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## Destigmatizing Mental Health Treatment Among Law Enforcement Officers Amidst the Blue Wall of Silence

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# Walden University

College of Psychology and Community Services

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Walden University  
2024

Abstract

Destigmatizing Mental Health Treatment Among Law Enforcement Officers Amidst the  
Blue Wall of Silence

by

Jason R. Yerk

MA, American Military University, 2015

BS, Southwest Florida College, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

May 2024

## Abstract

Law enforcement officers are continuously presented with high risk/high stress encounters throughout their career. However, mental health issues among police officers are often minimized or overlooked, so the danger of burnout, depression, heightened anxiety, along with PTSD are substantially increased. This qualitative study examined the perceived obstacles and challenges that officers face based on the officers' lived experiences that prevent them from seeking mental health treatment. The study also investigated how, if at all, stigmatization plays a role in preventing them from seeking mental health treatment. Labeling theory was the framework used for this study. The research employed purposeful sampling with 11 law enforcement officers who served in the Southwest Florida region. Semistructured interviews with participants were conducted using snowball sampling. Data was analyzed using Saldana's (2011) coding process and included two research questions focused on the perceived obstacles and challenges that officers faced based on their lived experiences that prevent them from seeking mental health treatment (RQ1) and how stigmatization played a role in preventing or keeping officers from seeking mental health treatment (RQ2). Themes identified throughout the study included scheduling issues, self-medication, fear of forced evaluations, perceived loss of dependability, perceived weakness, and perceived loss of advancement. This research has illustrated some of the obstacles that prevent officers from seeking mental health treatment and provides law enforcement agencies with information for positive social change to alter the negative perception of stigma as it relates to officer self-seeking mental health assistance.

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## Dedication

This dissertation is dedicated to the brave men and women of law enforcement who continually battle the demons both externally and internally in order to keep us all safe. May this dissertation help reduce the stigma related to mental health treatment so that officers don't have to endure the pain in silence.

## Acknowledgments

To my wife, Dr. Melanie Yerk, thank you for being my greatest fan and supporter throughout this entire process. It was your encouragement and support that made overcoming any and all of life's obstacles possible throughout this journey. It was your encouragement and belief in me that made this journey possible, and I cannot express how grateful I am for your unconditional support.

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## Chapter 1: Introduction to the Study

### **Introduction**

The profession of law enforcement has long been known to be an occupation in which officers are continuously presented with high risk/high stress encounters throughout their career. While officers are exposed to such dangerous and violent encounters, it is understood that putting their life at risk while in service is a very real and dangerous expectation of their chosen profession (Velazquez & Hernandez, 2019). These high stress levels and exposure to traumatic stress along with potential deadly encounters are key factors in officers physical and mental well-being (Soomro & Yanos, 2018). Due to the over-exposure of these high stress/risk incidents, officers suffer from a higher rate of anxiety, depression, PTSD, and thoughts of suicide than the general public or professions without traumatic exposure (Soomro & Yanos, 2018; Velazquez & Hernandez, 2019).

This continual exposure to fatal encounters in 2022 led to 247 in the line of duty deaths, with officers having an average of 15 years of service (The Officer Down Memorial Page [ODMP], 2022). This nationwide statistic states that 38% were felonious in nature while the remaining 62% were incidents such as vehicle accidents, vehicle pursuit, or duty related illnesses (ODMP, 2022). In comparison, during the same year (2022), there were 161 reported officer involved suicides, where the deceased had an average of 16.5 years of service (Blue H.E.L.P., 2022). Officer deaths by suicide are expected to be higher as these are only reported numbers that are not mandated by federal reporting regulations (Blue H.E.L.P., 2022).

Mental health issues among police officers are often minimized or overlooked, so the danger of burnout, depression, heightened anxiety, along with posttraumatic stress disorder (PTSD) are substantially increased (Hartford Courant, 2022). During times when stress is heightened by outside factors such as the COVID-19 pandemic, police officers are particularly vulnerable due to altered social/societal norms (Stogner et al., 2020). On average, 25% of police officers have had suicidal thoughts due to their continual exposure to traumatic experiences in the performance of their duties (Hartford Courant, 2022). These statistics increased during the pandemic when they were deemed “essential workers” with minimal personal protection equipment and ever-changing threats based on the virus (Hartford Courant, 2022; Stogner et al., 2020).

