacting their family (19%), talk them through their emotions (61%), they would do anything they could (3%), mandate counseling (3%), follow up to ensure help was obtained (3%), and take them to the bar to help them get over it (3%).

Has any officer/deputy confided in you that they have experienced suicidal thoughts at any point in your career?
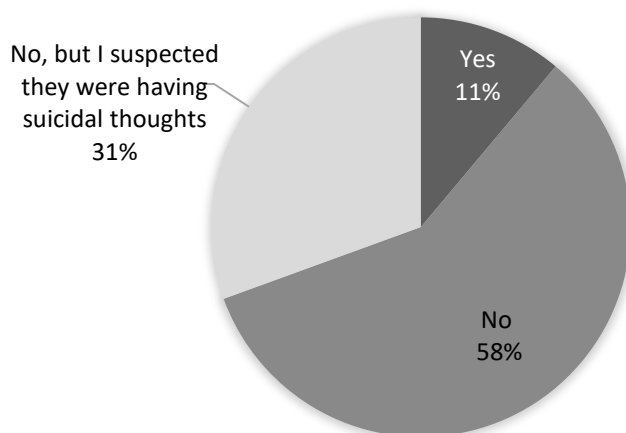
Figure 7. Officer/deputy confided in respondent regarding suicidal thoughts

When asked if they experienced thoughts of suicidal ideation at any point during their career (such as indifference whether they live or die, reckless behavior towards self, or unconcerned about the consequences of their actions), the majority of the respondents (72%) stated they had never experienced suicidal thoughts (refer to Figure 7.1). In contrast, almost half of the respondents (42%) indicated they had experienced feelings of helplessness when responding to a call or after leaving work as noted in Figure 7.2. These

results are interesting since according to Violanti et. al (2016), suicide often follows a police officer's state of helplessness.

Experienced thoughts that could lead to suicidal ideation
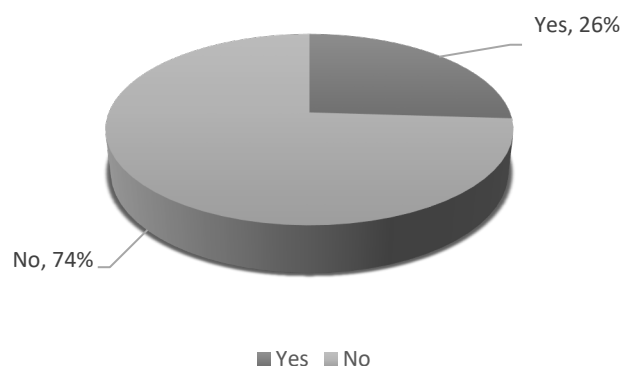
Figure 7.1. Officers who experienced thoughts at any point during their career such as: indifference whether they live or die, reckless behavior towards self, or unconcerned about the consequences of their actions.

Experienced helplessness
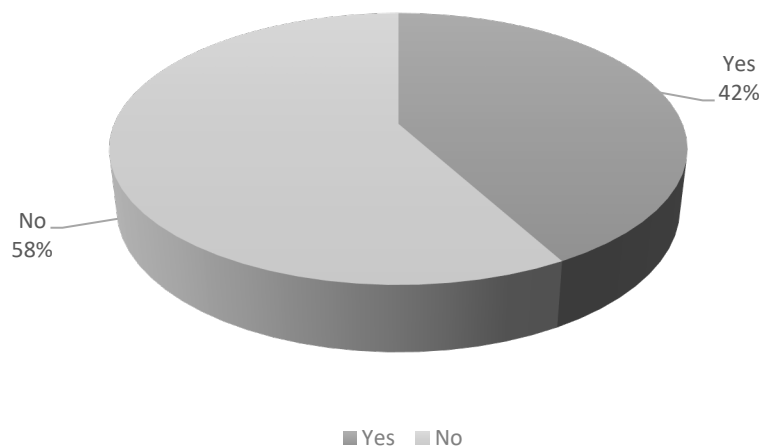
Figure 7.2. Officers who experienced feelings of helplessness when responding to a call or after leaving work.

Figure 8 reflects responses from those who had experienced suicidal thoughts throughout their career and how they coped with those feelings. Note that 82% of the respondents indicated that they had not experienced suicidal thoughts, leaving 18%

having experienced suicidal thoughts throughout their career. Nine percent sought help

through a mental health professional outside their department without their department's

knowledge, 6% had conversations with their family, and 3% used distractions such as

hobbies. Note that in Figure 7.1, 26% of respondents indicated that they had thoughts of

indifference whether they lived or died, reckless behavior toward self, or were

unconcerned about the consequences of their actions, which are descriptors of suicidal

thoughts.

HOW OFFICERS/DEPUTIES WHO HAVE EXPERIENCED SUICIDAL THOUGHTS HAVE COPED WITH THOSE FEELINGS
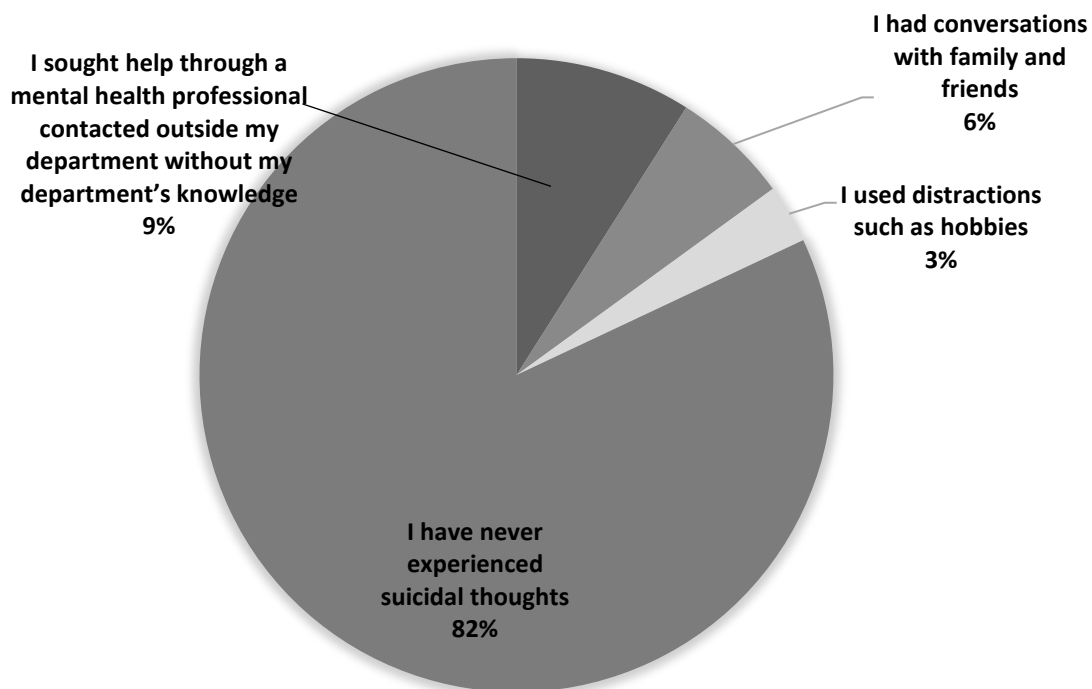
Figure 8. Participants response to personal suicidal thoughts.

