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The Obligation of Law Enforcement Agencies to the Mental Health of Their Officers

Michael Ballard
Walden University

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Walden University

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Michael N. Ballard

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Walden University
2021

Abstract

The Obligation of Law Enforcement Agencies to the Mental Health of Their Officers

by

Michael N. Ballard

MA, Idaho State University, 2014

BS, Idaho State University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

February 17, 2021

Abstract

The extent of law enforcement agencies' responsibility to address their officers' mental health needs is unclear, despite the availability of resources and suggested guidelines. This research applied the theory of planned behavior to police officers' willingness to seek mental health assistance from their agencies, examining the responses of 104 law enforcement officers in Utah and Idaho from four agencies. The results of this quantitative study provide evidence that law enforcement agencies have a responsibility to the mental health of their officers. Officers in general recognized the value of mental health services for others; however, they were not likely to seek mental health resources as individuals. Officers who responded to incidents where someone they knew well had died is the only traumatic event identified in this research when officers were likely to see assistance for their mental health from their agencies. Further, tenure, gender, and rank influence beliefs about seeking mental health assistance from an agency. Officers with longer tenure were more likely to experience changes in mental health and attitudes toward receiving mental health. Additionally, higher ranking officers are more likely to view the use of mental health resources positively, but they are not more likely to use those resources themselves. The results of this research could provide a positive social change for law enforcement officers. Law enforcement agencies should incorporate mental health training early in officers' careers to improve the acceptance of seeking assistance. Agencies should also encourage the presence of councilors around officers to improve the relationship and trust of these professionals.

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Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement.....	5
Purpose of the Study.....	6
Research Questions and Hypotheses	7
First Hypothesis	8
Second Hypothesis.....	8
Theoretical Foundation	8
Nature of the Study.....	9
Definitions.....	11
Assumptions.....	12
Scope and Delimitations	13
Limitations	14
Significance of the Study	15
Significance to Theory	16
Significance to Practice.....	16
Significance to Social Change	17
Summary	17
Chapter 2: Literature Review.....	19

Literature Search Strategy.....	20
Theoretical Foundation.....	22
Literature Review.....	24
Police Culture and Mental Health.....	25
Mental Health Laws for Law Enforcement	31
Law Enforcement Policy.....	34
Barriers to Mental Health Services.....	39
Reactive Strategies to Improve Mental Health	42
Proactive Strategies to Improve Mental Health	42
Research Applications	45
Summary and Conclusions	45
Chapter 3: Research Method.....	47
Research Design and Rationale	47
Methodology.....	48
Population	48
Sampling and Sampling Procedures	49
Procedures for Recruitment, Participation, and Data Collection (Primary Data).....	50
Data Analysis Plan.....	58
Threats to Validity	59
External Validity.....	59
Internal Validity.....	60

Construct Validity	62
Ethical Procedures	62
Summary	64
Chapter 4: Results	66
Data Collection	67
Discrepancies in Data Collection from the Chapter 3 Plan	68
Demographic Characteristics of the Sample.....	68
Results.....	70
Pearson’s Chi-Squared.....	70
Multiple Linear Regression.....	73
Demographic Correlation to Mental Health Assistance	76
Correlation of Experiences to Seeking Mental Health Assistance	79
MANOVA.....	81
Summary	87
Chapter 5: Discussion, Conclusions, and Recommendations	89
Key Findings	89
Interpreting the Theory of Planned Behavior Findings	90
Interpreting the Results of Mental Health and Incidents of Death	94
Interpreting the Results of Position and Mental Health.....	95
Interpreting the Results of Attitudes and Mental Health Policies.....	96
Research Limitations	98
Future Research	100

Practices to Make a Positive Social Change	101
Conclusion	104
References	106
Appendix A: Applying the Theory of Planned Behavior to Seeking Mental Health	
Services Survey.....	120
Appendix B: Ann Knabe’s Permission to Use Survey	127

List of Tables

Table 1. Distributions of Beliefs of Department’s Responsibility to Mental Health.....	71
Table 2. Distributions of Agency Responsibility to Mental Health.....	72
Table 3. Attitudes, Behavioral Control, and Subjective Norms in Seeking Mental Health Assistance	74
Table 4. Subjective Norm in Seeking Assistance from Law Enforcement Agency	75
Table 5. Perceived Behavioral Control Toward Seeking Mental Health Assistance from Law Enforcement Agency	76
Table 6. Demographic Relationship Between Officers’ Attitudes, Personnel Interactions, Experiences from Police Work, and Personal Changes Over Time	77
Table 7. Traumatic Experiences and Seeking Mental Health Assistance.....	80
Table 8. Effects on Police Attitudes, Personnel Interactions, Experiences, and Changes Over Time	82
Table 9. Significant Effects on Attitude	82
Table 10. Significant Effects on Personnel Interactions.....	83
Table 11. Significant Effects on Experiences	84
Table 12. Significant Effect on Changes Over Time.....	85

List of Figures

Figure 1. Attitudes Toward Seeking Mental Health Services Based on Gender 72

Figure 2. Attitudes Toward Seeking Mental Health Services Based on Rank and
Assignment 73

Chapter 1: Introduction to the Study

Law enforcement officers are tasked with an increasingly difficult job with stressors that few other jobs can relate to. Police officers must interact with people from various social backgrounds and make decisions on how best to assist these people. Many of their contacts are routine and relatively calm; however, many people in the population are skeptical of officers, unwilling to be forthcoming with them, and many are combative or resist their efforts in resolving problems and maintaining peace (Mears et al., 2017).

Law enforcement officers are also exposed to violent crimes, whether they are responsible for helping the victims of violence, arresting suspects who become violent, or are the victims of assaults themselves. Police officers are also subjected to criticism from the media and members of the community that only politicians and other public figures experience (Lee et al., 2018). Officers know that mistakes they make are likely to be aired on the media, which may become the source of widespread embarrassment and public humiliation for themselves, their families, and their coworkers (Nix & Wolfe, 2017). These sources of stress can affect the mental health of officers over time from prolonged exposure (McCaslin et al., 2008; Violanti et al., 2006). Thus, law enforcement officers should have access to resources for mental health through their employment.

Despite the need for mental health resources, officers who are struggling with mental health issues are often reluctant to receive help through their agencies (Rousel et al., 2014). Many officers turn to support outside of the agency like friends or coworkers they trust. There is a stigma of shame that accompanies mental illnesses (Byrne, 2000). Police officers and other law enforcement professionals who seek counseling services or

psychological help are often seen as damaged (Bell & Eski, 2015). Officers who need help can be viewed as unreliable or their judgment may be questioned by others work in the same field. Officers may not receive promotions or other assignments they would otherwise qualify for. Police peers or subordinates do not want supervisors who have had mental health problems (Stuart, 2017). This stigma can follow officers for an entire career.

There is a substantial amount of literature identifying many ways to improve mental health in the workplace. But there is a gap in the literature that identifies the responsibility law enforcement agencies have for providing mental health resources and creating an environment conducive to officers seeking help. This gap is the reason for this research. Despite agencies requiring officers to see mental health counselors or psychologists when they experience a critical incident or traumatic event, additional mental health resources are often not readily available to officers seeking help. Even though some literature reveals the barriers preventing officers from seeking mental health services, this research focused on law enforcement department responsibility and accessibility for mental health services for officers. The theory of planned behavior explained how subjective norms, attitudes, and perceived behavioral control affect what resources are available to officers and why officers will or will not utilize these resources. The significance of this study is to improve the understanding of mental health for police agencies throughout the United States, and advance theory, practice, and effect positive social change.

Background

To study whether law enforcement agencies should make mental health resources available to their personnel, it is important to understand the mental health conditions that may negatively affect officers. Several psychological problems can affect law enforcement officers. These can include depression, substance abuse, social isolation, burnout, dissociative disorders, post-traumatic stress, and suicide (Cieslack et al., 2014; Gabarino et al., 2013; Hoge et al., 2004; Rivard et al., 2002; Rousel et al., 2014).

There are extensive sources of stress law enforcement officers experience, which correlate to the deterioration of mental health. Some of the major aspects of stress affecting these professionals include critical incidents, little to no support, prolonged effort without recognition, exposure to stressful events, and organizational factors (Andersen et al., 2015; Anshel & Brinthaup, 2014; Gabarino et al., 2013; Rousel et al., 2014). Critical incidents are different from exposure to other stressful events. Critical incidents experienced by officers are isolated events involving a high degree of stress (e.g., the use of deadly force, in-custody deaths, or the serious injury or death of a colleague). Exposure to stressful events can include more routine activities officers experience more regularly. These can include traffic stops on unknown people, arresting suspects, stopping family fights, removing children from a home, and involvement in sexual abuse cases or injury to children.

Barriers for an officer to seeking assistance from their agencies can include mental health stigma, hypermasculinity, and budget constraints (Andersen et al., 2015; Byrne, 2000; Rousel, et al., 2014). Officers who express a need for mental health services

often experience negative consequences at work (Andersen et al., 2015). The stigma associated with mental illness can lead others to question their judgment or fitness for duty. Some officers who openly seek help are concerned they will be passed over for promotions or other assignments. Access to counseling or other mental health needs is covered under insurance policies and seen as a benefit, rather than an injury related to the field.

There are several solutions for overcoming stress and other contributing factors for compromises to mental health. Some of these include training, investment from leaders and subordinates, work to improve conditions, ethics, and “gallows humor” (Andersen & Papazoglou, 2014; Cieslack et al., 2014; Sivris & Leka, 2015).

Additionally, there are both reactive and proactive aspects of making mental health services for police officers. Reactive mental health services are usually available when a problem has been identified or is more likely due to a traumatic event. Officers who were involved in shootings, taken someone’s life, or were present when a coworker was killed in the line of duty are often required to see a psychologist or counselor to assess their mental state before returning to work. Proactive mental health services can include the leaders who are engaged in the activities of their subordinates, and employees who are also involved in helping, as there is a moral code that exists in the workplace about the mental health environment, the agency is constantly working to improve, and aspects of mental health are integrated into the workplace (Sivris & Leka, 2015).

Law enforcement agencies can affect the mental health of their officers through many means. They create policies that affect their officer’s mental health and the

agency's response to incidents that may have a substantial psychological impact (International Association of Chiefs of Police [IACP], 2016). These policies can help or prevent officers from receiving access to professional help such as counselors and psychologists. Encouraging peer support can improve the mental health of officers (Bannish & Ruiz, 2003; Papazoglou & Andersen, 2014; Spence, 2017). Agencies can also promote mental health by encouraging avenues of professional development. For instance, scenario-based training can prepare officers for difficult situations and reduce the likelihood of mental health problems (Arnetz et al., 2009). Recognizing when officers are struggling is important for encouraging them to get help. Research indicates that officers who are involved in critical incidents should have counselors or psychologists available to provide a variety of outlets (Deville & Cotton, 2004; Reyes & Elhai, 2004). Despite the various resources available to law enforcement agencies for improving and maintaining mental health, there is a lack of consistency in mental health policies.

Problem Statement

A problem exists in the law enforcement community because there is no standardized approach for police agencies to ensure mental health services are available for police officers. Despite some availability of mental health resources and suggested guidelines for law enforcement agencies, the extent of law enforcement agencies' responsibility to address the mental health needs of their officers is unclear. There is also a discrepancy between how agencies make mental health resources available for their officers and the willingness to seek help from their agency (Bell & Eski, 2016; Naz et al., 2014). But police officers are exposed to high-stress circumstances, which over time may

lead to problems of physical and mental health (Andersen et al., 2015). The absence of mental health services, whether by prescriptive policy or because of cultural barriers, has a negative impact on police officers who may find themselves suffering from post-traumatic stress issues or other mental health issues relating to job induced anxiety (Frijling et al., 2015), which can cause negative consequences for interactions with others (Byrne, 2000). Returning someone suffering from symptoms of post-traumatic stress to their regular duty who is ill-prepared has the potential to place others at risk. Risks are exacerbated because mental health issues can lead to poor judgment in a job where acute judgment is essential to sound decision making (Wangelin & Tuerk, 2014). The lack of consistency among police agencies across the nation in addressing mental health for police officers' points directly to the need for this research and accompanying the study.

Purpose of the Study

Law enforcement officers experience traumatic events throughout their careers, which can affect their psychological health (Violanti et al., 2006). But officers are often reluctant to seek help from their agencies. The purpose of this quantitative study was to identify what responsibilities police agencies have in ensuring that mental health services are utilized by police officers by comparing how police officers' experiences, attitudes, and personal changes are affected by the independent variables of laws, policies, and resources. Improving the understanding of how much responsibility agencies have for officers' mental health can improve laws, policies, and resources to better fit the needs of officers who face new challenges. If it is discovered that law enforcement agencies have less responsibility, they can divert resources to other needs of their department. Law

enforcement agencies that have a higher level of responsibility should take a closer look at those policies and the coverage their officers get other than just workers' compensation. They may pursue insurance policies for their officers that better fit the needs and threats to their officer's safety. These agencies also may combine their resources with other agencies to improve access to mental health resources. Workman's compensation laws may also be reexamined and changed to fit the needs of officers who suffer from job-related injuries which are not as easily identified.

Research Questions and Hypotheses

The central question to this study was "Does the theory of planned behavior influence how mental health is accessed for police officers through their agencies?" Additional questions were required to explore different aspects of law enforcement agencies' responsibility to care for the mental health of their officers:

1. How does agency size affect officers' perspectives on their agency's obligation to their mental health?
2. Does the severity of experiences officers have affected the type of assistance received from their agencies?
3. Does rank affect opinions about the responsibility of the agency in providing mental health services?
4. Do personal attitudes affect policies and resources made available to officers in need of mental health services?
5. What effect does gender have on officers seeking or receiving mental health services?

6. What effect does tenure have on officers seeking or receiving mental health services?

First Hypothesis

This research hypothesized that law enforcement officers in non-administrative positions view worker's compensation laws, agency policies, and availability of resources as inadequate and in need of expansion. The null hypothesis is that officers and administrators agree that the laws, policies, and resources provided by a department are not needed to address job-related mental health problems.

Second Hypothesis

The second hypothesis for this research is that department policies and resources are limited to the standards set by worker's compensation laws, which only go beyond for officers affected by a catastrophic event. The null hypothesis is that agencies do not have policies to address mental health issues and have not experienced events, which have noticeably affected the mental health of their officers.

Theoretical Foundation

The theory of planned behavior is the theoretical foundation of this research. This theory focuses on three driving forces for why people behave in a certain way: subjective norms, attitudes, and perceived behavioral control (Stecker et al., 2007). Subjective norms are the perceptions of what is normal according to other people. In this research, subjective norms would be the perceptions of what agencies members believe about mental health resources provided by the department. Attitudes are based on what people believe the consequences of their actions will bring. These attitudes can be either positive

or negative. Perceived behavioral control is opinions about the cause or what prevents behaviors. Positive attitudes people have toward a behavior, grouped with the belief behavior is normal in other people's view, and perceived control is more likely to result in an individual carrying out those actions (Stecker et al., 2007). Law enforcement agencies that reinforce the importance of seeking mental health services and officers who believe it is all right to seek help are more likely to carry out that action when it does not negatively affect their careers.

This theory applies to this study through subjective norms, attitudes, and perceived behavioral control from the officers who may need mental health services. It also relates to subjective norms, attitudes, and perceived behavioral control from policymakers. Policymakers' attitudes toward mental health services, what they believe the norms are within their agency and law enforcement in general, and perceived control over available resources and the cost to implement them can affect the policies developed.

Nature of the Study

The nature of this quantitative study was to identify the relationship between the three elements of the theory of planned behavior and the perceptions of officers toward the responsibility that law enforcement agencies have to help officers in need of mental health services. The three elements include subjective norms, attitudes, and perceived control, which affect the decisions people make even if they appear to have negative consequences. The independent variables in this research were mental health resources available, department policies, and laws. The dependent variables included law

enforcement experiences, law enforcement personnel interactions, police officer attitudes, and personal changes from police experiences.

This research was conducted through an online survey provided to officers and administrators in four agencies, two in Utah and two in Idaho. These agencies represent different size and availability of resources. The survey results were analyzed using multivariate multiple regression, MANOVA, and Chi-square. Multiple regression provides statistical control to understand the relationship between variables. Multiple regression was used to examine agency size, officer's age, years of experience, rank, assignment, and gender. MANOVA was an effective measurement for the four dependent variables: personnel interactions, experiences, attitudes, and changes in law enforcement. The categorical nature of the independent variables includes law, policies, and resources. MANOVA was also used to examine the three aspects of the theory of planned behavior. Pearson's Chi-squared test was used to differentiate between individual beliefs in whether a law enforcement agency has a responsibility to the mental health of its officers. To test the distribution of the variables the data were divided into categories. The categorical nature of these variables included the agency's beliefs toward responsibility to the mental health of their officers. The other categories included position within the agency (command staff, supervisors, or general officers), gender, years of service, exposure to critical incidents. The results of these surveys were statistically analyzed using SPSS.