In addition to work-based traumatic exposures, research has shown that there is a negative stigma associated with officers who speak out and seek assistance for mental health treatment (Bikos, 2020; Hartford Courant, 2022; Soomro & Yanos, 2018). This stigma is present due to the police subcultural belief that if officers need to seek outside assistance, then they are perceived as weak and unable to be trusted as backup in future high stress dangerous situations (Soomro & Yanos, 2018). This warrior mentality not to display any signs of weakness is engrained in officers from the beginning of their careers when they are told that any outward displays of weakness or loss of control, both physically and mentally, could jeopardize their future career path (Soomro & Yanos, 2018). This developed sense of masculinity is created through the police subculture due to the intensity of work and traumatic exposure in an effort for officers to cope with the immense pressure they face daily (Bikos, 2020).

Chapter 1 introduces the study as well as present the background as it relates to police officers suffering from a higher risk of mental health disorders and suicide based on the attached stigma within the police subculture. This chapter will also address the blue wall of silence that perpetuates this stigma of weakness inside the subculture for those that seek help. In addition, Chapter 1 includes the problem statement, purpose of study, research questions, theoretical framework, nature of study, definitions, assumptions, scope and delimitations, limitations, significance of study, as well as the summary.

### **Background**

The research focusing on police officers' mental health has clearly indicated that there is a greater chance of officers developing mental health disorders such as PTSD, depression, or thoughts of suicide than the general public (Soomro & Yanos, 2018; Velazquez & Hernandez, 2019; Violanti et al., 2021). With known heightened mental health symptoms, there is also a negative stigma that spreads throughout the police subculture where seeking help is perceived as a weakness that could be perceived by other officers that they are not suitable backup, or something is wrong with them (Soomro & Yanos, 2018). In addition to these consequences, there is an institutional fear of being removed from certain high-risk units, being overlooked for promotion, or even forced out of law enforcement completely (Bikos, 2020).

The primary objective of this research was to understand the stigma that police officers face within the subculture of policing, whether it is self-imposed, social, or organizational in nature when seeking mental health treatment. Each of these stigmas



highlights that officers often do not seek mental health treatment in fear of a perceived perception of weakness, which is the number one reason officers avoid seeking treatment (Wheeler et al., 2018). Reducing these subcultural stigmas is expected to promote psychological wellness, mitigate mental illness among officers, and reduce officer suicide (Ramchand et al., 2018).

This study was designed to help close the gap by destigmatizing mental health treatment among those who suffer from any number of mental health issues due to their continual exposure to traumatic stress while performing their duties. The hope is that officers who self-seek mental health assistance will be destigmatized by other officers and supported by the organizational subculture, which will increase officer mental well-being. Researchers have not fully addressed the mental health stigma attached to seeking mental health treatment and the impact of the subculture of policing on officers' self-seeking perspective. Thus, this study helps fill the gap by obtaining the perspectives of the officers themselves on help seeking behaviors.

### **Problem Statement**

The subculture of law enforcement includes a stigma around seeking mental health help, which, according to Wheeler et al. (2018), causes officers not to self-seek mental health assistance in fear of been perceived as weak and unable to handle job related duties. Continuous exposure to traumatic stress without the proper coping mechanisms could cause long term mental health related issues that manifest into physical illness throughout the officer's career (Wheeler et al., 2018). Additional research (Bikos, 2020; Hartford Courant, 2022; Soomro & Yanos, 2018) has indicated that

officers choose not to self-report and seek help for mental health problems due to the well-found fear of perceived weakness or professional consequences they may face from both their peers and organization.

The law enforcement subculture is based on principals of masculinity where showing emotional control is considered a form of strength. This type of organizationally instilled values perpetuates the stigma related to self-seeking mental health treatment as a form of weakness that will cause officers to internalize traumatic stress (Velazquez & Hernandez, 2019). Within the law enforcement subculture, officers express this masculinity by imposing dominance and a defensive solidarity among peers to comply with organizational norms due to the strong influence agencies have over their officers (Habersaat et al., 2021). As a result, officers are prone to depersonalization or emotional numbing, which could also have a negative impact on an officer's ability to maintain interpersonal friendships or intimate partner relationships (Velazquez & Hernandez, 2019). A gap in the literature was identified relating to how officers' willingness to seek mental health treatment is related to the stigma from the subculture's blue wall of silence.