The majority (36%) of respondents indicated that if they had feelings of

helplessness, they coped by having conversations with their families. Other responses

were: using distractions such as hobbies (28%), working out or other physical activities
(25%), had conversations with co-workers (22%), sought help through a counselor
outside the department without their knowledge (19%), drank alcohol or used drugs
(17%), avoided thinking about it (14%), did not do anything (3%), and prayed about it
(3%). One response stated that the participant experienced many different negative and
positive feelings after calls over the years, but never helplessness.

Table 3.1
Processing hyper-aroused state by the respondent

| After responding to a critical incident, how do you process the hyper-aroused state you experienced?	n	%
I have conversations with co-workers regarding the incident	24	67%
I work out at the gym or at home or do other physical activities	19	53%
I have conversations with family and friends regarding the incident	19	53%
I use distractions such as hobbies	14	39%
I avoid thinking about it and pretend it does not bother me	5	14%
I tend to drink alcohol or use prescription or non-prescription drugs	4	11%
I don't do anything	3	8%
I tend to seek help through a mental health professional contacted outside my department without my department's knowledge	1	3%
I do not recall having been in a hyper-aroused state	1	3%
It took a mental health professional to relate it to work experiences.	1	3%

In table 3.1, most of the participants (67%) indicated that they processed hyper-
aroused states they experienced when responding to critical incidents by having
conversations with co-workers. A lot of responses indicated physical activity,
conversations with friends and family, and distractions were coping mechanisms as well.
Some participants indicated that they avoided thinking about it (14%) and 11% indicated
that they use drugs and alcohol to cope with feelings of hyper-arousal after a critical
incident. Only one individual acknowledged seeking help through a professional
counselor, however, that was done without their department's knowledge.

Figures 9.1, 9.2, and 9.3, are word cloud images resembling the outlines of the images that were presented to the participants in the survey. The words listed are the respondents' primary emotions related to each image when asked to share their emotional responses upon viewing the image. Figure 9.1 is a badge with a black band across the center. This is a common practice among law enforcement when an officer or deputy perishes to honor them.
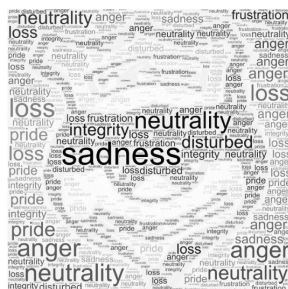
Figure 9.1. Image #1 indicating participant's word responses to image of badge with black line across center.

The majority of the respondents (25 out of 36) indicated that the emotion they felt was sadness, 4 indicated neutrality, 2 expressed anger, 1 wrote disturbed, 1 indicated integrity, 1 wrote frustration, 1 expressed loss, and 1 indicated pride. Image 2 (Figure 9.2) is a class A hat worn for special events, but mostly funerals of other officers and deputies. The badge on the hat has the same black band as image 1, insinuating that an officer or deputy has passed. In response to image 2, the majority (17) indicated neutrality, 8 were proud, 2 were unsure of what the image was, the remainder indicated sadness, frustration, career, happiness, and ugly.
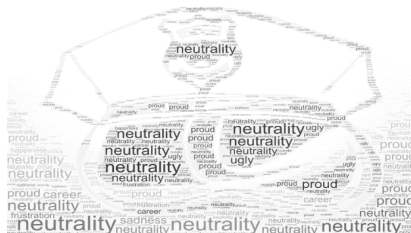
Figure 9.2. Image # 2 indicating participant's word responses to image of police class A hat with black line across badge.

Image 3 (Figure 9.3) is a handgun resembling a Glock, which is the most commonly used weapon among law enforcement. Responses to this image indicated the majority (17) as neutral, 5 as responsible, 2 as anxious, and the remainder as disturbed, frustrated, proud, happy, 2nd amendment, cautious, defense, excited, guarded, move off the X, draw/fire, protected, secure, and tool. Note that in Figures 9.1, 9.2, and 9.3, the word clouds are not to scale, but merely a visual to help represent the feelings expressed.
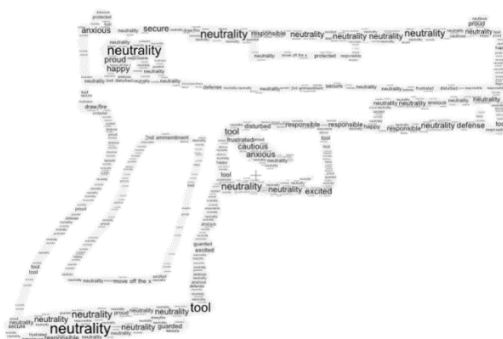
Figure 9.3. Image #3 indicating participant's word responses to the image of a gun resembling that of a Glock, police issue.

Counseling

Figure 10 lists what mental health counseling means to respondents. The majority (90%) indicated it means to allow an educated mental health professional to assist them in sorting out their emotions, 7% stated it meant losing their job, and 3% stated that it meant talking to someone who does not understand how their job works and losing their job.

The survey results (Figure 10.1) indicated that 39% of respondents had sought counseling inside or outside of their career. Out of those who sought counseling, 76% felt that it was helpful, 12% did not respond well to the help, and 12% were still seeking mental help.