Definitions

Acute traumatic dissociation: An abrupt change caused by a life-threatening incident that affects recollection, perception, or beliefs about one's self (Rivard et al., 2002).

Critical incident: Events law enforcement personnel experience, which can be presumed to cause a high degree of stress or trauma (Rousel et al., 2014).

Cross-group threat: Concern for prejudice and discrimination that affect mental well-being and interaction of different groups interacting together (Page-Gould et al., 2008).

Dissociative amnesia: A disorder which prevents the individual from remembering important information about oneself, typically caused by stress or traumatic events (Spiegel et al., 2017).

Dissociative disorder: An unintentional separation from reality by shutting off recollections, thoughts, or sense of self (Mayo clinic staff, 2017).

Gender-role conflict: Negative outcomes that gender stigmas create (Wester et al., 2010).

Mental health: An unimpaired condition of the mind that includes positive self-image and warmth toward others. This healthy mental state allows the individual to accomplish daily tasks required of them in their life. Advocating for the betterment of mental well-being and care for mental illness (Mental health, n.d.).

Mental illness: "Mental illness refers to a wide range of mental health conditions - disorders which affect your mood, thinking, and behavior. Examples of mental illness

include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors. Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function” (Mayo clinic staff, 2015).

Peritraumatic dissociation: Short-term symptoms one experience during or just following a traumatic incident. These experiences can include feelings of watching from somewhere else than themselves or disoriented. This can be one sign of posttraumatic stress disorder developing later (Nugent, 2013).

Post-traumatic stress disorder: A condition that can emerge from witnessing or being part of a traumatic event where physical harm or threat of harm was present (Goldberg, 2016).

Secondary traumatic stress: Emotional stress from hearing of traumas experienced by another firsthand (Zimering & Gulliver, 2003)

Assumptions

A study of law enforcement officers and agencies as the subject of study requires many assumptions. Officers are assumed to be of sound mind as they begin their law enforcement career. As such, each newly hired officer is required to undergo a psychological assessment to determine mental fitness. Furthermore, officers join a culture that has shared beliefs, a way of life, and unique customs. Officers expect to be exposed to a variety of incidents with associated levels of stress, which has the potential of negatively affecting their mental health. As the officers progress through their careers and

police ranks, they develop different views of the agency's responsibility for officer mental health.

This research operated under the assumption that there are differences in resources available to officers. Their respective departments' abilities to provide resources is based on the agency size and budget allocations. An agency with more experience dealing with critical incidents has had to address increased mental health needs and have developed a larger array of resources available to their officers. Finally, this research operated under the assumption that police officers have differing experiences from officers who deal with and interact with incarcerated individuals. Therefore, prison guards, jailers, bailiffs, probation officers, and civil service officers were not included in this study.

Scope and Delimitations

Law enforcement agencies have various levels of mental health resources available. However, it is unclear how responsible different agencies are to address mental health needs within their organization. Law enforcement agencies lack a standard design to address the mental health needs of their officers. This study used police officers as the subject of study to better understand what level of responsibility agencies have to address the mental health needs of themselves and their colleagues. Police officers at various levels within different organizations provided different perspectives on this issue. Using a survey to research this topic allowed officers to provide valuable information in a secure manner where their responses could not be singled out.

The theory of planned behavior was used to explain why officers who recognize that they have a problem are reluctant to seek help. The participants answered questions relating to the three major aspects of the theory of planned behavior to identify how these three principles affect officers' beliefs and experiences relating to mental health in law enforcement. This research also examined agency policies and workers' compensation laws concerning the officers' responses. Using agencies from two different states provided a comparison of different workers' compensation laws to be analyzed in the process. This is also true for using four separate agencies of different sizes to examine the effect of policies.

Limitations

Limitations are influences that may weaken the validity of the research results (Pyrzczak, 2016). Using just four agencies required a larger number of participants within each agency. To address this problem, officers were explained the benefits of participation and allowed to withdraw from the research before submitting their results. This helped them from receiving any negative repercussions from their agencies for not participating.

This study is limited to four agencies, two in Idaho and two in Utah. The results of this study cannot be generalized for officers across the United States. The size of these agencies will not represent most of the police departments or law enforcement officers in the United State. But the goal was to identify factors that affect the mental health of officers, so the scope of this study was restricted to these states and department sizes.

This study was carefully documented so other states and agencies sizes may be studied later using the same methods.

This study also represents a specific time. The results of this study may be affected by aspects that may change over time. They may include attitudes, laws, policies, or other elements which may change over time. Additional studies in the future might identify changes over time for law enforcement in the United States.

The instrument used in this study included a survey of officers. The results of this study may be affected by participants who were willing to take the time to complete the survey. Officers may be unwilling to participate for several reasons, which may have influenced the final results. The length of a survey may have affected the accuracy of the answers given. A survey that is too long may force participants to focus on quickly completing the survey and not providing well thought out answers. Too short of a survey, and it will not answer the research questions satisfactorily. The survey used in this research was provided to other researchers and officers to examine the length of time it takes to complete. Their results were not used in the final analysis of this study but were used to clarify questions and the length of the study.

Significance of the Study

Due to a lack of effective mental health services, officers have been terminated or demoted as they try to conceal their problems without success (Warren, 2015). Mental health problems often create embarrassment and misunderstanding because they are not openly discussed within the law enforcement community. Because of these problems, there was a need for this study. This research may help officers at various organizational

levels recognize that mental health is a problem that affects officers around them. Mental health problems often have solutions to improve those suffering circumstances.

The significance of this study is to improve the understanding of mental health for U.S. law enforcement agencies through the advancement of theory and practice. The information from this study can be used to improve law enforcement policies relating to the mental health of their officers. It may also improve the emphasis of current policies to aid officers' mental health needs from prolonged stress during their career.

Significance to Theory

The goal of this research was to apply the theory of planned behavior to the mental health of law enforcement officers. Currently, the theory of planned behavior often focuses on the reasons people choose to behave in unnecessarily risky ways (Cooke et al., 2016; De Ridder & Lensvelt-Mulders, 2018; O'Connor & Kirtley, 2018). This research identified why some officers seek mental health assistance from their agencies and others do not. Understanding how this theory applies to police administrators can improve appropriate mental health resources for police officers. The significance of this theory in criminal justice will improve the academic literature to understand the inner workings of the law enforcement culture. New theories may be developed because of this research. The results of this study may show a difference in the beliefs about mental health, which differ from administrators and call-taking officers.

Significance to Practice

This study could have significant policy implications. Based on law enforcement agencies having a responsibility to provide for the mental health of their officers, new

policies can be created that better fit the needs of law enforcement officers. Laws that govern mental health injuries, such as worker's compensation, can be improved on if they are identified as inadequate. Legislative bodies at the local, state, and federal levels can be better informed about which actions may better serve the needs of law enforcement officers. Police agencies may begin to collaborate to identify new avenues of management and better policies which can improve the environment within their agency.

Significance to Social Change

Professions like law enforcement, which are predominantly male, have many social barriers to acknowledging mental health problems or seeking help when they have been identified (Wester et al., 2010). If agencies are found to have a responsibility regarding the mental health of their officers, positive social change could be realized through better mental health. Law enforcement agencies could begin to emphasize the need to change cultural norms about accepting mental health assistance. Officers who sought assistance might not be fearful of negative consequences. Agencies may become more willing to seek new alternatives to improving their officers' mental health.

Summary

Police officers experience a wide range of stress from their jobs (Andersen et al., 2015; Anshel & Brinthaupt, 2014; Gabarino et al., 2013; Rousel et al., 2014). To compound the stress-related problems, there are barriers for an officer to seeking help from their agencies. But police departments can influence the mental health of their officers through policy development (IACP, 2016). Laws, policies, and resources are designed for addressing these needs. However, law enforcement experiences, personnel

interactions, attitudes, and personal changes from police experiences differ for each officer and may be a mitigating factor in the effectiveness in addressing mental health needs. It is theorized officers' behavioral beliefs, normative beliefs, and control beliefs influence how department responsibilities toward maintaining and improving mental health are viewed. But there is a gap in the literature showing responsibility agencies bear in providing access to mental health resources despite the experience officers have in the job-related activities.

Chapter 2 will describe the literature relating to relevant aspects of the mental health needs of law enforcement. The theory of planned behavior is also described and how behavioral, normative, and control beliefs affect decisions to act, which applied to issues relating to access to mental health for a police officer. Chapter 2 also addresses current police practices relating to mental health and culture of police officers and department trends in addressing these needs. Mental health laws are described in detail and how they influence law enforcement officers. Chapter 3 includes research methods for this study, Chapter 4 includes the results, and Chapter 5 includes discussions, conclusions, and recommendations relating to this research.

Chapter 2: Literature Review

This quantitative study was conducted to provide the perceptions of officers toward the responsibility of law enforcement agencies in providing mental health services to their officers. There is a lack of academic literature that frames the responsibilities law enforcement agencies have addressed these needs of their officers. This study was focused on the theory of planned behavior, comparing subjective norms in law enforcement agencies, officer attitudes, and the perception of behavioral control from available mental health resources. The subjective norms, attitudes, and perceptions of control were identified through a survey provided to law enforcement officers and administrators from four agencies in Idaho and Utah.

This review of the literature identifies previous research on avoidance of mental health services, law enforcement attitudes toward mental health services, and what types of services law enforcement agencies can offer to their personnel for assistance with mental health issues. There are different resources available to help officers address mental health issues. Groups like the IACP have provided literature to agencies as a suggestion on how to respond to issues of mental health their officers are dealing with (IACP, 2016). But even though there are a variety of ways to address mental health problems for police officers many are not willing to use these resources for a variety of reasons (Bell & Eski, 2016; Naz et al., 2014). There is also a lack of consistency in how law enforcement agencies address the mental health need of their officers. The different attitudes toward mental health problems may be responsible.

Literature Search Strategy

The literature search strategy focused on using search engines and major journals for academic resources. These search engines and journals include Google Scholar, Walden University Library, Science Direct, Criminal Justice ProQuest, Sage Journals, PsycINFO, IACP resources and publications, Oxford Criminology Bibliographies, LegalTrac, LexisNexis Academy, Nexis Uni, Military and Government Collection, ProQuest Central, PsycARTICLES, and the United States Department of Justice publications.

Search terms included the following words and combination of words: *police mental health, police mental health policy, police mental health funding, law enforcement mental health, law enforcement mental health funding, mental health combat theory, police post-traumatic stress, police post-traumatic stress funding, officer mental health, officer mental health policy, theory of planned behavior, mental health in the workplace, workplace mental health, worker's compensation law, "police" "work-related injury," "mental health," law enforcement mental health and wellness act, mental health responsibility in the workplace, mental health "opinions" in the workplace, police perceptions of mental health, police perceptions of mental health survey, police perceptions of other police mental health, police perceptions of other police mental health survey, police critical incident mental health, police seeking mental health services, Idaho worker's compensation law, Utah worker's compensation law, and how law enforcement administrators develop policy.*

Walden University Library was used to locate a large variety of peer-reviewed literature. The literature searches at this library source began with the *theory of planned behavior* with no date limitations. This search yielded 30,330 results. Limiting the search to literature between 2014 and present and placing quotations around the words reduced the search to 9,280 sources. A search of *police mental health* identified 1,255 sources from Walden University Library. Limiting the dates from sources between 2014 and present reduced this number to 540. *Law enforcement mental health* produced 457 sources. Limiting the search between 2014 and present reduced the number of results to 103. *Police post-traumatic stress* only identified 13 results without limiting the results of the publication dates. Walden University Library produced 1,125 results for *officer mental health*, and by reducing those results from 2014 to present, there were only 341 results. *Mental health in the workplace* produced 1,483 results from 2014 to the present. *Police work-related injury* identified only two sources without any publication date restrictions. The *Law Enforcement Mental Health and Wellness Act* produced no results. *Mental health responsibility in the workplace* produced only one result. Using combination phrases for *police perceptions* and *mental health* identified 118 results. *Police critical incidents* and *mental health* only identified six sources.

PsychINFO was also used to search for peer-reviewed scholarly articles. Some of these searches included the *theory of planned behavior*, which resulted in 3,370 results. Limiting the results to literature published between 2014 and present included 1,105 results. *Post-traumatic stress* identified 16,995 results and limiting those results to 2014 to present reduced that number to 4,120. Searching multiple terms including *police* and

post-traumatic stress produced 217 results that were reduced to 63 results by limiting the year of publication to 2014 to present. *Police* and *mental health* identified 1,433 results and limiting the years of publication from 2014 to present produced 420 results.

Workplace and *mental health* produced 887 results.

Google Scholar produced extensive results. The initial literature searches were too large to sort through. These results included terms such as *police mental health* with no limits on publication dates having 1,770,000 results, or *theory of planned behavior* resulting in 1,550,000 results. Refining these searches to 2014 and placing quotations around the words helped manage some of these results. The terms this type of search helped with included *Police mental health* (446 results), *Law enforcement mental health* (272 results), *theory of planned behavior* (1,470 results), *Mental health in the workplace* (918 results), and *worker's compensation laws* (846 results).

Seminal literature was necessary for some topics related to this subject. These included searching for police policies and mental health recommendations from law enforcement entities (i.e., IACP, PoliceOne, and Law Enforcement Today). Locating literature on worker's compensation laws was also more effective in searching seminal sources. IACP's site identified 4,040 results when searching for *mental health policy*. This site also identified 307 results for *post-traumatic stress*.

Theoretical Foundation

This research was based on the theory of planned behavior. This theory was developed in 1985 by Icek Ajzen. This theory identifies three factors that drive the actions of people: behavioral beliefs, normative beliefs, and control beliefs. Behavioral

beliefs are the notions of what consequences will result from certain behaviors. These beliefs can be either positive or negative (Stecker et al., 2007). Normative beliefs are the perceptions of what normal expectations others have. Control beliefs are opinions about what factors cause or prevent certain behaviors. Individuals who have positive attitudes toward behaviors, coupled with perceptions that others believe the behavior is normal and the perception of having control, will more likely result in carrying out the behavior. A person's way of thinking toward behavior that eventually results in their carrying out that action is central to the theory of planned behavior. Behavioral, normative, and controlled beliefs can affect one another or changes aspects of one another, which can change individuals' intentions toward carrying out an action (Ajzen, 2015). Moderating variables have been observed to maintain a relationship to intended behaviors despite experience, gender, ambitions, or education when being studying the actions of entrepreneurs. These aspects have a limited effect on overall individual intentions.

The theory of planned behavior has been identified as a robust explanation for certain behaviors (Kautonen et al., 2015) and has been applied to several areas (Steinmetz et al., 2016). The theory of planned behavior provides an explanation of how someone's personal beliefs and their perceptions about normal social behavior can lead to detrimental behavior. The theory of planned behavior presents a construct for why people would participate in behaviors most people would identify as risky (Abad et al., 2017), which could include drug and alcohol abuse. Many law enforcement officers turn to drugs and alcohol abuse when other resources have not been available to maintain their mental health (Rousel et al., 2014). The theory of planned behavior provides an

explanation of why officers would participate in these types of behaviors despite their experience with others who abuse drugs and or alcohol. The theory of planned behavior also explains why officers who recognize their mental health is compromised avoid seeking assistance from their agencies or peers.

Further, the theory of planned behavior can explain why law enforcement agencies may avoid providing access to mental health services to their officers. Agencies are led by individuals who make decisions about the direction of their organization. The theory of planned behavior indicates that behavioral beliefs, normative beliefs, and control beliefs affect decision making (Ajzen, 1985). Additionally, mental health is a complicated issue without simple solutions and can be difficult to help others. If there is a lack of psychologists, counselors, or other mental health professionals in the administrations of these agencies, then there is most likely a discrepancy in how to address these problems in their officers. If the need for the mental health of officers is not a normative belief among administrators' policies are more likely to be reflective of worker's compensations law than what is essential according to mental health professionals.

Literature Review

A review of the literature can help to understand the important aspects of law enforcement agencies' obligation to ensure mental health resources are provided to officers includes several areas. These areas include understanding police culture and mental health, mental health laws for law enforcement, law enforcement policy, barriers to mental health services, reactive strategies to improve mental health, proactive

strategies to improve mental health, and research applications. The following sections will provide a detailed understanding of these major topic areas.