### **Purpose Statement**

In this qualitative study, I examined the perceived obstacles and challenges that officers face based on the officers' lived experiences that prevent them from seeking mental health treatment. I also investigated how, if at all, stigmatization plays a role in preventing them from seeking mental health treatment.

### **Purpose of Study**

In response to the apparent need for law enforcement officers to self-seek mental health assistance, the purpose of this study was to analyze the stigmas and obstacles to asking for mental health treatment that exist within the law enforcement subculture and to identify potential pathways for officers to obtain mental health treatment that they deem as acceptable. Throughout the study, I examined the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment, and the role that stigmatization plays in preventing or keeping officers from seeking mental health treatment was explored based on officers' lived experiences.

The mental health stigmas that are prominent in law enforcement subculture, including self-stigma and organizational stigma, were thoroughly examined throughout this study. I also conducted a thorough analysis of the problems associated with police work. These included police stress, organizational stress, personal stress, anxiety, depression, and police suicide. Strategies and solutions that have been implemented by law enforcement agencies throughout the nation were evaluated for effectiveness and acceptance by officers. These approaches allowed me to provide strategic recommendations for successful agency implementation of mental health services and programs to support law enforcement officers' mental health (see Hartford Courant, 2022; Stogner et al., 2020; Velazquez & Hernandez, 2019).

My goal is to provide officers with a more comfortable avenue to self-seek mental-health treatment to combat the stressors brought on by the continuous traumatic stress exposures they encounter during their careers. By contributing to this literature, it

is expected that officers will have access to fundamental methods to positively change the police subculture to provide a positive experience to self- seek mental health assistance for traumatic stress. This opportunity for both individual officers and organizations could lead to increased organizational support for officers by promoting positives mental health outcomes, thus reducing stress disorders, depression, forced retirement, or even suicide (Ramchand et al., 2018).

### **Research Questions**

The following research questions (RQs) were used to understand the subcultural stigma related to officers' help seeking behaviors for mental health in the field of law enforcement.

RQ1: What are the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment?

RQ2: Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment?

### **Theoretical Framework**

Labeling theory was the framework used for this study. This sociology of deviance study was based on the work of Becker in 1963 and his perception of sociological theory where he observed deviants and their behavior (Becker, 1997). Labeling theory is an approach including agents of social control and the stigmatic stereotypes that they assign to groups or individuals in ways that could alter their behavior (Becker, 1997). According to Becker (1997), there are consequences related to external constructs or judgments that alter the way an individual views their self- concept.

This view is relevant as it imposes a self-fulfilling prophecy that indicates that the behavioral patterns conducted by offenders are likely to promote wrongdoing or alter other individual behavior (Payne et al., 2018).

### **Nature of Study**

To address the RQs in this qualitative phenomenological study, I conducted purposeful sampling to include active law enforcement officers in the southwest Florida region. Interviews were conducted using both in-person and Zoom interviews with current officers of varied levels of law enforcement experience. Memoing was also used to record my perceptions of the how the participants displayed nonverbal communication during the questioning along with any other pertinent information observed. Interviews were conducted with 11 participants when saturation was reached. The use of a qualitative methodology provides the researcher with the opportunity to understand the participants' lived experiences by assessing their responses to open ended questions, which are presented in a semistructured interview design (Rubin & Rubin, 2011). To best ascertain in-depth information about self-seeking mental assistance from the sample, the qualitative methodology was appropriate for this research.

### **Definitions**

*Mental health treatment:* This encompasses a wide range of interventions and support aimed at improving mental well-being. It includes therapy, counseling, medication, and other forms of professional assistance for mental health conditions (Payne et al., 2018).

*Peer support programs:* These programs involve trained peers or colleagues offering emotional and psychological support to police officers facing mental health challenges. Peer support can help reduce stigma by providing a more relatable source of assistance (Payne et al., 2018).

*Police officers:* Members of law enforcement agencies responsible for maintaining public order, enforcing laws, and ensuring the safety of communities (Payne et al., 2018).