WHAT PROFESSIONAL COUNSELING MEANS TO RESPONDENTS

Talking to someone who doesn't understand how the job works and losing one's job
3%

Losing one's job
7%

Allowing an educated mental health professional to assist in sorting out emotions
90%
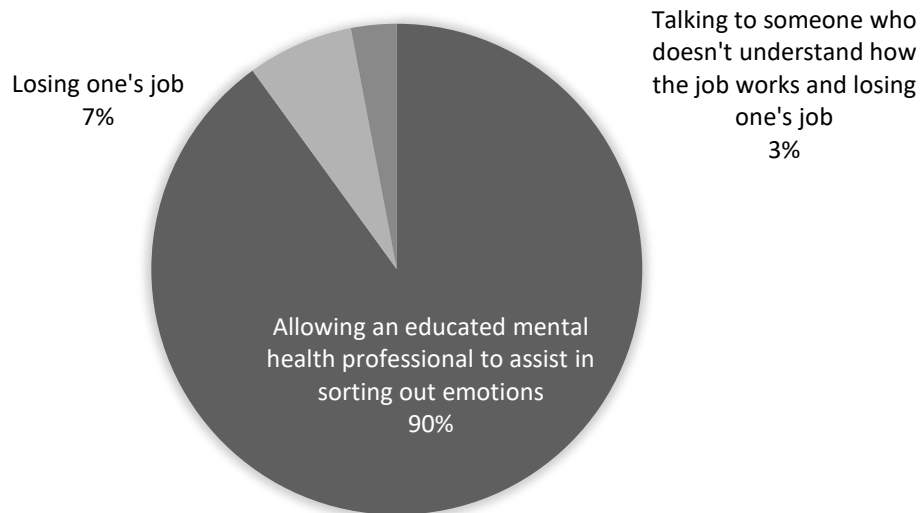
Figure 10. Meaning of professional counseling to respondents.

Experience of participants who sought counseling

I am still seeking mental help
12%

I did not respond well to the help
12%

I feel that it was helpful
76%

■ I did not respond well to the help   ■ I feel that it was helpful   ■ I am still seeking mental help
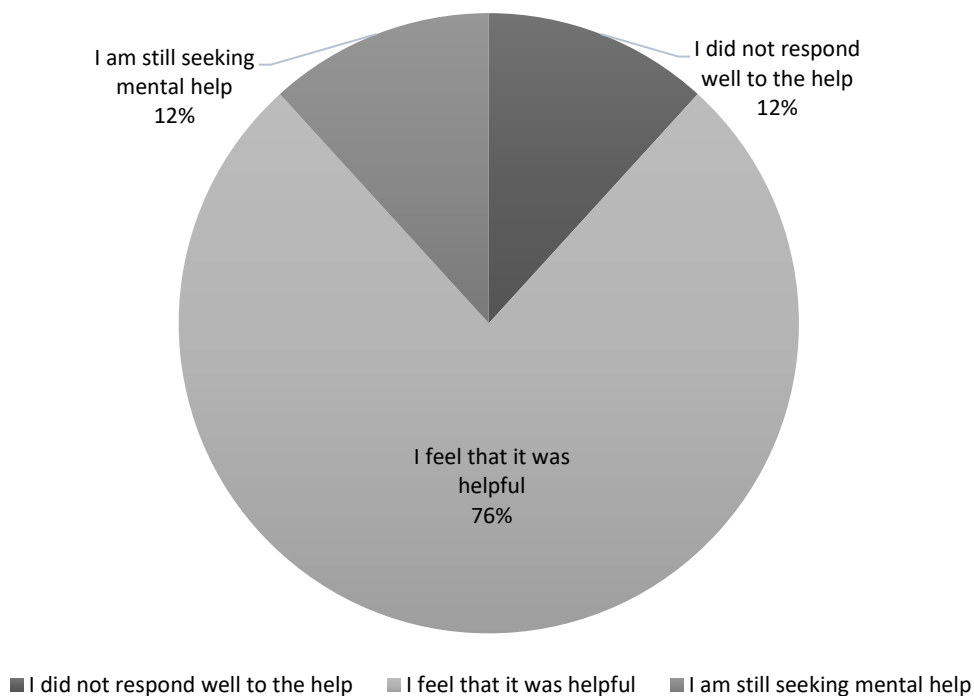
Figure 10.1. How participants who sought counseling described their experience.

In Figure 10.2, participants responded to hypothetical counseling made available to them. The majority (30%) indicated they would be willing to seek counseling on their own, 24% stated that they would be willing to seek counseling provided by the department, 20% would be willing to seek counseling and peer support, 10% advised they did not have enough information to create an informed response, 10% advised they would not seek either peer support or counseling, 2% would be willing to seek peer support but not therapy, 2% stated their department did offer support but they have not needed it yet, and 2% advised they do not want or need it but their department would provide support if they requested it. Note that 76% of responses indicated interest in some form of counseling.

If Counseling Was Made Available, Participants Would Most Likely:
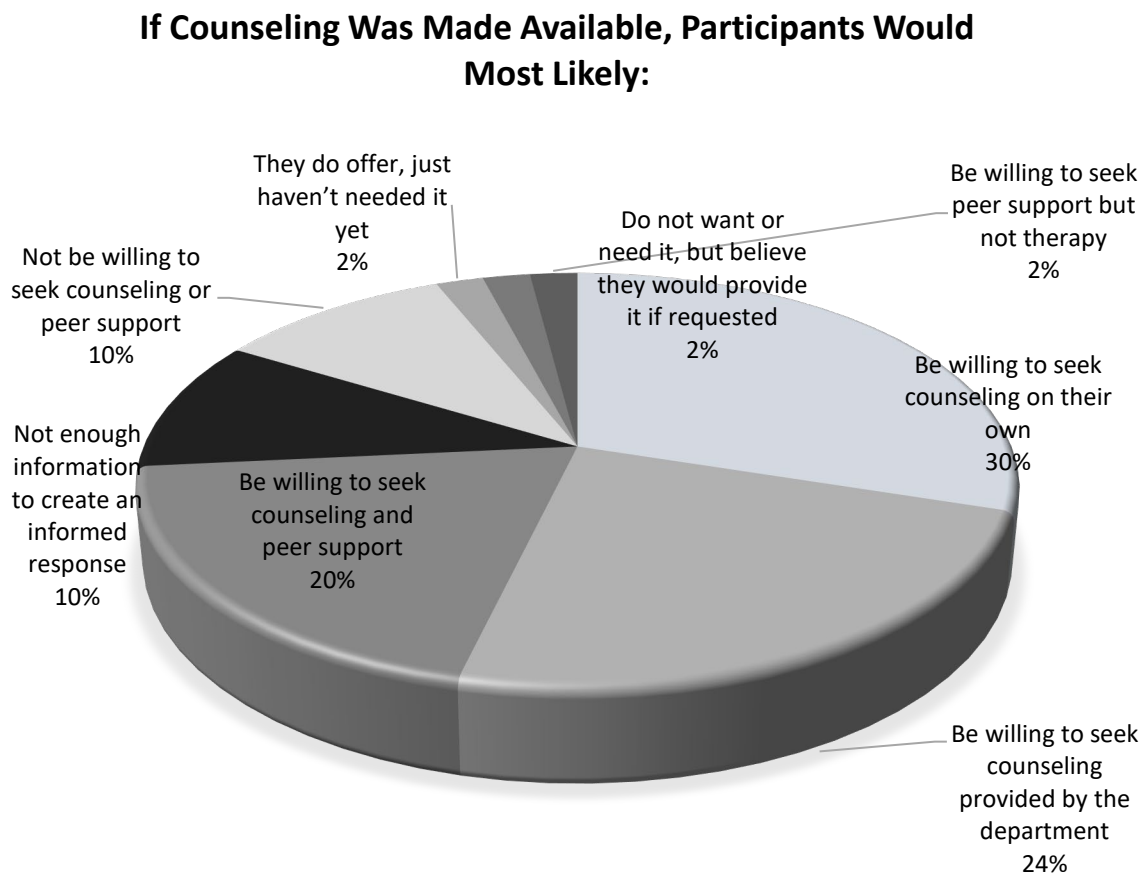
Figure 10.2. Participants response to hypothetical counseling made available.