Police Culture and Mental Health

Law enforcement officers are an integral and indispensable component of a safe society, and they make up a subculture that is defined by social rules, ideas, language, and symbols (Andersen & Papazoglou, 2014). Due to this unique culture and demands of police work with associated hazards, officers need to rely on each other for protection and resolving complicated problems. This causes officers to be isolated from those outside of the police profession. Further, law enforcement officers have little control over many aspects of their job. Despite having breaks during their shifts, police officers frequently are called away to deal with ongoing problems. These interruptions prevent officers from experiencing rest and alleviating stress and anxiety (Anshel & Brinthaupt, 2014).

Police officers are exposed to more stressful events than most people (Andersen et al., 2015). Police officers' mental and psychological health is often affected by being constantly subjected to stressful factors experienced in their job (Nelson & Smith, 2016; Violanti et al., 2006). They experience increased levels of psychological arousal as they prepare for a shift (Anderson et al., 2002). Police officers can also be exposed to psychological arousal during training scenarios.

In addition to the incidents law enforcement officers respond to, they often face organizational stress that can present additional challenges. Law enforcement officers have reported that their main source of psychological anxiety originates from their

agency, which can come from the judgment of administrators, supervisors, coworkers, and other personnel. This psychological anxiety can affect their attitudes in the workplace. For instance, law enforcement officers who do not fit into the cultural norms in police work frequently face a lack of trust, isolation, or other negative aspects in their relationships with coworkers or supervisors (Anderson & Papazoglou, 2014). Developing partnerships with people from other subcultural groups, such as other races, genders, or sexual orientations can create cross-group threats (Andersen & Papazoglou, 2014). People who are concerned with being discriminated against or have prejudice toward other groups are frequently negatively affected in social interactions, health, and physiological well-being (Page-Gould et al., 2008; Sutin et al., 2015). Western cultures of law enforcement are often dominated by White males (Myers et al., 2004), which can lead to attitudes focused on masculinity and heterosexual norms. Though members of a homogenous group who experience traumatic events are less likely to exhibit symptoms of post-traumatic stress (Andersen & Papazoglou, 2014), symptoms relating to traumatic experiences and the recovery process may be negatively affected by cross-group threat (Papazoglou, 2013).

Police officers who commit large amounts of effort and experience little reward or support are also at increased risk for symptoms of mental health disorders (Gabarino et al., 2013). Depression can be one of the major risk factors for officers who over-commit their efforts without positive feedback. Officers who have been working on the job for longer periods of time, having no children, and being low in rank increases the risk of developing symptoms of depression and other mental health problems. Poor relationships

between supervisors and subordinates, or coworkers are correlated with depression (Trinkner et al., 2016). In addition to a poor relationship with other law enforcement personnel, other common stresses that affect law enforcement officers include sexual harassment, little support from supervisors, exposure to hostility from others, dealing with courts, and responding to stressful events (Aumiller et al., 2007).

Police officers are also at risk for developing distress related to the trauma they experience as they are exposed to a variety of critical incidents throughout their careers (McCaslin et al., 2008). Critical incidents are defined as “on-duty events to which the employee was exposed that could be expected to be highly stressful (e.g., shooting incident) or which the employee reported to be traumatic and not just highly stressful” (Rousel et al., 2014, p. 16). Higher levels of trait dissociation have been correlated to posttraumatic stress symptoms. Recruits in the academy who exhibited dissociation were more likely to exhibit more peritraumatic dissociation and symptoms of posttraumatic stress after one year on the job. Trait dissociation is higher among individuals who have experienced exposure to previous traumatic events. Officers who do not have posttraumatic stress disorder can still be at risk for dissociative symptoms when they are exposed to these experiences such as officers who experienced peritraumatic dissociation as critical incidents occurred in their first year on the job. Police officers who were exposed to trauma from events in their job had post-traumatic stress disorder rates between 7% and 19% (Marmar et al., 2006). Ninety percent of officers who are involved in a shooting experience at least one dissociative symptom from following the traumatic event (Rivard et al., 2002). The traumatic dissociative symptoms from shootings are more

frequent than most other types of trauma (cite). Symptoms of acute stress disorder are observed in approximately 82% of officers involved in a shooting, and approximately 11% of officers experience a significant amount of posttraumatic stress. Nearly 20% of officers who are involved in shootings describe some type of memory impairment during the incident itself (Spiegel et al., 2017). This is consistent with dissociative amnesia, where parts of a traumatic event cannot be recalled. Acute traumatic dissociation is common from experiencing a shooting. Where dissociative symptoms can be a precursor to the later development of posttraumatic stress, attention should be given to officers who experience these symptoms.

Police officers have not been identified as having a higher number of suicides among their population in comparison to other groups (Rousel et al., 2014); however, some research shows there is an increased risk of suicide among first responders (Stanley et al., 2016). The number of law enforcement officers who do commit suicide each year draws attention to the importance of addressing mental health needs. A review of police suicides highlighted 10 common themes: pressure from before employment, coping from experiences as an officer, exposure to critical incidents, off-duty complications, support for mental health, beliefs about suicide, and substance abuse. In some cases of police suicide, family members and coworkers were aware of the individual's struggle with mental health problems. Off-duty complications included financial problems and being the focus of a criminal investigation. One of the significant aspects of law enforcement suicides was pre-employment factors. Many of these indicators could be identified in pre-employment screening. Law enforcement officers often spend more time with each other

at work than their own families. The level of awareness of mental health problems may become more evident among coworkers.

Despite being exposed to incidents that affect the mental health of officers, humans are resilient in recovering from their experiences with traumas experienced in catastrophic events (Bonanno, 2004; Park, 2016). Resilience for police consists of knowing personal mental and physical limitations and identifying when an officer should seek assistance or support (Andersen et al., 2015). “Gallows humor” is used to cope, express, or reframe the involvement in traumatic incidents (Andersen & Papazoglou, 2014). This is frequently used by law enforcement officers when exposed to these situations. Poor resilience and sustained stress can have a negative effect on a person’s ability to manage their behavior and emotions (Sandi & Haller, 2015; Arnetz et al., 2009). A lack of administrative support can increase environmental stress and decrease the resilience of officers (Fledderus, 2018).

Critical incident stress debriefing is a common practice by many law enforcement agencies after their officers are exposed to trauma-related incidents (Deville & Cotton, 2004; Reyes & Elhai, 2004). It is the most widely used mental health interventions used for officers (Deville & Cotton, 2004). Critical incident stress debriefing discounts many officers do not need preventative measures for mental health following critical incidents (Billings et al., 2000). Many officers only expect peers to provide support, because of the belief their peers only can understand their pressures (Bannish & Ruiz, 2003). This belief may even lead to alienating family support.

Mental health care should allow officers to access help without compromising them self-identify in being able to take care of themselves (Pasciak & Kelley, 2013). Pasciak and Kelly also describe this as a masculine identity, despite it affecting women in a predominantly male environment. Mental health care for police officers should allow individuals to decide if they are ready to share their emotions and memories. Emphasizing resilience in interventions might improve the belief officers are in control and have confidence in their actions during critical incidents (Nietlisbach & Maercker, 2009).

Police training currently lacks education about potential threats to mental health (Papazoglou & Andersen, 2014). Instructors should teach students it is normal and acceptable to seek help and looking to peers for support following traumatic experiences or chronic stress. Teaching cadets about mental health should require instructors to receive training from mental health professionals. Law enforcement instructors should emphasize training resilience to improve as an officer, rather than mental health. There are three major topics police instructors need to be more aware of and teach. The first, repeated exposure to critical incidents will have negative effects on an individual's health. Second, officers who experience feelings ranging from little anxiety to terror are normal feelings after experiencing traumatic events. Officers who experience these feelings are not weak. The final topic, support from peers can be an effective treatment for mental health following trauma. It also can be used along with other types of treatment. Instructors should use examples or real-life situations to demonstrate the relationship between psychological arousal from stress.

Mental Health Laws for Law Enforcement

The Law Enforcement Mental Health and Wellness Act of 2017 requires the Department of Justice to analyze practices the Department of Veterans Affairs and the Department of Defense have in place to address mental health needs which may be applied to law enforcement agencies (Civic Impulse, 2018). Grants for the Community Oriented Policing Services (COPS) may be used to create peer mentoring and other pilot programs to improve mental health for agencies at the state and local level. Tribal agencies can also receive these funds. The Department of Health and Human Services must work with the Department of Justice to expand on resources to educate mental health providers. Educational resources must address issues of law enforcement agencies' cultures and effective therapy specific for law enforcement officers.

The Department of Justice was tasked with several responsibilities which include analyzing crisis hotlines for law enforcement officers; making recommendations for improvements; examine mental health checks annually; identify mental health needs for federal officers; protect the privacy of any law enforcement officers who are connected to these programs.

The Americans with Disabilities Act are laws to protect people with disabilities and provide certain rights to protect them in their employment (Americans with Disabilities Act, 1990). This law recognizes people who have disabilities as being limited in "major life activities" from mental impairments. Mental impairments can include emotional disorders, such as anxiety disorders and major depression. Employers are required to make reasonable accommodations to address individual needs. These

accommodations cannot pose an undue hardship in the workplace. This can include costs. Public organizations should make changes to their “policies, practices, or procedures” when it is reasonable to avoid discrimination. Agencies can provide more services or benefits to people who fit these criteria. The Americans with Disabilities Act sets a minimum standard for agencies to follow.

Workers’ compensation laws have been enacted in all 50 states and even in the federal government. These laws are regulated separately by the states and are designed to protect employees when injured because of events which occur at the workplace (Wise & Beck, 2015). Federal workers’ compensation laws only protect employees of the federal government. Workers’ compensation laws are intended to provide insurance to employers which pay for medical costs of employees who were injured at work or compensate employees who have lost wages because of their injuries.

The common language used in workers’ compensation laws includes four types of injuries. These include physical-physical, physical-mental, mental-physical, and mental-mental (Wise & Beck, 2015). The first word in these categories refers to a cause. The second word refers to the damage caused to the employee. Every state compensates for physical-physical injuries. However, only 19 states address mental-mental injuries, and only 16 compensate for physical-mental injuries. These laws have improved to address more mental health-related injuries over the last 30 years. Workers’ compensation laws addressing mental health injuries are worded by Administrative Law Judges. Definitions of mental health injuries and the causes lack consistency, and often do not reflect psychological findings. As of 2009, only 17 states allowed independent medical

examinations to be conducted by psychologists. Not only are there inconsistencies in the wording of these laws, but most of the states do not utilize professional psychological examinations or treatment.

Smith v. County of Arlington Va. (2011) denied coverage to a sheriff's deputy when she was diagnosed with post-traumatic stress disorder when she was unable to revive an inmate. The reasoning of the court was the deputy's injuries were because of her anticipated duties. *Bentley v. Spartanburg Co. and S.C. Association of Counties SIF* (2012) also denied an officer coverage for psychological injuries resulting from a shooting. The court's ruling described how deadly force training demonstrated these events could be anticipated in the line of duty and did not constitute unusual circumstances.

Utah Workers' Compensation laws cover physical-physical injuries (Wise & Beck, 2015). Utah law also covers unusual circumstances to address mental health injuries. They address emotional and mental injuries from the result of work-related trauma (Ut. Code § 34A-2-402). There must be both medical and legal causes connecting the injury to the employment. Utah's Workers' Compensation requires extraordinary mental stress caused by a sudden incident occurring at work. The burden of proof is on the injured party show medical and legal cause to receive compensation. The "discrimination, harassments, or unfair labor practices" cannot be used as the foundation of a worker's compensation case. The good faith of employers protects them from claims for work-related actions taken against an employee.

Idaho Workers' Compensation laws provide coverage for physical-physical and physical-mental but do not address mental-mental (Wise & Beck, 2015). The Idaho Peace Officer and Detention Officer Temporary Disability Act provide full salary compensation to police officers and other dangerous occupations who are unable to work because of being injured on the job (I.C. § 72-1101 and I.C. § 72-1102). Police officers are also entitled to temporary worker's compensation funds if they are injured while "responding to an emergency," from pursuing criminal suspects, or from "the actions of another person" (I.C. § 72-1104 (1)).

According to Idaho Workers Compensation psychological injuries are covered if they are caused by accidents and physical injuries in the workplace (I.C. § 72-451). Psychological injuries must be caused by a "sudden and extraordinary event." Injuries from everyday working situations, discipline, change of responsibilities, or termination are not covered. Permanent disability or impairment must meet the American psychiatric association's diagnosis of disorders and be made by a psychologist or psychiatrist.

Law Enforcement Policy

According to the IACP (2016), law enforcement officers need to know the laws and agency policies relating to shootings. They should understand their rights and the procedures for investigating these incidents, both criminally and internally. Agency members should receive training about the effects a shooting can have on behavior, emotions, and psychological well-being. Officers and investigators for their agency should be made aware of mental health services the officers may access following a shooting.

Law enforcement officers who have been involved in critical incidents should be assigned a companion officer or other company, such as a chaplain (IACP, 2016). This is to keep the involved officer from feeling isolated. Should the officer involved in the critical incident feel the need to discuss their experience they should be advised to do so with someone their speech is protected by law (i.e. attorneys, clergy, license counselors, etc.). Officers should be given a substitute firearm following the collection of their firearm, if possible, unless it may pose a safety risk. The clothing of officers who have been injured in the shooting should also be collected. High ranking officials within the officer's department might express their concern to the officer for their well-being. This might help the officer in feeling needed support from the agency.

Police shootings might be one of the most traumatizing incidents an officer may go through (IACP, 2016). Due to the nature of these events, officers may need additional resources beyond traditional coping mechanisms. There is no way to predict how each officer will deal with the stress of these events. Supervisors should understand what types of reactions may result from these experiences and be able to refer officers to appropriate resources to obtain assistance. Administrators and supervisors should be aware traumatic events can affect more officers than the ones who have fired their weapons or have been injured. Even other personnel who were not present on the scene but have some part in dealing with the incident may be negatively affected by the situation.

“Immediate responses to a critical incident are physiological and may include muscle tremors, nausea, chills, vomiting, rapid heart rate, hyperventilation, faintness, crying, or sweating” (IACP, 2016, p. 23). These behaviors may be delayed for days or

weeks following the incident. Additional reactions may include “increased thirst, fatigue, twitches, chest pains, dizziness, elevated blood pressure, profuse sweating, headaches, stomach aches, indigestion, diarrhea, sore muscles, and an increase in the occurrence of colds and flu dazed and upset and have feelings of disbelief” (IACP, 2016, p. 23). These physical behaviors do not represent weakness in the officers who experience them. These reactions may develop into larger problems if they are not addressed in an appropriate manner. Larger problems can include agitation, depression, fatigue, loss of sleep, withdrawn, emotionally numb, confusion, poor judgment, and helplessness. Officers who felt a lack of control or are exposed during the incident may have an increased effect on the officer’s emotions. Agency training can have a positive influence on the officer’s mental health by demonstrating any of the above reactions are normal to these circumstances. Supervisors are recommended to refer officers to mental health specialists if they observe the following signs; “continuation and intensification of post-incident symptoms, excessive stress and anxiety reactions, continued obsession with the incident, increased absenteeism, burnout, and decreased productivity, increased anger and irritability, under reaction, risk-taking, increase in family/relationship problems, alcohol/drug abuse, the inordinate amount of focus on critical comments made by coworkers, uncertainty, suspiciousness, and poor problem solving, or poor attention” (IACP, 2016, p. 25).

The IACP (2016) recommends officer evaluations prior to returning to the duty assignment. Officers who continue to experience extreme behaviors or reactions to the

critical incident should not be returned to work, even if the officer wishes to do so.

Instead, administrative leave should be the appropriate course of action for the officer.

A post-shooting psychological debriefing, led by a health professional, should take place within the first week following the incident (IACP, 2016). The IACP acknowledges some officers would rather not participate for various reasons. However, at least one meeting should occur to provide better coping skills. The following sessions should be left to the officers choosing but should be encouraged. They should however have followed up contact with the mental health professional at one month, four months, and one year after the incident. Any fit-for-duty evaluations completed should be done by a mental health care professional different than the one conducting any psychological debriefing.

Developing mental health policies to help agencies respond to major incidents, smaller agencies need to prepare similarly to larger agencies (Spence, 2017). A large crisis can quickly overwhelm any agency, even if they have full-time psychologists employed by the department. Preparing for the psychological needs of officers in the aftermath of major events must be addressed ahead of time. Law enforcement agencies often do not prepare their officers for how large scale or traumatic incidents will affect them on a psychological level. These programs need to create before the crisis occurs. Department leaders need to be trusted by the department personnel. These department leaders can be educated about trauma and learn what resources are available in the community around them. Union leaders should be included in the development of these programs because of the relationship they have with other officers. Professional resources

can be treated as partners with law enforcement agencies in helping address mental health needs. Developing these partnerships prior to critical incidents can provide professionals with understanding and experience in working with police. Receiving assistance as an agency should be carefully selected. Some help can be counterproductive. Accepting help from outside agencies should be coordinated to ensure its effectiveness.