*Resilience:* The ability to bounce back from adversity and maintain mental well-being in the face of stress or trauma. Resilience-building programs are often implemented to help police officers better cope with the challenges of their profession (Payne et al., 2018).

*Stigma:* Stigma refers to negative attitudes, beliefs, and stereotypes that lead to discrimination and social exclusion. In the context of mental health treatment among police officers, stigma often involves societal or internalized biases against seeking help for mental health issues (Payne et al., 2018).

*Stigmatization:* The act of treating someone unfairly or negatively because of their mental health condition or their decision to seek mental health treatment (Payne et al., 2018).

### **Assumptions**

The subculture of law enforcement does not lend itself to an open platform where officers feel comfortable to self-seek assistance and discuss their mental health concerns with other officers or supervisors. This is based on the negative stigma on mental illness

within law enforcement and on those who self-seek mental health assistance. The assumptions below include the attitudes held by officers toward self-seeking mental health assistance and directly relate to the theoretical context that is explored in the literature review found in Chapter 2:

1. Police officers are less likely to discuss their continual exposure to traumatic and stressful incidents that cause mental health concerns more so than the general public (Rief & Clinkinbeard, 2021).
2. Police officers understand that mental health concerns such as anxiety or depression could escalate and lead to officer involved suicide (Violanti et al., 2018).
3. The police subculture is known to include feelings of suspicion and skepticism, and, therefore, officers are concerned that if they speak to someone confidentially, their mental health issues could be shared within their agency (Violanti et al., 2018).
4. Police officers are more reluctant to discuss mental health concerns with individuals who are not familiar with the police subculture and the stigmas attached to the police culture (Lambert et al., 2021).
5. Due to the negative stigma officers present within police culture, officers are concerned they may be placed on administrative leave and pushed into forced medical retirement for not being mentally fit for duty (Bullock & Garland, 2017).

These assumptions represent my anecdotal experience, which is also supported by the literature (see Bullock & Garland, 2017; Lambert et al., 2021; Rief & Clinkinbeard, 2021; Violanti et al., 2018).

### **Scope and Delimitations**

The purpose of this study was to analyze the stigmas and obstacles that exist within the law enforcement subculture and identify potential pathways for mental health treatment that they may deem as acceptable. Researchers have suggested that continued exposure to traumatic stress has an impact on mental health for police officers and that there is a negative stigma associated with receiving treatment (Grupe, 2023; Stuart, 2017; Yasuhara et al., 2019).

This study focused on police officers located in the southwest region of Florida who had a varied levels of experience in law enforcement. I conducted in-person interviews or Zoom interviews if face-to-face was not available with 11 officers or until saturation is attained. The participants of this study were selected using purposive sampling from a sample population in the southwest Florida region. The inclusion criteria for this study ensured that all the participants had been exposed to similar traumatic stress events based on population demographics and geographic locations. These inclusion criteria were assumed to be relevant in order to assure that shared experiences reported would include those that are most accurate and detailed.

### **Limitations**

Possible limitations to this research were the participants' willingness to remain truthful due to the negative stigma as it related to self-seeking mental health assistance



within the subculture of law enforcement. Possibilities existed that the participants would not fully believe the confidential nature of the research, and, therefore, answers could have been skewed in order to conform to the police subculture that seeking mental health assistance is a sign of weakness as not to disrupt the status quo.

Another potential limitation of the research was that a vast number of officers may have chosen not to participate in the study due to variety of reasons based on the police subculture and negative stigma associated with the topic of research. This study was limited to voluntary participants who were willing to speak out, despite the stigma associated with the research, to attain valid saturation.

### **Significance**

To promote positive social change, I hope to provide police officers and law enforcement agencies information to alter the negative perception of stigma as it relates to officer self-seeking mental health assistance. Allowing agencies to have the ability to understand how self-stigma is viewed within the subculture could facilitate change in the methods used for officers to self-see mental health assistance. The long-term benefit of the expected results of the study can be used to eliminate both self and organizational stigmas associated with helping seeking behaviors for mental health within the field of law enforcement through the implementation of policy change.

I expected to uncover information including ways to reduce the negative stigma within the field of law enforcement and improving the overall mental health crisis within policing. This improvement of mental health could also increase officer productivity levels due to the increased treatment of mental health issues.