Figure 10.3 reflects what types of counseling the respondents would be interested in if given the option. The majority indicated they would be interested in Cognitive Behavioral Therapy and Psychodynamic Therapy as a form of counseling. The second most popular responses were a combination of therapies, mindfulness-based therapy, and not enough information to create an informed decision. The third most popular selection was Family and/or Group therapy, Peer support groups trained by licensed therapists, and no form of therapy even if it was provided to them. The least popular option was Interpersonal therapy (3%) and Art Therapy (0%). The remaining advised that therapy is offered, but they did not list what type of therapy and the other 3% listed indifference to types of therapy.

Figure 10.3. Forms of therapies in which participants demonstrated interest displayed in the healer's hand word cloud format.

CHAPTER V

DISCUSSION

In theory, my hypothesis would have indicated that there is a need for mental health intervention within the law enforcement community, whether it is in a therapeutic setting or a peer support group setting. The results of the survey suggest a more complex reality. Although mental health could be an asset to law enforcement, it seems that trust is one of the biggest problems when offering assistance. It is a warranted lack of trust that most officers seem to have in both the mental health industry and within their departments. The results reinforced the presence of uncertainties among officers regarding fears and negative stigmas associated with seeking professional counseling.

Meaning and importance of the findings

A recent news article from Police One addressing police officers mental health discussed how many police departments "do not offer mental health services to assist officers in crisis"; further stating that if they did provide those services, many officers would not seek help, being that they "feared discrimination or judgment" (PoliceOne.com, 2019, n.p.). Although this research is meant to be an assessment to find out whether there is a need for mental health interventions, the larger issue documented in this study is the fear of seeking help. In the literature review, there were many studies supporting the need for mental health within law enforcement and many addressed concerns for reasons why law enforcement officers did not seem to gravitate towards professional help. The findings in this survey indicate that issues such as fear of being fired, fear of seeking psychological help being used against them, fear of being seen as weak or unfit for duty, fear of distrust among fellow officers, and concern regarding

being misunderstood by the counselor, among others, are barriers for officers in seeking professional mental health interventions.

As noted in the introduction of this thesis, "…approximately twelve officers take their own lives each month" (O'Hara, 2018, n.p.) and that the suicide rate for police was higher than the general public. It is useful to view the results of this study against the backdrop of national statistics. In terms of the prevalence of suicide, 81% of the participants indicated that they knew at least one police officer who had died by suicide. Furthermore, upon asking how the officers would respond if someone confided in them about being suicidal, the majority (86%) responded that they would refer them to a mental health professional. Note that the majority of the respondents showed an interest in some form of counseling. Given that statistics show suicide being on the rise among law enforcement personnel, these findings are important. They indicate that access to therapy within law enforcement could be a key component to not only help prevent suicides among this population, but to provide a healthy way for officers to cope with the difficulties this job can create in their lives.

As noted in the results, there appeared to be a high distrust in mental health providers, even among those participants who indicated that they had not experienced counseling themselves. The problem encountered in distrust, whether it is of the professional or of the system, is that there is no potential for healing if there is no trust. Levine (1997) stated "[t]o move through trauma we need quietness, safety, and protection…" (p. 35-36). Furthermore, when participants were asked how they coped with hyper-aroused states after responding to high-intensity calls, 11% stated they responded by drinking alcohol or using prescribed or non-prescribed drugs. The danger in using this medium to deal with trauma or "shocking" events is that it is only temporary

(such as putting numbing cream on a broken arm and expecting it to heal). Levine stated "[d]rugs may be useful in buying time to help the traumatized individual stabilize. However, when they are used for prolonged periods… they interfere with healing" (1997, p. 38). Of course, this is not to generalize responses to critical incidents as all being traumatic to an individual being that studies have shown everyone copes differently. This is merely highlighting the long-term effects of ignoring the build-up of trauma due to fear of misunderstanding or worse, loss of job, which to many officers is their livelihood.

Findings of similar studies

Suicide increase among law enforcement awareness has been visible in numerous articles and social media over the last few years, mainly by other officers and survivors who have known those who have died by suicide. This, however, is not a new topic. Researchers have been compiling studies related to police and suicide for many years. In 1999, Mohandie and Hatchert introduced a study relating to risk factors in law enforcement personnel which indicated a correlation between those risk factors, violence, and suicide prevalence. Another study in which the author distributed a survey to German police officers intended to determine which risk components contributed to victimization and burnout (Ellrich, 2016). Both studies suggest a need for further research being that the problem is indicated, but the solution is still unresolved.

In reviewing the results of the survey, many thoughts and possibilities came to mind. It appears there is plenty of resilience among the participants. Although it seems prevalent in the research that police officers have struggles that could lead to a less fulfilling life, the majority of responses regarding coping mechanisms seemed to be healthy, such as talking to co-workers or family members, going to the gym or doing physical activity, and finding hobbies. Singh, Gupta, Sharma, and Mishra conducted a

study of police personnel related to coping mechanisms in Uttar Pradesh, India. Their research indicated that although police officers in general seem to struggle with maladaptive coping mechanisms, such as drinking or blaming themselves or others, they also seem to have well established tangible support, referring to "…someone with whom they can socialize and relax, receive empathy, trust, and concern, and thus, give them a feeling of 'belongingness'" (p. 76). Although this research is valuable, its cultural context needs to be taken into consideration.