According to the Officer Safety and Wellness Group in 2016, counseling has an essential role in improving resilience to trauma (Spence, 2017). Counseling can include peer support and professional help. Overcoming the stigmas and fear of damaging career advancement are complicated issues in law enforcement. This reinforces the importance of preparing these avenues for help prior to major events. Using peer support might make some officers who need assistance skeptical of receiving treatment. To overcome this one suggestion is to allow other agencies peer counselors, who are trained, to be available to outside agencies. Every day police functions should embrace and value the use of mental health resources. Law enforcement officers should be reminded about the protections the Health Insurance Portability and Accountability Act (HIPAA) provide. Even addressing threats to an officer's personal safety may have a positive impact on their mental wellness.

Traumatic events do not affect everyone the same way, many officers do not need counseling (Spence, 2017). However, officers should be evaluated and allowed access to it. Officers should be given counselors information ahead of time which allows officers access to help regardless of the time of day. Officers should be given time off following

major traumatic events. They should not be isolated or prevented from having support, especially when another officer is injured or killed.

Resilience can extend beyond officers to the organizations they belong to (Spence, 2017). Resilient agencies support their personnel and protect them from risks to their safety, both physically and mentally. Management has a critical role and if not, it is not done correctly it can be detrimental to the process. Training agency members about mental health would probably benefit from beginning in-field training. The field training officers could help instruct their trainees and begin building the right attitude about mental health and using resources when needed.

Barriers to Mental Health Services

Most of the scholarly literature which focuses on mental health issues and the work environment focuses on risk factors (Sivris & Leka, 2015). There is a need to identify and reinforce the use of workplace practices which improve the mental health aspects of employees. There are several barriers to addressing mental health issues at work. Many people believe mental health is a personal issue and should be dealt with accordingly. Even when organizations attempt to address concerns of mental health, they are usually reactive to a problem, rather than preventative steps. Some organizational managers are unaware of risks which exist within their institutions. Even when they are aware, they often do not know what can be done to mitigate the problems. The size of an organization affects how mental health policies and practices can be implemented.

The stigma related to mental illness has a substantial impact on relationships (Byrne, 2000). Shame is commonly felt by those who have a mental illness as well as

people who are associated with them. Mental illness is often seen as a weakness and people conceal their problems. This creates a barrier for many who need help but are concerned about the stigma they will be labeled with. Some of the stigmas attached to mental illness include unpredictability, laziness, violence, higher probabilities of criminal behavior, and individual responsibility for causing the mental illness. Mental health stigma can negatively affect law enforcement officer's careers. Officers who openly seek help are likely to be negatively judged by their peers, supervisors, or subordinates as defective officers and may be questioned about their judgment in their job (Karaffa & Koch, 2016). Byrne described people even associated with someone who has a mental illness can feel judges and may choose to distance themselves from officers in need of mental health services, further isolating them (Byrne, 2000).

Law enforcement agencies use debriefing as one of the most widely used techniques following critical incidents (Pasciak & Kelley, 2013; Devilly & Cotton, 2004). One problem of debriefing is the assumption officers involved in these incidents will share their experiences willingly with their peers. Some researchers believed using debriefing programs like Critical Incident Stress Debriefing could negatively affect the development of post-traumatic stress disorders in emergency personnel (Choe, 2005; Wessely & Deahl, 2003). There is only so much pressure police officers can take (Leonard & Alison, 1999). Many officers depersonalize events they are exposed to in order to cope with the pressures of the job (Pasciak & Kelley, 2013). Officers who are believed to be weak or overly caring in nature are often disgraced among their peers

(Nolan, 2009). Younger officers or officers with less experience may adhere closer to male identity norms for acceptance (Pasciak & Kelley, 2013).

Gender role conflict refers to the negative repercussions as a result of stigma attached to gender (Wester et al., 2010). Police officers undergo extensive training to rebuild new recruit's identity to become part of a team, like the concept employed by the United States military in boot camp. Police officers are expected to demonstrate masculine traits, such as being tough and self-reliant. Officers who do not exhibit these traits are often regarded with contempt and face negative consequences as a result. Officer-involved shootings often are referenced as incidents which may negatively affect the psychological welfare of law enforcement personnel. However, there are many other negative aspects of their work which over time can affect their mental health. Many police officers find the increasing distance between themselves and non-law enforcement friends over time.

Law enforcement budgets can be a major obstacle for a lack of funding to programs affecting positive psychological health (Andersen et al., 2015). Mental health problems are often not addressed through workers' compensation laws. Additional insurance from agencies may not be an option in the budget. However, avoiding treatment for mental health issues may result in higher costs for the organization (Wise & Beck, 2015). Symptoms of post-traumatic stress may persist and negatively affect the work environment. Some of these negative effects can include a higher likelihood of injuries at work, increasing absences, or disability from other medical problems arising from a lack of treatment.

Reactive Strategies to Improve Mental Health

Critical incident stress debriefing is intended to use at least one trained counselor to guide the session (Campfield & Hills, 2001). These methods are intended to reduce the risk of negative psychological consequences from traumatic events. There is a lack of evidence critical incident stress debriefing is effective in improving the mental health of officers (Addis & Stephens, 2008; Devilly & Cotton, 2004). Officers believe discussions of tactics and requests for more training was more appropriate to deal with critical incidents among their peers (Pasciak & Kelley, 2013). These discussions and requests do not challenge traditional identities among male officers.

Proactive Strategies to Improve Mental Health

Larger organizations often can afford to implement more expensive options (Sivris & Leka, 2015). Someplace of employment is more likely to look for short-term solutions and opt-out of long-term plans for addressing mental health concerns. As the issue of mental health in the workplace becomes more widely accepted, governments and business organizations are more likely to implement policies and practices to address these problems. The five elements the Healthy Workplace Model identified as important to mental health include “leadership engagement; workers’ involvement; ethics; continual improvement; and integration” (Sivris & Leka, 2015, p. 296).

The dialogue among different stakeholders in the workplace should include different levels of organization (Sivris & Leka, 2015). Employees should be empowered, and all the organizational levels should be included in developing ways to address mental health concerns. Feedback is important for decision making for any health concern within

an organization. Each institutional level should have the support of one another. Scientific research mental health findings should be applied in a practical manner. Plans for implementation should be specific and clearly written. Information and ideas should be shared openly between organizations. Recurring evaluation of organizational practices should be implemented.

Police officers' actions under high levels of stress can be positively affected through resilience training (Arnetz et al., 2009; Papazoglou & Andersen, 2014). Scenario-based training is often effective in helping officers manage stress and improve their abilities to confront difficult situations is because they help law enforcement officers identify these situations as manageable (Andersen et al., 2015).

One method of training which shows some promise for law enforcement officers is in approach-avoidance coping strategies (Anshel & Brinthaup, 2014). Strategies for approaching coping would include challenging threats. They could include direct or indirect challenges. Avoiding strategies are ways officers can distance themselves from problems. These strategies can include filtering information, disregarding, or separating themselves from problems. Avoidance and approach strategies should be used under different circumstances. Avoiding problems will often result in the problem becoming larger. However, avoiding strategies may be an effective strategy when receiving unjustified criticism from citizen contacts or supervisors.

In recent years, police officers have been increasingly tasked with aiding individuals with mental health problems (Hansson & Markström, 2014). Despite stigmas associated with people who have mental health problems, officers who intervene in

mental health situations can be trained in appropriate responses which improve their attitudes during these contacts.

Overcoming the stigma associated with mental health disorders can be improved through education (Peter Byrne, 2000). There are several avenues of education which can help overcome these stigmas (Wolff et al., 1999). These include targeting groups of people who likely have stigmas that should change. Educational material which meets the needs of the intended audience. Educating manageable groups which are smaller. Ongoing interaction with target groups. Clinicians who design plans for treatment for psychiatric problems should consider “the nature of adverse experience, discrimination, the extent of social networks, self-image, etc. (Byrne, 2000, p. 69).

Training should incorporate real-life examples which elevate stress and/or induce controlled stress (Papazoglou & Andersen, 2014). These can include guided imagery like videos of other officers involved in critical incidents. To measure the response of officers, instruments like blood pressure monitors or other physiological instruments can be used. Officers can be exposed to what their normal physiological stress levels are and how they have improved over time. Including physical exercise also has been identified in improving mental health.

Some law enforcement instructors use humor in training which solicits high levels of emotions (Papazoglou & Anderson, 2014). Humor can also be used to encourage trainees to give more effort in training.

Journaling may be an effective tool in helping improve or maintaining mental health (Papazoglou & Andersen, 2014). Writing the experiences an individual has can

improve memories and help identify appropriate ways to resolve problems (Pennebaker, 1997). It can also help an individual assess negative events and help in the grieving process.

Research Applications

Wester et al. prepared their test by contacting police officers through their unions (2010). A description of the research was provided to the Presidents of the police union and officers within the union could participate on a voluntary basis. The research data was collected by officers to help establish a level of trust from officers since many officers have a level of distrust of councilors.

Summary and Conclusions

The review of the literature to understand law enforcement agencies' obligation to ensure mental health resources are provided to officers addressed several aspects including what threats are police officers exposed to as a direct result of their employment. The major threats affect officers' mental health can be broken down into four major categories which make up the dependent variables of this research. These include personnel interactions, experiences with the public, attitudes, and personal change over time. Agencies have guidelines to provide help or address mental health issues with their officers. These guidelines consist of laws, policies, and resources that are available to them. These aspects make up the independent variables in this research. The theory of planned behavior provides an explanation for why people would make decisions to behave in a certain way, to include both positive actions and negative actions. The following chapter will apply these aspects of mental health for law

enforcement in a research method to study how the theory of planned behavior affects the access to mental health for police officers through their agencies.

Chapter 3: Research Method

This quantitative search was designed to apply the theory of planned behavior to officer perceptions about the responsibility that law enforcement agencies must provide mental health resources for their officers. The theory of planned behavior states that there are three aspects to decisions related to action: subjective norms, personal attitudes, and perception of behavior control. The independent variable for this study included resources to affect mental health, police policies, and laws addressing mental health. The dependent variables in this research included law enforcement experiences, law enforcement personnel interactions, attitudes of police personnel, and personal changes as an officer. The participants included law enforcement administrators and officers currently working in Utah and Idaho. Survey results and existing data were used to fill the gaps in the current literature to understand what extent the responsibility of the mental health of police officers extends to law enforcement agencies.

Research Design and Rationale

This research was used to answer the question “Does the theory of planned behavior influence how mental health is accessed for police officers through their agencies?” The study used a descriptive cross-sectional quantitative method to answer this question through a survey. One way of measuring constructs is by using surveys (McDavid et al., 2012). A survey can be used to locate where there are perceived gaps in available services and how they fill the needs. A survey can also be used to measure the relationship between the independent and dependent variables (Creswell, 2009). The independent variables in this study included mental health resources, department policies,

and laws relating to mental health for law enforcement officers. The dependent variables consisted of law enforcement experiences, law enforcement personnel interactions, officer attitudes, and personal changes from being an officer. Each of these dependent variables demonstrates a level of responsibility to the agency. The survey used in this research was designed to identify how mental health resources, law enforcement attitudes, and mental health laws affect the responsibility of agencies to address mental health issues. Current law enforcement officers and administrators were the most effective population to answer the research question. They currently are involved in aspects of the job where their experiences, knowledge, attitudes, and observations can provide essential information to fill this gap in research. Participants from four separate agencies, in two states, gave the results of this study higher statistical power and more generalizable to other agencies of similar size.

Methodology

The research methodology included several aspects for studying the main research question. These aspects include population, sampling, sampling procedures, procedures for recruitment, participation, and data collection (primary data), and instrumentation and operationalization of constructs. The following sections address these topics.

Population

The target populations used for this research are made up of sworn officers and command staff in the western United States. These include four agencies: two from Utah and two from Idaho. These two states are affected by separate U.S. Courts of Appeals. Idaho is directly affected by the 9th Circuit Court of Appeals. Between 2010 and 2015

the 9th Circuit Court of Appeals had 79% of the cases reviewed by the Supreme Court overturned (Carroll, 2017). Utah is in the 10th Circuit Court of Appeals. The 10th Circuit Court of Appeals only had 42% of the cases reviewed by the Supreme Court overturned (Carroll, 2017). The four agencies from these two states serve populations from 50,000 to 200,000 citizens. These population sizes represent agencies with most officers in both states. According to the Federal Bureau of Investigations, the national average of officers concerning population size was 2.4 sworn officers per 1,000 citizens as of October 31, 2016 (Criminal Justice Information Service Division, 2016).

Sampling and Sampling Procedures

The sampling was focused on sworn law enforcement officers. Police departments in the western United States were selected for this study for several reasons. Many sheriff's offices in the United States have sworn personnel who are responsible for incarcerated populations, and others are responsible for interacting with the public in their counties. Although corrections officers do experience critical incidents and may face more job-related stress than the public, there is likely a difference that would have influenced the study results and should be studied separately. The sample population for this research is responsible for the interactions with the public. State law enforcement agencies were not used in this study because many state troopers are primarily responsible for traffic enforcement. Municipal police departments are typically responsible for a wide variety of policing that include traffic law enforcement, domestic violence, child protection cases, rape, robbery, theft, and homicide.

Law enforcement agencies in the west are central to this study because of their accessibility to me as the researcher. The four agencies used in this study are of different sizes and are in two different states. According to the U.S. Department of Justice, this range of agencies represents approximately 45% of the population in law enforcement (Reaves, 2011). Most police officers in the United States are employed by the large department. Most police departments in the United States have less than 24 sworn personnel. The four agencies selected for this study represent an appropriate cross-section of the size of the agency and sworn personnel. However, the findings do not represent officers throughout the United States.

The target sample size for the largest population examined by this research included approximately 200,000 citizens. An agency serving this population would include approximately 480 sworn officers; 214 sworn officers would provide at a 95% confidence level for a population of 480 officers. The other population examined in this research included approximately 50,000 citizens. The agency size for this population is approximately 120 officers. The sample size would include 92 participants to have a 95% confidence level. The following formula was used to identify sample size: $n = p(1-p) \times (z - \text{confidence level score}) / \text{accuracy}$ (O'Sullivan et al., 2008).

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

Agency and law enforcement union leaders in Idaho and Utah, whose agencies serve populations from 50,000 to 200,000, were contacted and advised about the purpose of this research. If they expressed interest in participating in this research as an agency, an email was sent with more detailed information about the research to better understand

the benefits, risks, and level of participation needed for this research. Participants for this research included sworn police officers from four agencies in Idaho and Utah. Sworn officers include participants in the command staff and non-command staff personnel. They were recruited through the contact of agencies administrators and union leaders. Contact included phone calls and emails to provide information about this study.

An internet link was provided for each participant to complete one survey. The survey included a brief description of this study and the option to select whether they consent to participate in this study. If they selected “no,” additional questions answered on their survey were not used in the results or analysis of this research. Their agencies were not aware of who participated. No additional follow up was needed from the participants. After the surveys were completed and submitted online, the results were compiled and analyzed in SPSS.

Instrumentation and Operationalization of Constructs

The survey instrument used in this research was developed by Ann Knabe (2012). Knabe granted permission to use her survey as a tool in this research (see Appendix B). The survey was initially used in her dissertation titled *Applying Ajzen's Theory of Planned Behavior to a Study of Online Course Adoption in Public Relations Education*. This survey is designed to measure the three major aspects of the theory of planned behavior, which include behavioral beliefs, normative beliefs, and control beliefs (Ajzen, 2015), concerning online education. Knabe's survey used a robust quantitative analysis of how these aspects apply to teaching online public relations courses.

Knabe's (2012) research had to be modified to apply to the different variables included in this study. This study needed to apply behavioral beliefs, normative beliefs, and control beliefs to aspects of police use of mental health services as opposed to online public relations courses. These variables include mental health laws, police policies, and mental health resources. As described 2, major aspects affecting police officer's mental health include personnel interactions, experiences, personal attitudes, and personal changes over time. These aspects were also included in the survey questions initially developed by Knabe.

Knabe's (2012) survey has previously been evaluated and determined to be valid and of statistical significance. Using a Likert-scale consisting of seven options ranging from -3 to 3, it provides statistical significance using SPSS. Surveys used previously to measure law enforcement opinions toward mental health are primarily focused on law enforcement officer's interaction with suspects or citizens with mental health problems.