## **Summary**

A vast amount of research has pointed to a negative mental health stigma related to police officers who self-seek mental health assistance within the subculture of law enforcement. This is based on officers' well-founded fear of becoming labeled by fellow officers as weak along with the organization's perception of being incapable of doing their job thus being forced to retire or quit. This study addressed the gap in the research on barriers to seeking mental health treatment including the stigmas characteristic of police subculture. The focus of Chapter 2 is an in-depth literature review related to the negative stigmas and the impact they have on officers' help seeking behaviors for mental health treatment.

## Chapter 2: Literature Review

### **Introduction**

The profession of law enforcement is one of the most challenging and stressful occupations due to the repeated exposure to death, violence, and acute and chronic stressful events at work. There has been a direct correlation between job-related trauma and stress and PTSD, substance abuse, depression, and suicide or suicide ideation in law enforcement officers. These combined factors negatively impact the mental and physical well-being of law enforcement officers and cause them to exhibit far more mental health symptoms than that of civilian employees (Craig et al., 2018). These exposures cause police officers to experience elevated stress levels and increase their risk of mental health consequences such as burnout, anxiety, depression, somatization, and PTSD (Violanti et al., 2018). In addition, research has shown that working under the stressful conditions that law enforcement officers do increases the risk for new mental health conditions to emerge and exacerbates preexisting mental health issues (Rief & Clinkinbeard, 2021).

In addition to the job stressors, police officers are subject to administrative and organizational pressures that exist in police subcultures. Historically, officers who have sought treatment have been labeled, ostracized, and treated as outsiders within their own organization (Paoline III & Gau, 2022). This subculture that exists within law enforcement agencies is created by both self-stigma that officers personally feel and organizational stigma that results from the negative stigma from law enforcement organizations and environmental factors related to officers seeking mental health treatment (Grupe, 2023). Research involving law enforcement agencies throughout the

nation has identified that police organizations are unknowingly promoting stigmas that deter officers from seeking mental health treatment. Despite the apparent need for emotional and mental health support, a large percentage of law enforcement officers do not seek mental health treatment due to the fear of being labeled and the negative stigmas associated with seeking treatment (Velazquez & Hernandez, 2019).

This literature review was conducted to further explore the primary causes for law enforcement officers' stressors, mental health symptoms, stigmas associated with seeking mental health treatment, and the analysis of programs that have been implemented throughout agencies to support officer mental health. The stressors examined include police work-stress and organizational stress. The primary mental health symptoms analyzed include anxiety, depression, and police suicide. The stigmas that examined include subculture stigma, which encompasses self-stigma and organizational stigma. The mental health support programs explored include organizational support and training, peer support programs, and employee assistance programs (EAP).

### **Literature Search Strategy**

To effectively examine research and data that had been previously collected and analyzed regarding the apprehensions officers have with seeking mental health treatment and support, a thorough literature review was conducted. This primarily involved the review of information from a variety of databases housed within the Walden University Library.

Once related research articles were identified, they were evaluated for appropriate and relevant content and academic rigor and validity. In addition to the research articles

that were evaluated from the Walden University Library, a thorough review of dissertations that were published by Walden University doctoral graduates was conducted. The criteria for the dissertation review included similar content to this literature review and recency of publication. All publications reviewed had a focus on recency with a target of a publication date no more than 5 years prior to the literature review. Due to the limited number of published articles related to law enforcement officers' mental health, associated stigmas, and current programs available through internal agencies, it was necessary to use some literary resources outside of that target time-period. Discretion was used to determine appropriateness, applicability, and validity of the resources.

The following search terms were used in this literature review when seeking research articles to evaluate *police officer mental health, police mental health stigma, officer stigma and seeking mental health, self-stigma, police organizational stigma, police anxiety, police depression, police suicide, police traumatic experiences, traumatic stress, PTSD, police stress, peer to peer support, organizational support, employee assistance program (EAP), and law enforcement mental health support.*

### **Theoretical Foundations**

Law enforcement officers hold one of the most challenging positions in society today, as they face extreme situations frequently while protecting and serving their communities. The impact that these repeated exposures to crime and terrible acts of violence would have on the officers' mental health seems evident. However, despite the apparent need, a large percentage of officers do not seek mental health treatment due to

the labeling and stigmas associated with seeking treatment (Abdullah & Brown, 2020).