In addition to coping mechanisms, numerous officers indicated that their department would support them in finding professional help if they felt the need to reach out. Many responses also indicated the openness and willingness to accept therapy as an option, although there may be a lot of fear surrounding the outcome if they proceed.

Clinical relevance of the findings

This study aims to provide groundwork for further studies to indicate that there is a need to maneuver around stigma relating to therapy in order for law enforcement to be able to benefit from those services. This research clearly indicates that there are barriers to seeking therapy in the law enforcement community and the implications depict a sense of fear related to misunderstanding and judgment surrounding this topic.

Limitations

Due to the skeptical nature of police officers in general, it is unknown whether some of the responses to the survey were completely truthful given the fear of possibly being used against them within their own departments. Since this survey was only issued to the police departments in one Midwestern county, this may not depict the sentiment of other departments throughout the United States or the rest of the world. Another limitation would consist of the uneven number of participants, their ranks, and their years

on the police force. In addition, due to the small sample of participants, gender was not involved in this study. It would be interesting to have a larger sample and determine whether gender would play a role in the results.

Suggestions for further research

The complex nature of this subject opens the door to further research. Possible areas to investigate would be legal ramifications of therapy for police officers; what may or may not be held against them. Other areas would be conducting studies relating to training therapists to understand the law enforcement population in order to better assist them in finding ways to gain their trust and provide non-judgmental support. Being that law enforcement personnel are surrounded by evidence-based practices, it would be beneficial to provide an evidence-based approach to that specific population. Further studies could be done to find and implement a therapeutic atmosphere in departments and changing the stigma associated with professional help. More research could be done in this area by comparing military procedures in therapy acceptance to the law enforcement community. Since suicide is a growing problem for all first responders, perhaps even expanding studies to involve all first responders could be a step in the right direction.

There are opportunities based on this research to explore the benefits of therapy for police officers and their relationship to the community they work in. It could be highly beneficial to society to determine whether a healthy police community could positively impact their surrounding society. In his book *My Grandmother's Hands*, Menakem (2017) addresses the vast deficits in communication between police and communities where "residents have dark skin" (p. 275). His recommendations focused on police officers becoming a larger part of the community they police. He suggested creating practicums or residencies similar to those of physicians or clinicians, where

police would be monitored and evaluated, while they spend time getting to know members of the community, before being sworn in.

One of the difficulties police officers face is finding a balance between managing hyperarousal while maintaining a calm state during their tour of duty. Humanity is characterized by possessing deep rooted instincts. Police officers are taught to listen to their instinctive nature, however, they are also taught to not "jump the gun", meaning they should be completely confident in their action before they take it. Levine states "the neo-cortex (rational brain) must elaborate on instinctual information, not control it." (1997, p. 100). Finding a balance between acting, over-reacting, protecting, following one's instincts, remaining calm and making the "right" decision, can prove to be a challenge when the decision needs to be made in less than a minute. Further research is needed to identify and explore this contradictory state of mind. It would be useful to expand this research examining how a variety of therapies could assist police officers in learning how to overcome trauma and fear elicited responses that Menakem refers to as "lizard brain annihilation response" (p. 299). Furthermore, being able to provide a balance between fear and action could possibly open the door to a bridge between police and their communities (Menakem, 2017).

Self-reflection art

Reflecting upon the results of this research, I realized that I felt anguish and frustration. Although the results reflected what I thought my findings would provide, I felt a sense of helplessness. I found myself exploring my emotions while reviewing the responses to the survey and asking myself if I was projecting my feelings into the interpretation of the questionnaire. I checked my biases and I created my art response (Figure 11) using an illustration board, oil pastels, and India ink. My thoughts were no

longer linear and mountainous (see Figure 5), they were flowing and complex. I found that I was able to work through my thoughts with this art piece, creating a visible boundary between the known and the unknown. The hand to the left was reaching to grasp for hope and the face and glasses showed the reflection of a chaotic scene (the image uses red and blue colors as reflections of police lights). The ink splattered on the images reflect the weight carried by those in uniform. The outline of the face and hand made it through the ink, showing a glimpse of resilience and will to live. My experiences have made it difficult to distance myself from this research; however, through the process of thought and creation, I was able to collect my thoughts and practice reflective distancing.

*Figure 11. "*Transparency within barriers*" By Lizzi Varga Reinard*

Conclusion

Law enforcement communities are at a high risk of depression, PTSD, feelings of helplessness, despair, loneliness, and suicide. Often those feelings are related to the massive amounts of calls they respond to involving helpless situations. In law

enforcement, it is described as seeing the "worst of the worst". The majority of the population sees only 1% of the human disasters, but yet a police officer has to respond to all these disasters and witness despair firsthand repeatedly. These are only a few factors leading to suicidal ideations and depressive states within law enforcement.

Police officers are allotted sick leave for physical problems, however, mental health is often overlooked or dismissed. Mental health issues are not normally excused as conditions that an officer should take time off to recover from. In order to maintain better job performance and reduce stress within the police force, Fortenberry (2014) recommends that law enforcement leaders produce "organizational changes that affect supervisory style, field training programs, critical incident counseling, shift work, and job assignments" (n.p.). If police departments were to take psychological ailments as serious as physical ones, police officers could possibly feel more comfortable seeking help when needed.

Perhaps finding a balance between professional help and peer support could be the solution. Furthermore, education on trauma and its adverse effects along with training on how to cope with different situations could be beneficial. If this could be used as part of training through the police academy, maybe over time it could override the stigma. The idea of a systemic approach to mental health interventions, not only among the police force, but within the legal system as well, could have an impact in diminishing the stigma that seems to be a large barrier. If policies and laws changed to support a healthy mind within the law enforcement community, the fear would diminish. In addition, if qualifying at the gun range at least once a year is a requirement of the job, maybe yearly, quarterly, or even monthly therapeutic encounters could help maintain a sharp mind as well.

If all humans are allowed therapy without repercussions and given complete confidentiality, why should it be any different for law enforcement? Why should law enforcement have to sacrifice their time, effort, health, and possibly their life, and not be allowed to receive the mental care that they clearly earned without feeling fear of repercussion? Past and present research indicates that there is fear associated with seeking professional help in a profession where help should be the norm. Mental health interventions could be beneficial within this population where fear of repercussion is highly prevalent. This research creates a platform for future research to hopefully lower the increasingly high rate of suicide within the law enforcement community and first responders on the whole.