The following is a list of questions that demonstrate how the relationship between the theory of planned behavior and police access to mental health through their agencies. The first survey item was used to measure participant police officers' attitudes: "For me, seeking assistance for mental health problems from my agency would be..." (see Appendix A). The following survey items identify the first aspect of the theory of planned behavior, behavioral beliefs, and the relationship of laws affecting the mental health of police officers:

- State and federal laws regarding mental health can affect my interactions with other department members: positively/negatively.

- If needed, my previous experience with mental health laws reinforced my willingness to: seek help/avoid help.
- If needed, mental health laws will likely affect me to: seek help/avoid help.
- Throughout of my career, mental health laws have affected me through: improving my mental health/harming my mental health.
- Throughout my career, my level of confidence in mental health laws has: improved/diminished.

To measure behavioral beliefs of the participant officers toward department mental health policies and resources, two of the previous items were used along with:

- Department mental health policies affect my interactions with other personnel: positively/negatively.
- If needed, department policies regarding mental health reinforce my interactions with other department members to: seek help/avoid help.
- If needed, department mental health policies are likely to affect me to: seek help/avoid help.
- Throughout my career, my department's mental health policies have affected me through: improving my mental health/harming my mental health.

The second aspect of the theory of planned behavior includes subjective norms.

To study this aspect involving police officers and mental health laws, the following survey items were used:

- State and federal laws regarding mental health affect the interactions of other personnel in this agency: positively/negatively.

- In my experience, I have witnessed state and federal laws relating to mental health affect the interactions of other personnel in this agency: positively/negatively.
- To help other department members' mental health, state and federal laws are: effective/ineffective.

To understand how subjective norms relate to police department policies, the following items were used:

- Department mental health policies affect the interactions of other personnel in this agency: positively/negatively.
- In my experience, I have witnessed my department's mental health policies affect the interactions of other personnel in this agency: positively/negatively.
- To help other department members' mental health, my department's policies are: effective/ineffective.

The subjective norms relating to mental health resources made available through police agencies related to the following items:

- Department mental health resources affect the interactions of other personnel in this agency: positively/negatively.
- In my experience, I have witnessed my department's mental health resources affect the interactions of other personnel in this agency: positively/negatively.
- To help other department members, my department's mental health resources are: effective/ineffective.

The final aspect of the theory of planned behavior is perceived behavioral control.

To better understand how this applies to mental health laws, the following survey items were used:

- If needed, I could effectively use mental health laws to affect my interactions with other personnel: strongly agree/strongly disagree.
- If needed, I can use mental health laws to improve my experience in this profession: strongly agree/strongly disagree.
- If needed, I could use mental health laws to improve my changes over time: strongly agree/strongly disagree.
- If needed, I could use mental health laws to improve my attitude in this field strongly: agree/strongly disagree.

To understand how perceived behavioral control applies to department policies, these items were used:

- If needed, I could effectively use the department's mental health policies to affect my interactions with other personnel: strongly agree/strongly disagree.
- If needed, I can use my department's mental health policies to improve my experience in this profession: strongly agree/strongly disagree.
- If needed, I could use my department's mental health policies to improve my attitude in this field strongly: agree/strongly disagree.
- If needed, I could use my department's mental health policies to improve my changes over time: strongly agree/strongly disagree.

The relationship between perceived behavior control and department mental health resources were evaluated through the following:

- If needed, I could effectively use the department's mental health resources to affect my interactions with other personnel.
- If needed, I can use my department's mental health resources to improve my experience in this profession.
- If needed, I could use my department's mental health resources to improve my attitude in this field.
- If needed, I could use my department's mental health resources to improve my changes over time.

Additional variables in this research include the following:

- Have you ever used laws, department policies, or mental health resources to improve your mental health?
- If you said yes, which of these were used: Legal action / Pursued assistance through department policies / Sought mental health resources
- What gender are you?
- What position do you currently hold in the department?
- How old are you?
- How many years of experience do you have as a police officer?
- Which agency do you work for?
- Select if any of the following experiences have happened to you:

- I have been involved in a shooting by either having shot or been shot in the line of duty.
- I have had a partner killed or seriously injured in the line of duty.
- I have been seriously injured in the line of duty.
- I have seen people die in my presence.
- I have had to respond to incidents where people I know well had died.
- I have been the subject of an internal investigation.
- I have been criminally prosecuted as a police officer.
- I have personally received a large amount of negative publicity where I was singled out in the media.
- I have been the subject of a serious internal investigation.
- I have been taken to due process and/or came close to being terminated as a police officer.
- I have been unfairly denied promotions or assignments.
- As a supervisor, one of my subordinates was seriously injured or killed.
- As a supervisor, I have had to decide if an officer I knew well was terminated.
- I have had ongoing problems with other police personnel which has negatively affected me.
- I have had serious incidents at work who harmed me.
- My attitude has changed negatively over time as a law enforcement officer.

The complete survey is available in Appendix A.

Data Analysis Plan

The plan for data analysis is designed to answer the research question; to what extent do law enforcement agencies have in maintaining and improving their officer's mental health? To analyze the data collected from the surveys, laws, department policies, and resources the most appropriate software is IBM SPSS. This software is designed for analyzing a large variety of data using different statistical methods. The data analysis for this research will use various statistical methods. These will include multivariate multiple regression, MANOVA, and Chi-square.

Multivariate multiple regression includes two or more dependent variables and two or more continuous independent variables. Social aspects can rarely be explained by a single variable (Frankfort-Nachmias & Nachmias, 2008). Multivariate multiple regression models the relationship of multiple responses with predictors. This research includes three independent variables and four dependent variables. Multiple regression provides statistical control to understand the relationship between these variables. Multivariate multiple regression is used for continuous variables. These variables can be used to examine agency size, officer's age, years of experience, rank, assignment, and gender.

The MANOVA is used to measure multiple dependent variables, and multiple independent variables (Emerson, 2018). This statistical measurement is not intended to be used if the alignment of the dependent variable is too similar. If their alignment is very

close it can negatively affect the power of the results. The independent variables of a MANOVA analysis should be categorical.

Using MANOVA in this research is an effective measurement for the four dependent variables; personnel interactions, experiences, attitudes, and changes in law enforcement. The categorical nature of the independent variables for this study (law, policies, and resources) have a limited possible number of values.

MANOVA will also be used to examine the three aspects of the theory of planned behavior. Individual beliefs agencies have a responsibility to officer's mental health can be correlated to behavioral beliefs, normative beliefs, and control beliefs. This statistical test can show significant differences between the three aspects of planned behavior.

Pearson's Chi-squared test will be used to examine how likely it is the distribution is the result of chance (McNabb, 2015). This test will be used to differentiate between individual beliefs in whether a law enforcement agency has a responsibility to the mental health of its officers. To test the distribution of the variables the data will be divided into categories. These categories will include the belief an agency has a responsibility to the mental health of their officers, or it does not. The other categories will include position within the agency (command staff, supervisors, or general officers), gender, years of service, exposure to critical incidents.

Threats to Validity

External Validity

External validity becomes a problem when incorrect conclusions are made from the data (Creswell, 2009). One of the threats to external validity would be to generalize

beyond the group studied. This research includes officers for four agencies in the west. These agencies differ in size and laws which affect decisions to implement mental health services. The conclusions drawn from this research can help direct future studies of other agencies.

Selection bias is another threat to external validity. To overcome this threat a large percentage of participants within each agency. The size of the agency will be identified as well as other factors such as gender and race. Other information to be identified about the participants in this study will include their years of experience and positions within the agency. Using many officers within these agencies raises the question about voluntary participation as another threat to external validity. To maintain a high confidence level a large portion of the four populations will need to be used. This may affect how voluntary this may be. To address this problem, it is important to help the participants understand what role they will have in this research. They must still have a way to not participate in this research if they choose not to. The research survey will explain the participant's role and how their anonymity will be protected. The surveys will also give participants the option to not have their survey used in this research. This will allow officers and administrators to avoid repercussions from their agencies or unions for not choosing to participate.

Internal Validity

There are several threats to internal validity. History is one threat to internal validity has to do with changes over time. This research focuses on a single response from the participants, at a single point in time. Therefore, history will not be one of the

internal threats to validity. Maturation is another threat to internal validity. Maturation has to do with physical or psychological changes that occur over a long-term study. Although participant's attitudes may change over time, this study accounts for those changes by participant selection. This study will include sworn officers with various years of experience in law enforcement and will be represented accordingly. Changes in responses during testing can also be an internal threat. This can become a problem when testing is repeated, and the participants change their answers. To address this threat, the survey will be provided one time to participants and they will not be able to repeat the survey once it has been submitted.

Instrumentation can be an internal threat when the calibration of instruments is off. It can also be affected by different observers who are inconsistent in evaluating effects. This study will consist of the same survey provided online and the responses are not going to be affected by different levels of calibration or separate observations. Threats of regression become a problem when outliers are selected to analyze. This research will include each participant and outliers will not be differentiated or separated or given additional weight than other responses. Differential selection is a threat to internal validity when treatment groups have not been randomly selected. This study does not include treatment groups, but rather groups from four agencies who are reflecting on their previous experience in law enforcement. This study does not include treatment. Experimental mortality has to do with attrition, participants who drop out during the study. Using a survey with a single submission will identify whether there will be a statistical significance when several surveys are returned from each agency. Selection

interactions can be addressed through randomly assigning participants to a condition.

This study does not subject participants to a condition. The conditions they experience have already occurred and are the subject of measurement for this research.

Construct Validity

Construct validity is the intended construct of the study are a being measured. In this study, the construct measured is the beliefs law enforcement officers have about what level of responsibility their agencies have in providing resources to maintain and improve their mental health. Law enforcement officers at each level of an organization will be surveyed about their opinions. These surveys allow officers to provide their beliefs about how the independent and dependent variables interact. The dependent variables directly affect the mental health of officers throughout their experience in a career. The independent variables including laws, policies, and resources affect the availability of resources to maintain or improve mental health from government organizations. Each interaction between the four dependent and three independent variables is also measured between the three aspects of the theory of planned behavior. Police officers will be asked questions about their behavioral beliefs, their perceptions of normative beliefs, and control beliefs with each variable interaction.

Ethical Procedures

Researching law enforcement agencies' obligation to their officer mental health will require some ethical consideration to the participant's well-being. Protecting the wellbeing of participants will include information they provide, and the storage of the data collected from them. Human subjects approval will be obtained by the Institutional

Review Board (IRB) for Walden University before any contact or interaction with potential participants about this study (approval number 12-12-19-0574259). Once the approval of a human subject study has been obtained research will follow.

Department administrators will be contacted in person and by email or letter. These interactions will include a detailed description of the purpose of this research, the benefits and perceived potential risks, how data will be collected. No participants will receive payment or other monetary compensation for participation. Participating agencies will be provided conclusions of this research if they request it. Once permissions from the police agency head have obtained a letter to the police officer of these agencies will be provided through email explaining a summary of this research and the extent of protection extended to the participants. The letter will contain a link to the online survey. All copies of the letters and information provided in this study to potential participants will be included in the Appendix of this research. A copy of the research survey will also be included.

The participants will be assigned individual numbers to identify them while protecting their personal information. Their names will not be included in any documents used in this study. After having completed the survey the data will be used unless requested by applicants to have their data removed from this research within 30 days of completing the survey. The participant will be provided their identification number and contact information for the researcher to make this request. Following the 30-day, period their data will be used in this research. The 30 days' period provides the participants with time to consider the implications of their participation in this study. The results of

this study will be included in this dissertation and will be categorized by positions within an agency and by the department. Further protection of individuals' responses will be provided by grouping positions between administrators, supervisors, and officers, rather than by rank within the agency which could be used to single out individual responses. This will protect other participants within the same working environment or agency.

The data obtained from this research will be stored on an external hard drive by the researcher. The data obtained will be maintained in a safe for ten years following the conclusion of this research. Following the ten years, the data on the external hard drive will be wiped from the device.

Summary

The purpose of using a survey instrument designed study is to determine whether there are statistically significant reasons for police agencies to provide their officer with access to mental health resources. The research methods in this chapter are intended to answer the research question of how does the theory of planned behavior affects access to mental health for police officers through their agencies? To answer this question a survey has been designed and will be administered to police officers from police agencies in Utah and Idaho. The officers will represent different positions within their organizations and rank structure. These officers will also represent the makeup of agencies through gender, race, and years of experience. The sample population should consist of a high number of participants within each organization to provide statistical significance to the study.

Recruitment will include contacting agencies heads to obtain permission for their agency's participation. Information will be provided which will detail the outline of this research, the benefits and potential risks of participating in this research. Participant officers can elect not to participate in this research and may have their survey results removed from the participant pool within 30 days of completing the survey.

The survey will consist of questions which examine the relationship between the dependent variables, which include avenues in which officer's mental health can be threatened, and the independent variables which include laws, policies, and resources agencies have to address mental health issues. The three major aspects of the theory of planned behavior will be including in research questions.

Threats to validity will be addressed through several means. External validity is concerned with generalizations and selection bias. This research will focus on agencies of different sizes in Idaho and Utah. The results of this study will not represent other states. Selection will include participants of different genders, ethnicities, different positions, and various years of experience. Internal validity is concerned with historical threats and maturation. This study will represent one time. The participants' surveys will be conducted one time and not repeated. Construct validity is concerned with what a study is supposed to measure is being measured. To address this threat different statistical methods will be used to analyze various aspects of the collected data. These will include MANOVA, multivariate multiple regression, and Pearson's Chi-squared. The ethical considerations for this research will be addressed with IRB approval.

Chapter 4: Results

The purpose of this study was to determine the responsibility of law enforcement agencies to provide mental health services to their officers. To accomplish this, I compared how police officer career experiences, their attitudes about mental health in law enforcement, police personnel interaction, and individual changes over time are affected by laws, policies, and mental health resources. The central research question for this study was intended to identify whether the theory of planned behavior applies to police officers seeking mental health services from their agencies. Supplemental questions were used to explore different aspects of agency responsibility to care for the mental health of the officers within the agency such as whether severity of experiences, rank, personal attitudes, tenure, and gender affect seeking and receiving mental health services.

The results of this study provide some evidence that the theory of planned behavior applies to law enforcement officers seeking mental health services. Police officers who experience critical incidents are not likely to seek mental health services from their agencies unless the incident they experience involves the death of someone they know well. According to the data, rank does seem to affect officers' opinions about seeking mental health services. The results also indicate that gender has a limited role in officers' attitudes about seeking mental health assistance from their agencies. In this chapter, I identify the methods of data collection, discrepancies in the plan presented in Chapter 3, demographics of the sample used in this study, the analysis of different

variables used, the results, statistical assumptions and findings, and additional hypotheses that have developed as a result of this research.

Data Collection

The collection of data in this research was completed using an online survey on Survey Monkey. Before locating participants and conducting research, I obtained approval for the research from the Walden University IRB. Some accommodations and changes were required to protect the participants in this research. One of these changes required that no identifying information could be recorded for participating police departments. As a result, no information was obtained to identify the identity or size of participating agencies.

Participating agencies were selected by contacting agency administrators for police departments in the states of Idaho and Utah. The police administrators were provided information about the purpose of the research, a participation letter, a copy of the consent form, and access to the online survey. Each of the agencies contacted serves a population of 50,000 citizens or more. Multiple agencies in Idaho that met this criterion were contacted. However, once two agencies in Idaho and two agencies in Utah had agreed to participate, no other agencies were included in the study. Once agency administrators were contacted and agreed to participate, they were sent a survey link to forward to the sworn officers in their agency. The survey contained the informed consent form and participants were required to agree to the terms of the consent form before proceeding with the survey.

The survey used in this research was titled “The Theory of Planned Behavior and Mental Health Resources of Officer.” I opened the survey to participants on January 8, 2020, and by March 2, 2020, there had been 59 responses submitted. To increase responses, I again contacted the administrators responsible for disseminating the link to their personnel and asked that they resend their link to their sworn personnel. On March 13, 2020 I closed the survey to complete the analysis phase of this research. The total number of potential participant officers included 656 sworn personnel. The final number of participants who completed the survey was 104 law enforcement officers. Of the 104 participating officers, 87 of them were men and 17 were women.

Discrepancies in Data Collection from the Chapter 3 Plan

One question I sought to answer with this research was how agency size affects the responsibility of the police department for their officers’ mental health. However, IRB approval required the anonymity of the participating agencies. To protect the participating agencies’ confidentiality, none of the participating law enforcement officers were asked which agency they work for. In addition, questions about the population of their agencies or any other identifying information about their particular police department were omitted from the research.