The labeling theory founded by Becker in the 1960s is evident in law enforcement agencies' perceptions of mental health treatment for officers across the nation. The roots of the labeling theory according to Becker (1997) trace back to both conflict theory and symbolic interactionism. The conflict theory aspect determines who is labeled and who makes the decision to label others. The symbolic interactionism perspective of the labeling theory focuses on the perceptions and evaluation of a person's behavior (Craig et al., 2018).

The founder of the labeling theory, Becker, wrote a book about the theory entitled "Outsiders" in which he discussed how those who were labeled were considered to be outsiders. He used this term to describe those who were labeled as being outside of the "normal" members of a specific group. Becker (1997) explained that these individuals who were labeled as being outsiders were treated differently and often ostracized from the group. Applying the labeling theory to law enforcement agencies' perspectives of mental health treatment, it is evident that officers may be labeled as weak, incapable, inferior, or somehow less competent to perform their duties than officers who do not seek mental health treatment (Augustyn et al., 2019).

Due to the labeling associated with mental health treatment that exists in many law enforcement agencies, many officers elect not to seek treatment. In many situations where officers have sought treatment, they are labeled, ostracized, and treated as outsiders within their own organization (Augustyn et al., 2019). This subculture that exists within law enforcement agencies is created by both self-stigma that officers

personally feel and organizational stigma that exists throughout the organization.

Researchers have hypothesized that “defensive projection” may be a driving factor in this labeling and stigmatization of officers who seek treatment (Zoubaa et al., 2020).

According to Zoubaa et al. (2020), defensive projection occurs when an undiagnosed person who exhibits mental health symptoms but has not sought treatment endorses more stigma as a result. These individuals project their own defensive responses to mental health treatment onto others who do seek treatment because they also need treatment but fear the consequences and stigmas of doing so. Research findings have indicated that a greater emphasis be placed on normalizing mental health treatment in order to reduce instances where people reject others, often when they are struggling with accepting aspects of themselves. These antistigma interventions are recommended to reduce labeling and stigmatization that occurs when officers seek mental health treatment (Zoubaa et al., 2020).

The labeling theory is evident throughout law enforcement agencies across the nation and has created a culture of both self-stigma and organizational stigma to exist. Although the nature of the job of police officers clearly exposes them to extreme situations involving violence and crime on a frequent basis, agencies have not adopted sufficient support mechanisms to provide officers with mental health treatment that is safe to seek (Craig et al., 2018). Instead, many agencies label officers as incapable and either remove them from their positions or deny them promotions if they have sought mental health treatment (Zoubaa et al., 2020). This internal stigma and labeling that exists

in most agencies aligns with the labeling theory and the challenges that it causes individuals once they are perceived as outsiders (Becker, 1997).

## **Police Mental Health Issues**

### **Police Stress**

Law enforcement has been deemed as one of the most challenging and stressful occupations worldwide due to acute and chronic stressful events at work, exposure to violence and death, and the physical and psychological demands placed on the officers. These repeated exposures negatively impact the mental and physical health of officers and often lead to impaired psychosocial well-being, poor physical health, self-harm, and poor functioning (Duran et al., 2018). In addition, PTSD has been increasingly reported by law enforcement officers and has stemmed primarily from stress of the role, administrative and organizational pressure, and physical and psychological stressors. The results of a research study indicated that officers who demonstrate higher active or lower passive coping skills are better able to cope with the stressors of the job. Those with low active and high passive coping skills are more likely to be impacted by PTSD (Violanti et al., 2018).

Research has indicated that the success of a law enforcement agency is dependent upon the appropriate understanding of the stressors within the organization. There are two generally accepted source of stressors in law enforcement. According to Lambert et al. (2021), these include operational stressors, which are comprised of the job content, and organizational stressors, which is the job context. Operational stressors include the pressure to make critical decisions quickly and effectively, perform in life-threatening



situations, and have repeated exposure to violence and death. Organizational stressors include lack of agency support, demanding shifts that often include nights and weekends, overtime requirements, poor relationships resulting from the job schedule and physical and emotional demands of the job, training deficiencies, and sometimes challenged relationships with coworkers and supervisors (Duran et al., 2018).