References

Blue Help. (2019). Statistics. Retrieved on September 15, 2019 at

https://bluehelp.org/resources/statistics/

Bureau of Justice Statistics. (2018). Terms and definitions: Law enforcement. Retrieved from

https://www.bjs.gov/index.cfm?ty=tdtp&tid=7

Centers for Disease Control and Prevention. (2017). Leading causes of death reports, 1981-2016.

Retrieved from https://webappa.cdc.gov/sasweb/ncipc/leadcause.html

Chae, M. H., & Boyle, D. J. (2013). Police suicide: Prevalence, risk, and protective factors.

Policing: An International Journal, *36*(1), 91-118. doi:10.1108/13639511311302498

Chien, Y.-T., & Chang, C.-Y. (2012). Exploring the impact of animation-based questionnaire on

conducting a web-based educational survey and its association with vividness of

respondents' visual images. *British Journal of Educational Technology*, *43*(3), E81–E85.

Courtois, C. & Ford, J. (2013). *The Treatment of Complex Trauma.* Guilford Press.

Ellrich, K. (2016). Burnout and violent victimization in police officers: A dual process model.

Policing, 39(4), 652-666.

Fortenberry, J. (2015). Improving motivation and productivity of police officers. Retrieved from

https://leb.fbi.gov/articles/featured-articles/improving-motivation-and-productivity-of-
police-officers

Gross, J.J., & Levenson, R.W. (1997). Hiding feelings: The acute effects of inhibiting negative

and positive emotion. *Journal of Abnormal Psychology,* 106(1), 95-103.

Lappann Botti, N. C., Conceição Silva, A., Pereira, C. C. M., Cantão, L., Silva de Castro, R. A.,

Costa Araújo, L. M., … Franco e. Silva, B. (2018). Suicide Attempts among People with

Mental and Behavioral Disorders. *Journal of Nursing UFPE / Revista de Enfermagem*

UFPE, 12(5), 1289–1295. https://doi-org.libproxy.siue.edu/10.5205/1981-8963-v12i5a230596p1289-1295-2018

Levine, P. A. (1997). *Waking the tiger-healing trauma. The innate capacity to transform overwhelming experiences.* Berkeley, CA: North Atlantic Books.

Loftus, J., & Price, K. (2016). Police attitudes and professionalism. *Administrative issues journal: Connecting Education, Practice, and Research, 6*(2), 53–73. Retrieved from http://search.ebscohost.com.libproxy.siue.edu/login.aspx?direct=true&db=eric&AN=EJ1137531&site=ehost-live&scope=site

Manuel, J., Crowe, M., Inder, M., & Henaghan, M. (2018). Suicide prevention in mental health services: A qualitative analysis of coroners' reports. *International Journal Of Mental Health Nursing, 27*(2), 642-651. doi:10.1111/inm.12349

Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway for mending our hearts and bodies.* Las Vegas, NV: Central Recovery Press.

Miller, L. (2000). Law enforcement traumatic stress: Clinical syndromes and intervention strategies. *Trauma Response, 6(1),* 15-20

Menakem, R. (2017). *My grandmother's hands: racialized trauma and the pathway to mending our hearts and bodies.* Central Recovery Press.

Mohandie, K., & Hatchert, C. (1999). Suicide and violence risk in law enforcement: practical guidelines for risk assessment, prevention, and intervention. *Behavioral Sciences & the Law, 17*(3), 357–376.

Mosher, D.L., & Tomkins, S.S. (1988). Scripting the macho man: Hypermasculine socialization and enculturation. *Journal of Sex Research,* 25(1), 60-84.

O'Hara, A. (2018, January 1). 2017 Police suicides - A continuing crisis. Retrieved from http://lawofficer.com/exclusive/2017-police-suicides-continuing-crisis/

Policeone.com (2019). *Law enforcement directory.* Retrieved from

https://www.policeone.com/law-enforcement-directory/search/page-

3/?state=illinois&type=police%20departments

Policeone.com (2019, October 10). *New NBC reporting series highlights efforts to address*

officer mental health. Retrieved from https://www.policeone.com/health-

fitness/articles/new-nbc-reporting-series-highlights-efforts-to-address-mental-health-

ACfmJsteAKEbSboM/

Porges, S. W., & Dana, B. (Eds.). (2018). *The clinical applications of the polyvagal theory. The*

emergence of polyvagal-informed therapies. W. W. Norton.

Rouse, L. M., Frey, R. A., López, M., Wohlers, H., Xiong, I., Llewellyn, K., & ... Wester, S. R.

(2015). Law Enforcement Suicide: Discerning Etiology Through Psychological Autopsy.

Police Quarterly, *18*(1), 79-108. doi:10.1177/1098611114563083

Singh, S., Gupta, B., Sharma, D., & Mishra, P. (2019). A study of stress, coping, social support,

and mental health in police personnel of Uttar Pradesh. *Indian Journal of Occupational &*

Environmental Medicine, 22(3), 73-78. https://doi-

org.libproxy.siue.edu/10.4103/ijoem.IJOEM_184_18P.76

Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., & ... Crosby,

E. (2018). Vital signs: Trends in state suicide rates -- United States, 1999-2016 and

circumstances contributing to suicide -- 27 States, 2015. *MMWR: Morbidity & Mortality*

Weekly Report, *67*(22), 617-624.

Survey Monkey. (2018). A survey of police officer mental and behavioral health. Retrieved from

https://www.surveymonkey.com/r/PoliceMentalHealthSurvey

Survey Monkey. (2018). Sample size calculator. Retrieved from

https://www.surveymonkey.com/mp/sample-size-calculator/

Teismann, T., Forkmann, T., Brailovskaia, J., Siegmann, P., Glaesmer, H., & Margraf, J. (2018).

Positive mental health moderates the association between depression and suicidal

ideation: A longitudinal study. *International Journal of Clinical Health & Psychology*,

18(1), 1-7. doi:10.1016/j.ijchp.2017.08.001

United States Census Bureau. (2017). Madison County, Illinois population estimate. Retrieved

from https://www.census.gov/search-

results.html?q=MADISON+COUNTY%2C+IL&page=1&stateGeo=none&searchtype=w

eb&cssp=SERP&_charset_=utf-8

USA Cops: The nation's law enforcement site. (2018). Illinois agencies: Madison County,

Illinois. Retrieved from https://www.usacops.com/il/madison.html

Violanti, J.M. (2010). Police suicide: a national comparison with fire-fighter and military

personnel. *Policing: An International Journal*, *33*(2), 270–286.

Violanti, J. M., Andrew, M., Burchfiel, C. M., Hartley, T. A., Charles, L. E., & Miller, D. B.