Demographic Characteristics of the Sample

The demographic characteristics of the sample include age, gender, rank or assignment, years of service in law enforcement, and state of employment (Idaho or Utah). Data were also collected regarding whether officers have received mental health assistance from their agency and information about different high-stress experiences

officers may have had. Of the 104 sworn officers in Idaho and Utah who participated in the survey, the age range was 23 and 60 years. The mean age of participants was 43 years old. There were 87 men and 17 women officers who participated. The participants included 50 patrol officers, 20 detectives, 12 sergeants, seven lieutenants, three captains, three assistant chiefs, and nine other positions there were not defined in the survey. The median and mode for years of service ranged 16 to 20 years. Law enforcement officers who participated in this study included 48 sworn officers from Utah and 56 from Idaho. Of the 104 participating officers, 55 had received assistance to address their mental health needs. Among the 55 officers who received assistance, 47 officers received legal assistance, 10 officers used resources defined in policies, and 47 used mental health resources. Some officers may have used a combination of resources across these categories.

Regarding whether the participating officers had experiences involving high levels of stress, 63 officers indicated that they had an experience at work that they believed harmed them. Thirty-eight participants had indicated experiencing ongoing harmful problems with other law enforcement personnel, and 24 officers believed they had been unfairly denied promotions or assignments. Twenty-one officers indicated they had shot others in the course of duty or had been shot themselves, 33 officers had had a partner killed or seriously injured in the line of duty, and 19 participants self-reported they had been seriously injured in the line of duty. Of the 104 participants, 89 indicated they had witnessed people die in their presence, and 48 had responded to incidents where people they knew well had died. Among participants, 63 indicated they had been the

subject of an internal investigation, and 28 of those considered their internal investigation to be serious. Eight officers were taken to due process and/or came close to being terminated, four participants were criminally prosecuted, and 16 participants personally experienced negative publicity in which they were singled out in the media. Among participants with experience as law enforcement supervisors, 19 indicated they had to decide to terminate an officer they knew well, and 12 had subordinates who were seriously injured or killed. There were no treatments and/or intervention fidelity used in this research.

One of the limitations for this research was the issue of external validity. The participating population included approximately one-sixth of the overall target population. The population included a total of 656 law enforcement officers in Idaho and Utah as potential participants. The total number of law enforcement officers who completed the survey was 104 sworn law enforcement officers. Using a 95% confidence level for the number of participants in this research accounts for an 8.9% margin of error.

Results

Pearson's Chi-Squared

Pearson's Chi-squared test is used to determine how likely the distribution in the variables is a result of chance (McNabb, 2015). The variables in this research included an officer's belief that law enforcement agencies have a responsibility to the mental health of their officer, as described in Chapter 3. The following Pearson's correlations are a result of comparing Questions 1, 19, 25, and 45 (see Table 1).

Table 1*Distributions of Beliefs of Department's Responsibility to Mental Health*

Pearson's correlation	Seeking assistance is good (Q1)	Resources have helped (Q19)	Resources helped others (Q25)	Have used MH law, policies, resources (Q45)
Question 1	1	.579*	.667*	-.044
Question 19	.579*	1	.666*	-.154
Question 25	.667*	.666*	1	.018
Question 45	-.044	-.154	.018	1

Note. Each of the correlations is marked with a * and has a significance level of .000.

Officers who believed seeking mental health services from their agencies is good also believed that their agency's resources have helped address mental health needs in themselves and others. Most officers who participated in this study believed that seeking mental health assistance from their agency was positive. Fifty-six percent of participants believe seeking assistance is good. Of the 104 participants, 21% were neutral about seeking mental health assistance from their agency, and 22% believed seeking mental health assistance from their agency would be unfavorable. These results provide evidence agencies have a responsibility for the mental health of their officers. Therefore, this research accepts the null hypothesis police departments have an obligation to provide avenues for officers in need of mental health assistance.

Pearson's Chi-squared was also used to determine the result of chance between these attitudes and position, gender, years of service, and exposure to critical incidents (see Table 2). The results between attitude and position, gender, years of service, and exposure to critical incidents were not highly significant. Therefore, this research rejects the null hypothesis that these categories are correlated to the attitude of law enforcement

agencies having responsibility in providing mental health services to their officers. There are, however, important factors to consider in these results as seen in Figure 1.

Table 2

Distributions of Agency Responsibility to Mental Health

Pearson's correlation	Seeking assistance is good (Q1)	Seeking assistance is wise (Q2)	Seeking assistance would be useful (Q5)	Seeking assistance would be important (Q6)
Gender	.105	.157	.187	.176
Position	-0.060	-.154	-.035	.018
Age	.138	.060	.153	.148
Experience	.243	.177	.241	.201
State	-.119	-.103	-.049	-.039

Figure 1

Attitudes Toward Seeking Mental Health Services Based on Gender

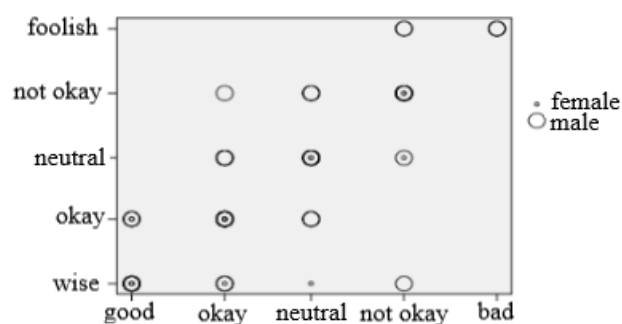


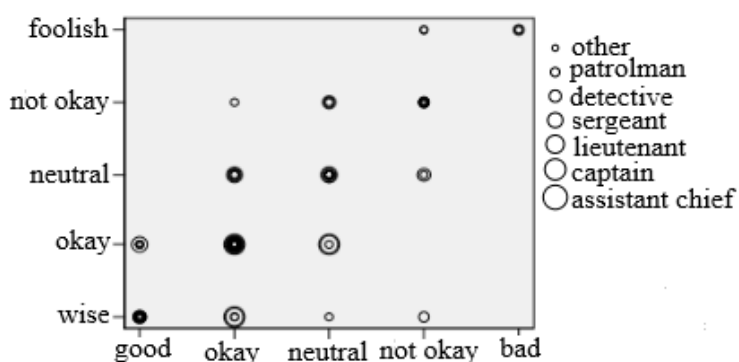
Figure 1 shows that women were more likely to view seeking mental health services from their agencies in a favorable light, whereas males were more likely to view seeking mental health services from their agencies as negative. These results corroborate previous studies describing law enforcement as having a hyper-masculine attitude in seeking mental health assistance from their agency (Andersen et al., 2015; Byrne, 2000;

Rousel, et al., 2014). This also supports the hypothesis mental health services can become barriers to advancement in the officers' careers.

Figure 2 provides examples of officers of a higher rank being less likely to see seeking mental health services in a negative light. This could be a result of a few different theories. The first would be that officers in a higher rank within a law enforcement agency have fewer negative consequences from seeking mental health services. The second theory suggests that these supervisors and administrators have been privy to other personnel matters where individuals have needed mental health services, and officers who have received help have improved personal aspects that have benefited them in their careers. The third theory is that supervisors believe seeking mental health services could be positive because they believe they are the decision-makers within an agency and believe they are objective in deciding about other advancements and career options.

Figure 2

Attitudes Toward Seeking Mental Health Services Based on Rank and Assignment



Multiple Linear Regression

Multiple linear regression involves using several variables to predict an outcome from a response. In this study, I used multiple regression to determine whether the three

major aspects of the theory of planned behavior (attitudes, subjective norms, and behavioral control) are influenced by mental health laws, policies, and resources available to law enforcement officers. The theory of planned behavior is used to explain people are likely to participate in behaviors when three aspects are met; (a) their attitudes toward the behavior, (b) subjective norms (perceptions of how others would view the behavior, and (c) perceived behavioral control (the ease of carrying out the act). To identify whether law enforcement agencies have an obligation to their sworn personnel to provide mental health services, several questions were included in the survey related to officers' attitudes, perceived behavioral control, and subjective norms about seeking help from their agency. Personal attitudes toward the behavior of seeking mental health assistance from their agencies were included in Questions 1, 2, 3, 4, 6, 7, 14, 15, 16, 29, 30, and 31. Questions 11, 12, 13, 32–43 were related to perceived behavioral control. Questions 20–28 were questions related to subjective norms. Table 3 shows the significant results of how those three aspects relate to the belief that seeking assistance for mental health problems from their agency would be useful.

Table 3

Attitudes, Behavioral Control, and Subjective Norms in Seeking Mental Health Assistance

Personal attitudes toward the behavior of seeking mental health assistance from their agency	Significance
For me, seeking assistance for mental health problems from my agency would be wise.	0.028
For me, seeking assistance for mental health problems from my agency would be important.	0.000

Of the 11 questions about personal attitudes, only two of them had a significant relationship for officers who believed seeking assistance from their agency was useful. Only 53% of the participants had sought mental health assistance from their agencies. Despite half of the participants have received assistance, it is not a positive experience (see Table 4).

Table 4

Subjective Norm in Seeking Assistance from Law Enforcement Agency

Subjective norm	Significance
State and federal laws regarding mental health affect the interaction of other personnel in this agency positively	0.004
Department mental health resources affect the interactions of other personnel in this agency positively	0.048
In my experience, I have witnessed my department's mental health policies affect the interactions of other personnel in this agency positively	0.006
In my experience, I have witnessed my department's mental health policies affect the interactions of other personnel in this agency positively	0.022

The 12 questions relating to subjective norms produced only four questions that were of statistical significance relating to the usefulness of seeking mental health help from their police department (see Table 5). These results indicate that officers are more likely to view other officers' needs for seeking mental health assistance as more useful than their own needs.

Table 5*Perceived Behavioral Control Toward Seeking Mental Health Assistance from Law Enforcement Agency*

Perceived behavioral control	Significance
If needed, my previous experience with my department's mental health policies reinforced my willingness to seek help	0.004
If needed, I can use my department's mental health resources to improve my experiences in this profession	0.002
If needed, I could use my department's mental health policies to improve my own personal changes over time	0.037
If needed I could use my department's mental health resources to improve my own personal changes over time	0.006

Of the nine questions relating to perceived behavioral control, four were of statistical significance in how useful it would be to seek mental health assistance from their agencies. These results indicate officers would be able to seek assistance if they needed to. Of the 104 participants, 59 percent believed seeking mental health assistance from their agencies would be useful. The results of this analysis provide evidence personal attitudes, subjective norms, and perceived behavioral control influence the usefulness of seeking mental health resources from their agencies. Despite officers not desiring to seek assistance, there is a need for those services to be available. This provides limited evidence the theory of planned behavior applies to police officers seeking assistance for mental health services.

Demographic Correlation to Mental Health Assistance

Multiple linear regression was also used to identify the relationship between officer's attitudes, personnel interactions, experiences from police work, and personal changes over time to gender, age, position, state, years of experience, and use of resources to improve mental health. The dependent variables include personnel

interactions, experience, attitude, and changes over time. To improve the accuracy level of dependent variables, several questions were asked in the survey relating to each variable. The questions which makeup personnel interactions include questions 8, 9, 10, 20, 21, 22, 32, 33, and 34. Experience includes questions 11, 12, 13, 23, 24, 25, 35, 36, and 37. Attitude includes questions 1, 2, 3, 4, 5, 6, 7, 14, 15, 16, 26, 27, 28, 38, 39, and 40. Changes over time includes questions 17, 18, 19, 29, 30, 31, 41, 42, and 43. The significance results are as follows:

Table 6

Demographic Relationship Between Officers' Attitudes, Personnel Interactions, Experiences from Police Work, and Personal Changes Over Time

Significance	Attitudes	Personnel interactions	General police experiences	Changes over a career
Gender	.394	.089	.388	.883
Age	.475	.503	.668	.425
Position	.008	.087	.241	.132
State	.025	.080	.014	.002
Years of experience	.029	.223	.601	.008
Use of resources	.619	.986	.856	.540

There were no significant relationships identified between gender, age, and use of resources. Significant findings were found between the position sworn personnel held and their attitudes. Depending on the state officers worked in affected the correlation between their attitudes, experiences in police work, and personal changes over a career. The final significant general correlation identified in this research showed attitudes and changes over a career are affected by the years of experience a law enforcement officer has.

The next question this research was designed to answer is does rank affect opinions about the responsibility of the agency in providing mental health services? Rank is correlated to the attitudes sworn personnel have in an agency toward mental health services. However, personnel interactions, experiences, and changes over a career have no evidence of a relationship to position. Positive social changes can be implemented from these results. Policymakers within an agency should be aware of rank as a potential barrier to the mental health of the officer. More emphasis can be made to protect the anonymity of officers needing or seeking help for mental health issues.

Gender often has a role in decision making and attitudes. This study was designed to identify whether gender affects an officer's willingness to seek or receive mental health services. Only 16 percent of the participants in this study were women. The results of this study showed there was no significant difference in seeking mental health services based on gender. Gender also did not affect the attitudes, personnel interactions, experiences during a career, nor personal changes over a career relating to mental health.

One important aspect which may have a role in the relationship of mental health assistance in law enforcement is tenure. This study was also designed to examine the correlation between tenure and officers seeking mental health services. There were no significant relationships relating to tenure and having received mental health assistance from their agency. However, as displayed above, attitudes and changes over a career relating to mental health are correlated to tenure.

Correlation of Experiences to Seeking Mental Health Assistance

The final question answered using linear regression was does the severity of experiences officers have affected the type of assistance received from their agencies? The following results include traumatic experiences officers experience and their correlation to receiving services for mental health from their agencies.

Table 7*Traumatic Experiences and Seeking Mental Health Assistance*

Traumatic Experiences	Sig
I have been involved in a shooting by either having shot or been shot in the line of duty.	0.323
I have had a partner killed or seriously injured in the line of duty.	0.380
I have been seriously injured in the line of duty.	0.997
I have seen people die in my presence.	0.082
I have had to respond to incidents where people I know well had died.	0.019
I have been the subject of an internal investigation.	0.433
I have been criminally prosecuted as a police officer.	0.927
I have personally received a large amount of negative publicity where I was singled out in the media.	0.361
I have been the subject of a serious internal investigation.	0.286
I have been taken to due process and/or came close to being terminated as a police officer.	0.715
I have been unfairly been denied promotions or assignments.	0.582
As a supervisor, one of my subordinates was seriously injured or killed.	0.725
As a supervisor, I have had to decide to terminate an officer I knew well.	0.737
I have had ongoing problems with other police personnel which has negatively affected me.	0.880
I have had serious incidents at work which have harmed me.	0.673
My attitude has changed negatively time as a law enforcement officer.	0.166

These results show there is only one major significant event officers experience, identified in this study, which is correlated with seeking mental health services from their agency. Officers who have responded to incidents where people they know well have died are likely to seek assistance from their agency for mental health. One of the interesting aspects of this portion of the study is many agencies require officers to see a mental health professional for a fit-for-duty clearance following critical incidents, such as shootings or other traumatic events. This would provide evidence officers who have been involved in shootings are less likely to view these policies as mental health assistance, rather than just an evaluation to determine when they are capable of returning to work. However, based on these findings, law enforcement officers who have responded to incidents where people they know well have died are more likely to seek assistance for mental health reasons. A positive social change which these findings may influence is an emphasis in policy implementation for ensuring officers have sufficient resources available and are encouraged to seek assistance after responding to incidents where someone they know well had died.

MANOVA

MANOVA was used to analyze how attitudes, personnel interactions, police experiences, and personal changes over a career correlate to mental health laws, policies, and resources. To analyze these data set questions were asked directly about these various topics. Questions involving mental health laws included questions 8, 11, 14, 17, 20, 23, 26, 29, 32, 35, 38, and 41. Mental health policies were included in 9, 10, 12, 15, 18, 21, 24, 27, 30, 33, 36, 39 and 42. Questions relating to mental health resources available to

individual agencies were included in 13,16,19, 22, 25, 28, 31, 34, 37, 40, and 43. A MANOVA analysis was performed for each of these questions as they relate to personal interactions, experiences, and changes over time. The significance of the category was calculated together to identify the mean. Table 8 shows these results.

Table 8

Effects on Police Attitudes, Personnel Interactions, Experiences, and Changes Over Time

Significance	Laws	Policies	Resources
Attitudes	.292	.362	.173
Personnel interactions	.252	.268	.319
Experiences	.126	.383	.322
Changes over time	.252	.268	.258

The results of this analysis illustrate there are no significant correlations between the accumulated categories. However, looking at specific questions asked several relationships were significant to note. These significant questions are grouped by category and listed in Tables 9–12.

Table 9

Significant Effects on Attitude

Attitudes	Assistance	Sig
Previous experience with MH laws reinforces my willingness to seek help	Law	0.033
MH laws will likely affect me to seek help	Law	0.000
Over my career, my confidence in MH laws has improved	Law	0.018
I could use MH law to improve my attitude in this field	Law	0.017
I could use MH laws to improve my changes over career	Law	0.046
Department MH policies are likely to affect me to seek help	Policies	0.000
I could use department's MH policies to improve my attitude in this field	Policies	0.000
I could use department's MH policies to improve personal changes	Policies	0.035
Department MH resources are likely to affect me to seek help	Resources	0.021
Department MH resources affect interactions of other personnel positively	Resources	0.020
I could use department's MH resources to improve professional experience	Resources	0.045
I could use department's MH resources to improve my attitude in this job	Resources	0.000

Table 10*Significant Effects on Personnel Interactions*

Personnel Interactions	Assistance	Sig
During my career, MH law has helped me improve my MH	Law	0.000
Over my career, my confidence in MH laws has improved	Law	0.001
I could use MH laws to affect my interactions with other personnel	Law	0.004
I could use MH laws to improve my changes over my career	Law	0.005
Department MH policies improve my interactions with others to seek help		
Previous experience with department MH polices aid in me seeking help	Policies	0.029
During my career, department MH polices have improved my MH		
Over my career, my confidence in department MH policies has improved	Policies	0.011
I could use department's MH policies to affect interactions with others	Policies	0.000
I could use department's MH policies to improve experience of profession		
I could use department's MH policies to improve personal changes	Policies	0.000
Department MH resources affect interactions of other personnel positively		
I could use department's MH resources to affect interactions with others	Policies	0.023
	Policies	0.001
	Policies	0.000
	Resources	0.000
	Resources	0.000

Table 11*Significant Effects on Experiences*

Experiences	Assistance	Sig
Previous experience with MH laws reinforces my willingness to seek help	Law	0.000
During my career, MH law has helped me improve my MH	Law	0.014
MH law has affected my interactions with other personnel positively	Law	0.000
Witness MH laws affect other personnel's interactions positively	Law	0.001
Over my career, my confidence in MH laws has improved	Law	0.001
I can use MH laws to improve my experience in this profession	Law	0.007
Previous experience with department MH polices aid in me seeking help	Policies	0.000
Witnessed department's MH policies positively affect other's interactions	Policies	0.000
I could use department's MH policies to improve experience of profession	Policies	0.000
Previous experience with department MH resources aid in seeking help	Resources	0.000
During my career, department MH resources have improved my MH	Resources	0.025
Department MH resources affect interactions of other personnel positively	Resources	0.009
Witnessed department MH resources positively affect others interactions	Resources	0.000
I could use department's MH resources to improve profession experience	Resources	0.000

Table 12*Significant Effect on Changes Over Time*

Changes over time	Assistance	Sig
During my career, MH law has helped me improve my MH	Law	0.000
Over my career, my confidence in MH laws has improved	Law	0.001
I could use MH laws to affect my interactions with other personnel	Law	0.004
Department MH policies improve my interactions with others to seek help		
Previous experience with department MH polices aid in me seeking help	Policies	0.029
During my career, department MH polices have helped improve my MH		
Over my career, my confidence in department MH policies has improved	Policies	0.011
I could use department's MH policies to affect interactions with others		
I could use department's MH policies to improve experience of profession	Policies	0.000
I could use department's MH policies to improve personal changes		
	Policies	0.000
	Policies	0.023
	Policies	0.001
	Policies	0.000
During my career, department MH resources have improved my MH	Resources	0.000
Over career, my confidence in department's MH resources has improved	Resources	0.000
I could use department's MH resources to improve personal changes	Resources	0.000

This analysis identifies a correlation to the confidence level of mental health laws and officer's attitudes, personnel interactions, experiences in law enforcement, and changes over their careers. Officer's belief that department mental health policies can improve their changes is related to their attitudes, personnel interactions, and changes over time. However, it is not correlated to their experiences in the profession. Using department mental health resources to affect an officer's interactions with other personnel is correlated with attitudes, personnel interactions, and experiences, but not with changes over their career. Mental health laws which have helped improve an officer's mental health are observed to have a relationship in interaction with other personnel, their law

enforcement experiences, and the changes throughout a career. However, there is not a significant relationship between these laws improving their mental health and their attitudes. Previous experience with department mental health policies which help aid officers in seeking help have a significant relationship with personal interactions, law enforcement experiences, and the changes they experience throughout a career. They are not directly related to the officer's attitudes. Officers who believe they could use their department's mental health policies to improve their experience in this profession are correlated with personnel interactions, experiences in law enforcement, and their changes over a career. To implement positive social change within the police department, based on these results, administrators and experienced officers should communicate with officers who have not advanced or lack experience about the positive effects of mental health resources and the positive effects of mental health policies implemented by their agencies.

One of the questions this research was intended to answer is do personal attitudes affect policies and resources made available to officers in need of mental health services? The overall questions relating to attitude do not reflect a significant relationship with policies or resources. The previous results indicate officer's attitudes relating to their department's policies and resources are correlated to the belief they can affect their willingness to seek help, affect their attitudes about law enforcement, improve personal changes, and affect their interactions with other personnel.

Summary

In this chapter the questions this study was designed to answer are tested using various statistical methods, including Pearson's Chi-squared, multiple linear regression, and MANOVA. The primary research question of this research is, does the Theory of planned behavior apply to police officers seeking mental health services from their agencies. The results of this study provide evidence the theory of planned behavior does have a role in police officers seeking help for mental health issues from their agencies. The first follow up question is, does the severity of the experience officers have to affect the type of assistance received from their agencies? The findings show a statistical significance in only one area where officers are likely to seek help for mental health issues. Officers who respond to incidents where someone they know well has died are likely to seek help using department resources to address mental health needs. The next question addressed in this research is does rank affect opinions about the responsibility of the agency in providing mental health services? The answer to that question, it does affect the attitudes of personnel who are in different positions within the agency. The next finding addresses if personal attitudes affect policies and resources made available to officers in need of mental health services. This study shows there is no statistical significance to indicate personal attitudes affect policies and resources available in a police department. This research also is designed to answer; what effect does gender have on officers seeking or receiving mental health services. Gender does affect the attitudes toward seeking assistance for mental health issues from the police agency. Women are more likely to have a positive attitude to seek mental health assistance from the

department. The final question this research was intended to answer was what effect does tenure have on officers seeking or receiving mental health services? The results show tenure affects an officer's attitude and changes they experience over the years toward mental health issues. However, it does not significantly impact personnel interaction or police-related experiences.

In the following chapter, these findings will be related to the previous supporting literature. New theories these findings have provided evidence for will be described. Chapter 5 will also contain the limitations and scope of this study. Recommendations will be made to policy and law-makers relating to mental health resources available to law enforcement officers. Implications for positive social change will also be better discussed in the next chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this research was to understand the responsibilities law enforcement agencies have in providing mental health services to their officers. These responsibilities were evaluated based on the experiences, attitudes, and personal changes officers experience during their careers. Laws, department policies, and mental health resources available to officers were studied in their correlation to the officers' experience, attitudes, and changes. The results of this study were intended to help law and policymakers to better identify the needs of officers and adjust their efforts to the appropriate needs of police officers. Law enforcement officers recognize the importance of receiving assistance for mental health-related problems. However, they usually do not believe those resources are a benefit to them individually. But law enforcement agencies have a responsibility to provide mental health resources to their officers. This chapter expands on the research findings and provides recommendations for agencies to improve training and create avenues for police officers to seek mental health assistance when needed. Agencies who recognize the priority of their officers' mental health can reduce the barriers to seeking help when needed and have a positive impact on officers' careers, families, and the community they come in contact with.

Key Findings

The results from this study provide evidence that the theory of planned behavior affects officers seeking mental health assistance from their agencies. Officers' individual beliefs, their perceptions of other's beliefs, and their perceptions about the ability to act all have a role in their choice to behave in a particular way. Another significant finding

was that when officers have responded to an incident where someone they know well has died, they were likely to seek help from their agency to improve their mental health. Positions within a law enforcement organization also affected the attitude toward the use of available mental health resources within the agency, but officers' attitudes do not affect the policies and resources available within an agency. Additionally, gender is a factor in seeking mental health assistance from their agencies. Women officers are more likely to have a positive attitude toward seeking mental health assistance. The last significant finding this research identified is the role tenure has in seeking mental health services. There is evidence that the length of time officers have worked in law enforcement affects their attitudes toward seeking help for mental health and their changes over a career due to mental health. Officers' interactions with others and experiences as an officer are not affected by the use or need for mental health services.

Interpreting the Theory of Planned Behavior Findings

The theory of planned behavior applies to seeking mental health services for law enforcement officers. Behavioral beliefs, normative beliefs, and control beliefs are each a factor in seeking mental health services from law enforcement agencies. Any of these factors can be a barrier to an officer's willingness to seek help. For instance, officers who have a negative attitude believe other officers will have a negative attitude or believe that seeking help from their agencies for mental health are not likely to seek help, despite the benefit it could provide them. These police officers are more likely to seek alternative methods of coping with their problems, which may result in career-damaging or career-ending behaviors. These findings are supported by the literature review. There are several

ways for law enforcement agencies to address mental health problems, but many officers will not use these resources for several reasons (Bell & Eski, 2016; Naz et al., 2014), and people who are believed to have psychiatric problems have a negative effect on others (Byrne, 2000).

The results indicating that normative beliefs have a role in seeking mental health services also directly relate to the previous studies. As described, law enforcement in Western cultures is a relatively homogeneous group (Myers et al., 2004). Law enforcement officers who do not conform to social norms within the profession can experience negative consequences, such as distrust and isolation (Anderson & Papzoglou, 2014). This study also identified that despite most officers having received mental health services, most viewed the experience as negative. These normative beliefs are likely to be a barrier to seeking or receiving mental health services from their agency, even when officers may benefit from it.

Further, critical incident stress debriefings can have both a positive and negative effect on receiving mental health services for officers who need them, for both normative beliefs and control beliefs. Many agencies use these debriefings after officers experience a traumatic experience (Deville & Cotton, 2004; Reyes & Elhai, 2004). These debriefings allow officers who experience the same events to share their experiences and feelings. But other officers' opinions may affect the normative beliefs of officers in need of additional mental health help. Officers who see critical stress debriefings as the mental health service available after a critical incident may not consider other types of resources as available through their agencies. Investigative debriefing should also have a clear

separation from critical incident stress debriefings and should be done by investigators out of the presence of peers and other coworkers until they are ready to discuss them in a group setting. Debriefings may be problematic when forcing officers who are not ready to talk about their experience if they are required to share what happened from their perspective. One way to combat this problem is through having someone trained to conduct critical incident stress debriefings to reach out to the officers involved and see if they are ready to discuss the incident in a group setting, which may allow the person who is officiating to help protect the participants who are not ready to talk about it.

The positive aspect of normative beliefs in critical incident stress debriefing is that officers can influence officers reluctant to receive help to be proactive in receiving it. Officers who recognize that it is normal to seek help, feel different than other people, and struggle with difficult situations may be indirectly persuaded to seek help. Officers who believe that it is unwise to seek mental health service from normative beliefs may change their minds about other officers' attitudes and may seek help from recognizing other officers seeking help would be normal under their circumstances.

Control beliefs could also be positively affected through critical incident stress debriefs. Officers who were unaware of available resources could be made aware of them. They also may realize that they could receive access to resources anonymously. The benefits of having peer support in critical incident stress debriefing is supported by previous research. For example, Brandish and Ruiz (2003) described how law enforcement officers expect support from their peers due to common experiences and

pressure police experience. Sharing these experiences in debriefing, when officers are willing to participate, can help improve their mental health together.

Some recommendations can be made to better help address mental health needs as a result of recognizing how the theory of planned behavior correlated to law enforcement. One recommendation for agencies that have access to mental health professionals and the financial resources to support these actions is to speak to each of the officers involved in a critical incident to assess their readiness to participate in these debriefings. Counselor or other trained personnel can preside over critical incident stress debriefings to provide each officer or other personnel attending a list of other resources where they can anonymously receive assistance at a later time.

Another recommendation is changing cultural beliefs and practices in police work, which the theory of planned behavior emphasizes. Officers tend to believe that pursuing mental health resources is beneficial to other officers. However, for themselves, they do not believe it is as valuable. Changing the culture can take place in the academy and during the field training phase of an officer's career. Administrators over these programs can select instructors who believe in the value of these resources. Time can also be devoted to officers' initial training to understand what resources are available and how they can access those resources, how to address the financial aspect of receiving those services, and how their anonymity can be protected by seeking that type of assistance.

Law enforcement agencies should take an officer's behavioral beliefs, normative beliefs, and control beliefs into account when developing mental health policies and resources. Understanding how the theory of planned behaviors provides policymakers

with three separate avenues to make improvements in accessing the help officers need for their mental health. Mental health policies and resources should be designed to account for these barriers or avenues in an officer's decision to seek help with their mental health.

Interpreting the Results of Mental Health and Incidents of Death

Officers who responded to incidents where someone they knew well has died showed significant results in seeking mental health resources from their agency. These findings are supported in previous research showing that the critical incidents officers experience in their job put them at risk for the distress, which affects their mental health (McCaslin et al., 2008). However, this was the only statistically significant result where officers are likely to seek mental health assistance. This research is also limited by not indicating that officers need mental health services or should seek them. This only draws a correlation between the experience of the incident and have used mental health resources. This could be a result of officers believing others will perceive seeking counseling or other mental health services would be appropriate under these conditions.

Though this research found that the only statistically significant event when officers are likely to seek mental health resources from their agency is when they respond to incidents where people they know well have died, police shootings are likely one of the most traumatic events a police officer may experience (IACP, 2016). This research does not discount how traumatic police shootings can be ;however, these findings provide evidence that other incidents are significant enough to address mental health needs that are not typically addressed by policies. For instance, the IACP (2016) guides agencies to provide fit-for-duty evaluations before returning to work. The emphasis of agencies

providing a mental health evaluation to return to duty may need to be extended to other traumatic events. Agencies should also consider the need for counseling or other mental health resources before a fit-for-duty evaluation.

Officers exposed to traumatic events in the job have demonstrated a significant level of post-traumatic stress disorder (Marmar et al., 2006). Despite this significant risk to officers, they are not likely to seek assistance from their agencies. This research has shown that law enforcement agencies have a responsibility to their officers' mental health. Law enforcement officers recognize the need for mental health resources and treatment in others; however, officers tend to not believe it is valuable to themselves. Agencies should seek new avenues to make resources available to their officers, protect their anonymity, and work to improve attitudes toward receiving mental health assistance.

Interpreting the Results of Position and Mental Health

Officers in higher ranking positions are more likely to view the use of department mental health resources as positive if needed. This result is limited by not providing a reason why sworn personnel in higher ranking positions view the use of department mental health resources more positively than lower-ranking police officers. But there are several possible reasons for this. One possibility is that administrators or other supervisory positions may recognize the need or value of mental health resources without negative consequences for using them, though these results do not show a significant difference in administrators having sought mental health assistance in their career. Another is that higher ranking members of the department are more likely to have

developed the resources available to their officers and therefore have more confidence in what needs could be met by them. Higher ranking officials have also advanced in their careers and may view many aspects of their agency in a more positive light, having overcome barriers that still exist for other personnel. This reasoning is supported in previous literature. Officers who believe they lack support from their administrations are also in a compromised position for issues relating to mental health. Depression is often a result of poor relationships between supervisors and subordinates (Trinker et al., 2016).

Despite the belief of seeking assistance for mental health to be more positive than lower-ranking officers, the majority of sworn personnel view the use of mental health resources as good for other officers and not as valuable for themselves. Mental illness often results in a stigma that negatively impacts relationships (Byrne, 2000).

Administrators are likely to avoid seeking help similarly to other officers in various positions within the agency for similar reasons. Career advancements may be less at risk by stuffing mental health problems. However, maintaining the trust and respect of subordinates is likely a factor in being able to recognize others' needs before their own.

Interpreting the Results of Attitudes and Mental Health Policies

The results of this study show that attitudes within a law enforcement organization do not affect the policies and resources available to officers. This is one area in which agencies could develop new methods of improving their officers' attitudes and access to mental health resources based on the needs of individuals. Previous studies have shown that police officers who have been in law enforcement for many years and remain in a low-level position and have no children are more likely to experience an increased

risk of mental health problems (Fledderus, 2018). Officers who invest a lot of time and energy into their careers with little reward or support are also at higher risk for developing mental health problems (Garbarino et al., 2013). Administrators who are aware of this risk should be aware of the possible needs of these officers. Periodic reviews of individual officers' career paths could help alert supervisors to potential problems which may need professional help.