(2007). Post-traumatic stress symptoms and cortisol patterns among police officers.

Policing, 30(2), 189-202.

doi:http://dx.doi.org.libproxy.siue.edu/10.1108/13639510710753207

Violanti, J. M., Andrew, M. E., Mnatsakanova, A., Hartley, T. A., Fekedulegn, D., & Burchfiel,

C. M. (2016). Correlates of helplessness in the high suicide risk police occupation. *Police*

Practice & Research, *17*(5), 408–419. https://doi-

org.libproxy.siue.edu/10.1080/15614263.2015.1015125

Waters, J. A., & William Ussery, York University, Canada. (2007). Police stress: History

contributing factors, symptoms, and interventions. *Policing, 30*(2), 169-180.

doi:http://dx.doi.org.libproxy.siue.edu/10.1108/13639510710753199

Wickramasinghe, N.D. & Wijesinghe, P.R. (2018). Burnout subtypes and associated factors

    among police officers in Sri Lanka: A cross-sectional study. *Journal of Forensic and*

    Legal Medicine, 58, 192-198. https://doi.org/10.1016/j.jfilm.2018.07.006

World Health Organization. (2018). Mental Health: Strengthening our response. Retrieved from

    http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-

    response

APPENDIX A

IRB

Notification Sent

The New submission of protocol 310 Assessing the need for mental health interventions within law enforcement was reviewed by the admin and determined to need revisions. Please submit a revised protocol for further IRB review.

<u>Please highlight all revisions made to attachments before uploading (if applicable).</u>

Click here to access your protocol and IRB comments.
siue.kuali.co/protocols/protocols/5c59aa3b7f9a2a0032c85a98

Institutional Review Board

Southern Illinois University Edwardsville

irbtraining@siue.edu

Smucker, Jill

May 02, 2019 @ 04:34 PM

Resubmit

Reinard, Lizzi

May 22, 2019 @ 12:43 PM

Approve

Smucker, Jill

May 22, 2019 @ 12:48 PM

Correspondence Generated

Smucker, Jill

May 22, 2019 @ 12:48 PM

Notification Sent

NOTIFICATION TYPE

Approved

RECIPIENTS

✓ lireina@siue.edu

✓ lireina@siue.edu

✓ mrobb@siue.edu

SUBJECT

IRB Protocol Approved

BODY

The Initial submission of protocol 310 Assessing the need for mental health interventions within law enforcement (PI: Reinard, Lizzi) was approved Exempt on Wednesday, May 22nd 2019 by SIUE Social Behavioral IRB.

Please see the "Approval Comment" section of your Kuali IRB protocol for the CFR Code (e.g. 45 CFR 46.104 (1)) assigned to your project.

Please review the Admin Attachments in your protocol for approval information.

You must include the IRB protocol number and IRB approved project title on all recruitment advertising (includes emails, flyers, etc):

No further action is required unless you change your methods as they are stated in your protocol. If you plan to make such changes, you must amend your protocol. This can be done by logging into your protocol and selecting the "amend" button on the right.

Click here to review your protocol.
siue.kuali.co/protocols/protocols/5ccb625b514be60028d000f0

Institutional Review Board

Southern Illinois University Edwardsvile

irbtraining@siue.edu

Smucker, Jill

May 22, 2019 @ 12:48 PM

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APPENDIX B

RESEARCH PARTICIPANT NOTIFICATION

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

RESEARCH PARTICIPANT NOTIFICATION

My name is Lizzi Varga Reinard, Graduate Art Therapy Counseling Student. I am inviting you to participate in this research study for my thesis. The title of this study is *Assessing the need for mental health interventions within the law enforcement community* (IRB Protocol # 310). The purpose of this study is to explore mental health access, barriers, and receptivity within the law enforcement community.

Your participation in this study will involve taking an online survey consisting of 20 questions which will take approximately 5-10 minutes. There will be complete anonymity, including from myself, when taking the survey. I will also maintain the anonymity of the departments involved by naming them in a vague manner in my research (ie. a suburban county in the Midwest).

The results of this study may be published in scientific research journals or presented at professional conferences. However, your name and identity will not be revealed, and your record will remain anonymous. The survey will be completed through Qualtrics. Once I have disseminated the link of the survey to the police departments, I will delete the email exchange. I will select the option to maintain complete anonymity throughout the survey. Any information remaining in Qualtrics will be deleted once I interpret the data.

Participation in this study may/will benefit you by providing information that could lead to better access to counseling services within the law enforcement community.

You can choose not to participate. If you decide not to participate, there will <u>not</u> be a penalty to you or loss of any benefits to which you are otherwise entitled. You may withdraw from this study at any time.

If you have questions about this research study, you can call Lizzi Varga Reinard at 618-650-5555. If you have questions about your rights as a research participant, you can call the SIUE Institutional Review Board at 618-650-3010 or email at irbtraining@siue.edu.

Thank you for your time.
The code word to access the survey is **leo**. The link to the survey is as follows:
https://siue.co1.qualtrics.com/jfe/form/SV_ezKfhtLMccUakUR

APPENDIX C

SURVEY

Chief/Sherrif,

My name is Lizzi Varga Reinard and I am an Art Therapy Counseling student currently working on my thesis regarding access, barriers, and receptivity to mental health within the law enforcement community. Based on previous experience as a police officer for 11 years, I am passionate about helping law enforcement.

I am searching for volunteers to participate in a survey on mental health within law enforcement. The time commitment is 7-10 minutes. Names and departments will remain anonymous. I am attaching the link to my survey along with an introduction letter to be passed on to all <u>sworn officers of all ranks and assignments</u>, with your approval of course. This is completely voluntary and, if possible, I would appreciate it if you could complete one as well. If you have any questions or comments, feel free to email me at this address or call (618)650-5555. A response to this email would be much appreciated. Thank you for your time and assistance,

Respectfully submitted,

Lizzi Varga Reinard
Art Therapy Graduate Student
Southern Illinois University of Edwardsville

Survey Questions:

Q1 How long have you been a law enforcement officer/deputy?

○   5 years or less

○   6-12 years

○   13-20 years

○   Over 20 years

Q2 What is your gender?

○   Female

○   Male

○   I do not wish to disclose my gender

Q3 What is your rank?

○   Police Officer/Deputy

○   Detective/Investigator

○   Sergeant

○   Lieutenant

○   Captain

○   Chief/Sheriff

○   Assistant Chief/Under Sherrif

○   Special Assignment (ie. MEGSI, DEA)

Q4 U.S. statistics show that in 2017 suicide rates for law enforcement personnel rose from 130 to 140 and seem to continue rising. In your opinion, what factors contribute to the increase of suicides among law enforcement officers/deputies? Select all that apply.