Gender is a predictor for attitudes toward mental health assistance. Women tend to have a more positive attitude toward seeking mental health assistance. This understanding can help identify where agencies need to focus to improve attitudes toward mental health. Agencies should make sure women officers are well represented in the early education of officers in their careers. Women should be included in academy courses, field training programs, and other training courses officers receive early in their careers. Developing respect and trust of officers who have a positive attitude toward mental health assistance can improve the likelihood officers will seek assistance from agency resources when needed during their careers. These findings are consistent in previous literature discussed earlier in this dissertation. As described by Nolan (2009) officers who are identified as weak or of a caring nature can be disgraced by their peers. New officers may adhere closer to male identity norms (Pasciak & Kelley, 2013). Introducing officers as instructors and other respected positions early in an officer's career will improve their willingness to seek assistance for the mental health needs of those, they respect encourage this activity when needed.

Tenure is a significant factor in attitudes toward seeking mental health services from a law enforcement agency and changes in mental health over a career. Changes in mental health over a career were supported in previous literature. Prolonged stress exposure can affect a police officer's mental health (Anderson et al., 2015). Officer's attitudes toward mental health change throughout their career. They recognize the need for mental health services for other officers. However, they usually will not see the value in seeking assistance for themselves. New officers lack the experience of seeing the trauma other officers have experienced at different points of their careers. New officers may recognize the importance of mental health. However, they are not as likely to have personal knowledge of officers who have suffered as a result of not addressing mental health needs.

Attitudes, experience over a career, and changes over time relating to mental health are each more positive among police officers in Utah than those experienced in Idaho. This research did not observe mental health laws, policies, or resources as a significant factor in this difference. Officers in Idaho and Utah serve similar demographics. This research is unable to identify what factors lead to this difference between the two states.

Research Limitations

There are several limitations to this research. This study addresses four agencies in total, including two from Idaho and two in Utah. Out of the total number of officers, only 104 participants were represented in the survey. A higher number of participant officers would improve the statistical significance of this research (Chetty, 2016). The

results of this study are limited to two states and agencies which serve a population of over 50,000 citizens. The results of this research are not generalizable to the majority of the law enforcement agencies in Utah and Idaho.

A longitudinal study would provide a better understanding of how the theory of planned behavior would affect officers throughout their careers. Cultural changes would be better identified if a longitudinal study was conducted. Officers who have received training on mental health may affect the results of this study. However, participating officers were not asked about the type of training or exposure they have had relating to mental health in law enforcement.

There are limitations in this study relating to position and their views of responsibilities agencies have toward the mental health of the officers. This research has identified a difference in beliefs of the value of these resources to members of the police department. However, it does not identify if these resources may be utilized as tools to shape the agency by those in a position of authority over the agency. Officers who have decision making powers over other officers have the potential to use mental health resources in several ways (Watson & Andrews, 2018). These could include limiting some officers' assignments within the agency, deny promotions or other advancements within the organization, and even terminate employees who are not able to pass a fit-for-duty evaluation. Officers who are lower in rank and more likely responding to high-risk and traumatic incidents may perceive these resources as a threat to their career and may see less value in them if negative aspects of their emotional state become known to supervisors or other administrators who act as gatekeepers for advancement.

Officers who have received counseling or other mental health services from their agency may have been impacted by that experience. These results did not account for how participants who have received mental health assistance differ from those who have not received assistance. Officer's perceptions of mental health assistance may differ. For those who had received assistance, this study should have identified what type of service they received. Those responses could have varied from fit-for-duty evaluations and department debrief to ongoing counseling or placement in a rehabilitation program. Those experiences would likely have a large effect on the results of participants.

Future Research

Future research should expand on what extent critical incidents have on officers' mental health. Future research should identify officers who have had significant trauma from their experiences in law enforcement, and what coping behaviors were associated with that trauma. A qualitative study on why these officers chose not to pursue mental health assistance would improve the scientific knowledge of developing mental health resources for officers and other first responders experiencing trauma and other types of stress as a result of their profession.

Officers who have sought mental health assistance from their agencies' resources should be further studied to identify how their careers are impacted by seeking help. As described earlier, higher-ranking positions see the use of these services more positively than lower-ranking officers. However, they have utilized them at a higher rate than lower-level officers. It would be beneficial to know how career advancements changed at the time mental health assistance became a priority.

Other research should include officers who have received assistance and how that affects their willingness to seek future mental health resources. Officers who had a positive experience from seeking help would not only benefit their career but also may help them encourage others to seek help that is in need. Officers who had a negative experience could help other officers avoid similar negative experiences by learning from mistakes made by others. Counselors also may become more knowledgeable about how to address needs which are specific to law enforcement personnel who are experiencing trauma.

Officers who have received training in addressing the mental health needs of other law enforcement officers is an important aspect of developing and improving mental health resources. Future research should be conducted on agencies that incorporate training into their agency's standard operating procedures. The academic literature, policymakers, and other stakeholders would benefit from understanding how training officers in Critical Incident Stress Debriefing or other mental health assistance impacts attitudes and the responsibility agencies have in providing mental health services for their officers.

Practices to Make a Positive Social Change

This research was intended to make several positive social changes. The theory of planned behavior identifies an officer's attitudes, perceptions of other's attitudes, and the ability to successfully receive assistance for mental health are all components which need to be addressed. Planned behavior can account for both good and poor decisions an individual makes. This section addresses positive change through several means in the

following paragraphs. Increasing law enforcement officers' access to counselors could have a positive impact on the individual officer, their families, and the organization they work for. Counselors could be introduced to teach at the academy, to the department, and for the families would help all of the stakeholders in an officer's career aware of risks to their mental health, what avenues would be beneficial for them to pursue as soon as they experience a traumatic incident. This education would help officers and family become proactive in addressing mental health at the onset of events, rather than when the prolonged consequences have amplified. As described above, officers can identify the benefit of mental health services for other officers, but they struggle to identify the same need for themselves. Law enforcement agencies should incorporate mental health training into mini-academies, their Police Officer Standards and Training academies, and in their Field Training Programs. Field Training Officers should be selected who can help reinforce the acceptance of incorporating mental health assistance into law enforcement. Early education about mental health can help other officers know how to begin a dialog with their peers. It will also help their families identify symptoms of stress and other mental health trauma, and where to turn for help. Input from officers who have been educated on the types of resources available to them, and other resources, which are not may help agency administrators make decisions of future endeavors to improve the availability of useful resources for mental health.

Increasing the presence of counselors to law enforcement officers can help build trust and less threatening bridges to communicate with trained professionals to help them, even if the problems seem minor. Officers should have easy access to counselors who are

interested in their well-being and officers know their speech is legally protected with whom they decide to speak. Agencies who have the budgetary means should consider using a separate entity where officers can have access to outside help where there are legal protections for speech.

Officers should be taught early in their careers it is alright to seek help and their anonymity can be protected while doing so. They should be provided literature about where different types of mental health services are available and what is financially covered by the police department, and their insurance. They should periodically be reminded where these resources can be obtained.

Administrators should be aware of the differences in their perceptions and their subordinate's perceptions of mental health. Officers in subordinate positions have additional risks to their careers if their mental health is in jeopardy. Administrators can help improve these aspects by making the availability of mental health resources accessible with anonymity. Officers should be provided with mental health services separate from fit-for-duty evaluations.

Supervisors should be aware of officers who have responded to scenes where someone they know well has died. These officers are likely to seek assistance from their agencies for mental health services. Department guidelines should have a plan already developed to assist these officers. Agencies who have the budgetary means should consider using counselors or other professionals whose primary concern is a fit-for-duty evaluation. Fit-for-duty evaluations should be considered separate from mental health resources available to officers. Following other traumatic events in law enforcement, an

assessment should be made by a trained mental health professional on whether or not attending a Critical Incident Stress Debrief is appropriate for the individuals involved. These recommendations should not discount the recommendations made by the IACP. Policies and procedures should be adapted to accommodate the best current practices for providing mental health resources and debriefing critical incidents to learn from them.

Conclusion

Law enforcement officers are under increased scrutiny from various entities. They are frequently in the news and other social media sites being questioned about the activities and duties they are responsible to perform to protect society. Police officers need to be of sound mind and have the ability to perform their job responsibilities. Compromised mental health can negatively affect these duties. Mental health problems can arise from the trauma officers are exposed to in their jobs. Having access to mental health resources is essential for officers in need. As this research has identified, agencies have a responsibility to provide officers with access to mental health resources.

Officers are exposed to traumatic events and often the first resource to provide aid to the public often experiencing a significant level of trauma for the first time. Officers who are educated about the symptoms and resources to deal with trauma can provide citizens with a direction which may improve their state of mind as well. Officers should receive training throughout their careers about the availability and how to utilize the most up to date resource available for mental health.

Officers at all levels of these organizations recognize the benefit for other officers to receive mental health services. However, they are reluctant to pursue these resources

and often do not recognize the need for themselves. Educating officers and their families can improve the support network for officers who are at risk of experiencing mental health problems due to job-related stress and trauma. To change the attitude about receiving mental health assistance requires officers at all levels of the organization to buy into the benefit of these resources. Officers need to be willing to accept they may need outside help at some point in their careers. New avenues for receiving mental health resources need to be developed for a broad range of needs by different individuals. The theory of planned behavior identifies different factors in deciding how to behave. These factors should be considered when developing policies and avenues to access mental health resources.

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Appendix A: Applying the Theory of Planned Behavior to Seeking Mental Health
Services Survey

“For me, seeking assistance for mental health problems from my agency would be....”

Good	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Bad
Wise	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Foolish
Pleasant	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Unpleasant
Enjoyable	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Unenjoyable
Useful	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Useless
Important	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Unimportant
Desirable	: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ :	Undesirable

State and federal laws regarding mental health can affect my interactions with other
department members:

Positively: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ : negatively

Department mental health policies affect my interactions with other personnel:

Positively: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ : negatively

If needed, department policies regarding mental health reinforce my interactions with
other department members to:

seek help: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ : avoid help

If needed, my previous experience with mental health laws reinforced my willingness to:

Seek help: ___ 1 ___ : ___ 2 ___ : ___ 3 ___ : ___ 4 ___ : ___ 5 ___ : avoid help

If needed, my previous experience with my department’s mental health policies
reinforced my willingness to:

Seek help: ___1___:___2___:___3___:___4___:___5___: avoid help

If needed, my previous experience with my department's mental health resources reinforced my willingness to:

Seek help: ___1___:___2___:___3___:___4___:___5___: avoid help

If needed, mental health laws will likely affect me to:

Seek help: ___1___:___2___:___3___:___4___:___5___: avoid help

If needed, department mental health policies are likely to affect me to:

Seek help: ___1___:___2___:___3___:___4___:___5___: avoid help

If needed, department mental health resources will help me:

Seek help: ___1___:___2___:___3___:___4___:___5___: avoid help

Over the course of my career, mental health laws have affected me through:

Improving my mental health: ___1___:___2___:___3___:___4___:___5___: harming my
mental health

Over the course of my career, my department's mental health policies have affected me through:

Improving my mental health: ___1___:___2___:___3___:___4___:___5___: harming my
mental health

Over the course of my career, my department's mental health resources have affected me through:

Improving my mental health: ___1___:___2___:___3___:___4___:___5___: harming my
mental health

State and federal laws regarding mental health affect the interactions of other personnel in this agency:

Positively: _1_ : _2_ : _3_ : _4_ : _5_ : negatively

Department mental health policies affect the interactions of other personnel in this agency:

Positively: _1_ : _2_ : _3_ : _4_ : _5_ : negatively

Department mental health resources affect the interactions of other personnel in this agency:

Positively: _1_ : _2_ : _3_ : _4_ : _5_ : negatively

In my experience, I have witnessed state and federal laws relating to mental health affect the interactions of other personnel in this agency:

Positively: _1_ : _2_ : _3_ : _4_ : _5_ : negatively

In my experience, I have witnessed my department's mental health policies affect the interactions of other personnel in this agency:

Positively: _1_ : _2_ : _3_ : _4_ : _5_ : negatively

In my experience, I have witnessed my department's mental health resources affect the interactions of other personnel in this agency:

Positively: _1_ : _2_ : _3_ : _4_ : _5_ : negatively

To help other department members mental health, state and federal laws are:

Effective: _1_ : _2_ : _3_ : _4_ : _5_ : ineffective

To help other department members mental health, my department's policies are:

Effective: _1_ : _2_ : _3_ : _4_ : _5_ : ineffective

To help other department members, my department's mental health resources are:

Effective: 1 : 2 : 3 : 4 : 5 : ineffective

Over the course of my career, my level of confidence in mental health laws have:

Improved: 1 : 2 : 3 : 4 : 5 : diminished

Over the course of my career, my level of confidence in my department's mental health policies have:

Improved: 1 : 2 : 3 : 4 : 5 : diminished

Over the course of my career, my level of confidence in my department's mental health resources have:

Improved: 1 : 2 : 3 : 4 : 5 : diminished

If needed, I could effectively use mental health laws to affect my interactions with other personnel:

Strongly agree: 1 : 2 : 3 : 4 : 5 : strongly disagree

If needed, I could effectively use the department's mental health policies to affect my interactions with other personnel:

Strongly agree: 1 : 2 : 3 : 4 : 5 : strongly disagree

If needed, I could effectively use the department's mental health resources to affect my interactions with other personnel:

Strongly agree: 1 : 2 : 3 : 4 : 5 : strongly disagree

If needed, I can use mental health laws to improve my experience in this profession:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I can use my department's mental health policies to improve my experience in this profession:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I can use my department's mental health resources to improve my experience in this profession:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I could use mental health laws to improve my attitude in this field:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I could use my department's mental health policies to improve my attitude in this field:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I could use my department's mental health resources to improve my attitude in this field:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I could use mental health laws to improve my own personal changes over time:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I could use my department's mental health policies to improve my own personal changes over time:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

If needed, I could use my department's mental health resources to improve my own personal changes over time:

Strongly agree: ___1___:___2___:___3___:___4___:___5___: strongly disagree

Have you ever used laws, department policies, or mental health resources to improve your mental health?

Yes / No

If you said yes, which of these were used:

Legal action / Pursued assistance through department policies / Sought mental health resources

What gender are you?

Male/Female

What position do you currently hold in the department?

Patrol Officer / Detective / Sergeant or direct supervisor of patrol or detectives /

Lieutenant / Captain / Major / Assistant Chief / Chief of Police

How old are you?

How many years of experience do you have as a police officer?

Less than 1 year, 1-2, 3-5, 6-8, 9-11, 12-14, 15-17, 18-20, 21-23, 24-26, 27-29, 30 years or more

Select if any of the following experiences have happened to you?

I have been involved a shooting by either having shot or been shot in the line of duty.

I have had a partner killed or seriously injured in the line of duty.

I have been seriously injured in the line of duty.

I have seen people die in my presence.

I have had to respond to incidents where people I know well had died.

I have been the subject of an internal investigation.

I have been criminal prosecuted as a police officer.

I have personally received a large amount of negative publicity where I was singled out in the media.

I have been the subject of a serious internal investigation.

I have been taken to due process and/or came close to being terminated as a police officer.

I have been unfairly denied promotions or assignments.

As a supervisor, one of my subordinates was seriously injured or killed.

As a supervisor, I have had to decide in which an officer I knew well was terminated.

I have had ongoing problems with other police personnel which have negatively affected me.

I have had serious incidents at work which have a negative effect on me.

My attitude has change in a negative way over time as a law enforcement officer.

Appendix B: Ann Knabe's Permission to Use Survey

Dec 10, 2018 @ 3:34 PM

Forwarded from Michael Ballard:

Hello Dr. Knabe,

I am writing you in reference to my dissertation research on Applying the theory of planned behavior to the Use of Mental Health Resources by Police Officers. I have been looking for previously validated studies to build from. During the Literature Review portion of my study I came across your dissertation on "Applying Ajzen's theory of planned behavior to a Study of Online Course Adoption in Public Relations Education." Your study uses the theory of planned behavior in a survey using a Likert scale which I believe could be applied to my research which contains different variables. My research is intended to measure how behavioral, normative, and control beliefs in this theory effect laws, policies, and mental health resources for police officers. I recognize you are the intellectual property owner of your research survey and I was hoping I could have your permission to adapt your survey to my research for my dissertation? If you have any questions or concerns please let me know.

Michael Ballard

Dec 10, 2018 @ 7:21 PM

Forwarded from Ann Knabe, PhD, APR:

Please accept this email as permission to use my survey as a resource -- just be sure cite it in your literature review, and in your bibliography / references.

Good luck!