☐ Lack of departmental support

☐ Lack of family support or difficulties at home

☐ Negative public view of law enforcement

☐ Lack of therapeutic help

☐ Accumulation of stressors on the job

☐ Lack of peer support

☐ Isolation

☐ Irregular sleep patterns

☐ Overwhelming sense of being on the job 24/7

☐ No outlet for emotions

☐ The burden to always make the right choice even under abnormal pressure

☐ Other: _____

Q5 Have you experienced suicidal thoughts (such as not caring whether you live or die or reckless behavior toward self not caring about the consequences of your actions) at any point during your career?

○ Yes

○ No

○ I do not wish to answer this question

Q6 If a deputy/officer confided in you regarding suicidal thoughts, how did you or would you respond? Select all that apply.

☐ I referred/would refer them to seek professional help

☐ I referred/would refer them to friends and family

☐ I contacted/would contact their family

☐ I spoke/would speak to my supervisors and sought/seek their advice

☐ I took/would take them to a bar to help them get over it

☐ I did not/would not do anything

☐ I talked/would talk them through their emotions

☐ Other: _____

Q7 Have you experienced feelings of helplessness when responding to a call or after leaving work?

○ Yes

○ No

○ I do not wish to answer this question

Q8 In your line of duty, how many Law Enforcement officers/deputies have you known personally or known of that committed suicide?

○ Zero

○ Less than 5

○ Between 5 and 10

○ Over 10

Q9 If you have experienced feelings of helplessness, how have you coped with those feelings?

☐ I sought help through a mental health professional provided by my department

- [ ] I sought help through a mental health professional contacted outside my department without my department's knowledge

- [ ] I had conversations with co-workers

- [ ] I had conversations with family and friends

- [ ] I used distractions such as hobbies

- [ ] I drank alcohol or used prescription or non-prescription drugs

- [ ] I worked out at the gym or at home or did other physical activities

- [ ] I did not do anything

- [ ] I avoided thinking about it and pretended it did not bother me

- [ ] I have never experienced feelings of helplessness

- [ ] Other: _____

Q10 After responding to a critical incident (referring to an event in which life and death may be on the line), how do you process the hyper-aroused state (such as excessive adrenaline rush, elevated heart rate, tunnel vision, etc.) you experienced? Select all that apply.

- [ ] I tend to seek help through a mental health professional provided by my department

- [ ] I tend to seek help through a mental health professional contacted outside my department without my department's knowledge

- [ ] I have conversations with co-workers regarding the incident

- [ ] I have conversations with family and friends regarding the incident

- [ ] I use distractions such as hobbies

- [ ] I tend to drink alcohol or use prescription or non-prescription drugs

☐ I work out at the gym or at home or do other physical activities

☐ I don't do anything

☐ I avoid thinking about it and pretend it does not bother me

☐ I do not recall having been in a hyper-aroused state

☐ Other: _____

Q11 When viewing the following images, by using one word, please list what primary emotion arises for each image (example: sad, happy, neutral, excited, angry, frustrated)

☐ _____

☐ _____

☐ _____

Q12 To me, seeking professional mental help means:

○ Allowing an educated mental health professional to assist me in sorting out my emotions

○ Lying on a couch, sobbing about my dysfunctional childhood

○ Going to the bar and getting drunk

○ Other: _____

Q13 If you have experienced suicidal thoughts throughout your career, how did you cope with those feelings?

○ I sought help through a mental health professional provided by my department

○ I sought help through a mental health professional contacted outside my department without my department's knowledge

○ I confided in one or more fellow officers/deputies

○ I had conversations with family and friends

○ I used distractions such as hobbies

○ I drank alcohol or used prescription or non-prescription drugs

○ I worked out at the gym or at home or did other physical activities

○ I did not do anything

○ I avoided thinking about it and pretended it did not bother me

○ I have never experienced suicidal thoughts

○ Other: _____

Q14 Has any officer/deputy confided in you that they have experienced suicidal thoughts at any point in your career?

○ Yes

○ No

○ No, however, I suspected they were having suicidal thoughts

○ Other: _____

Q15 Have you ever sought mental help inside or outside of your career?

○ Yes

○ No

○ I do not wish to answer this question

Q16 If you have sought mental help, what was your experience? Select all that apply.

- ☐ I feel that it was helpful

- ☐ I am still seeking mental help

- ☐ I did not respond well to the help

- ☐ I did not like the therapist

- ☐ Other: _____

Q17 My department offers professional psychological assistance (select all that apply):

- ○ Only when I am involved in a shooting

- ○ Any time I feel that I need help coping with a job-related incident/s

- ○ My department does not offer psychological assistance

- ○ Other: _____

Q18 Select all that apply to you:

- ☐ I feel that my department discourages psychological help

- ☐ I feel that my department supports and encourages psychological help

- ☐ I fear that if I seek psychological help I will be fired or it will be used against me

- ☐ If I seek psychological help, I will be ridiculed by my fellow officers/deputies

- ☐ I am unsure whether my department encourages or discourages me from seeking psychological help

- ☐ If I seek psychological help, my fellow officers/deputies will not trust my judgment under pressure

- ☐ If I seek psychological help, I am afraid I will be seen as "weak" or "unfit for duty"

☐ I am concerned that if I seek psychological help, those providing the service will not understand the nature of my job

☐ Other: _____

Q19 If professional mental help was made available to me, I would:

○ Be willing to seek peer support but not therapy

○ Be willing to seek mental health provided by the department

○ Be willing to seek mental health on my own

○ Be willing to seek mental health and peer support

○ Not be willing to seek therapy or peer support

○ I do not have enough information to create an informed response

Q20 If professional mental help was provided to me, I would be more inclined to attend:

○ Mindfulness based therapy (meditation, relaxation techniques, etc)

○ Art Therapy (using techniques such as drawing, painting, or other art forms, to assist in expressing emotions and provide healthy coping mechanisms)

○ Group and/or family therapy

○ Cognitive Behavioral Therapy (used short term to help people learn to identify and change self-destructive patterns)

○ Psychodynamic Therapy (talk therapy)

○ Interpersonal therapy (exploring interpersonal relationships)

○ Peer support groups trained by licensed therapists

○ A combination of different therapies

○ I am indifferent to these forms of therapy

○ I do not have enough information to answer this question

○   I will not seek therapy even if it is provided to me

○   Other: _____

End of survey