Research studies have identified two primary coping strategies used by law enforcement officers. According to Allison et al. (2022), these include problem-focused coping and emotion-focused coping strategies. Problem-focused coping strategies directly address the source of the stress, whereas emotion-focused coping strategies incorporate distraction and acceptance techniques to manage stress. Research studies have proven that officers who use problem-focused coping demonstrate better coping skills and have a better overall wellbeing (Allison et al. 2022). Those who use the emotion-focused coping strategy report more psychological distress and increased smoking and alcohol consumption. Additional coping strategies that researchers have identified include simply seeking social support from coworkers, supervisors, and family members. It is also recommended that officers get an adequate amount of high-quality sleep each day to assist with stress management (Duran et al., 2018).

Law enforcement officers have also demonstrated better coping skills and job satisfaction rates when they feel that their psychological contract fulfilment has been met. A psychological contract is the trust between the law enforcement officer and his or her colleagues and supervisors. Research has indicated a direct correlation between positive psychological contract fulfilment and job satisfaction rates, decreased work-related

anxiety and depression, and an increased level of trust and fairness between employees. If employees feel as though there is a psychological contract breach, there is an imbalance in the employment relationship, which increases psychological stressors at work (Duran et al., 2018).

A study was conducted in the southern region of the United States that focused on the impacts of the internal and external work environment and personal character traits on police officer stress (Paoline III & Gau, 2022).. The study involved 349 officers who worked at the street-level in the southern United States. The findings of the study indicated that the officers' perceived danger, cynicism toward the public, and suspicion of citizens all contributed to increased office stress. The findings also indicated that support from law enforcement supervisors mitigated stress levels and had a direct correlation of officers' abilities to cope with job stressors. Based on the findings of their study, the researchers recommended that police administrators understand the impact that they have on their officers' abilities to cope with stress. In addition, it is recommended that law enforcement trainers and supervisors provide new officers with a variety of patrol areas and avoid prolonged assignments in higher-stress environments when possible (Paoline III & Gau, 2022).

Officers experience acute stress as an innate factor of their police professions, which impacts their psychological and physiological responses to stress. Much research has been conducted regarding the psychological, cognitive, and behavioral results of stressors; however, limited research exists regarding the impacts of stress on officers' physiological responses to stress. A study was conducted to examine the autonomic,

endocrine, and musculoskeletal responses to acute stress (Anderson et al., 2019). The study involved both humans and animals and clearly indicated a positive correlation between high levels of acute stress and skill decay in these areas. The research also indicated that training exercises that were designed to be evidence-informed and robust can mitigate skill decay in officers and ultimately improve officer safety (Anderson et al., 2019).

According to Stogner et al., (2020) it is evident that law enforcement is one of the most mentally taxing professions due to the threats of violence, rotating and nontraditional shifts, need for continuous hypervigilance, and often a lack of support from the communities that they serve. In addition to the existing stressors, the COVID-19 pandemic only added to the stress of being police officers. Agencies required officers to enforce COVID-19 restrictions within their communities while continuing to perform their normal duties. The added stress impacted the mental health of officers, and there was a notable impact on officer resiliency, misconduct, and overall mental health. The impacts of the pandemic were comparable to the HIV epidemic that surfaced in the 1990s and the 911 aftermath in 2001 (Stogner et al., 2020).

### **Organizational Stress**

The law enforcement profession has been noted as one of the most high-risk and high-stress occupations due to the dangerous situations that officers face frequently as they risk their lives to protect and serve their communities. The continued exposure to these types of situations causes police officers to experience elevated stress levels and increases their risk of mental health consequences such as burnout, anxiety, depression,

somatization, and PTSD. In addition, research has shown that working under the stressful conditions that law enforcement officers do increases the risk for new mental health conditions to emerge and exacerbates preexisting mental health issues. Despite the apparent stressors that first responders have at the police and organizational level and the emotional and mental strain that is caused by the nature of the job, a large percentage of law enforcement officers do not seek mental health treatment. A study was conducted to identify the reasons behind officers' apprehension to seek mental health treatment (Velazquez & Hernandez, 2019) The study focused on the type of duty-related trauma that law enforcement officers face, the level of influence that mental health stigma has among officer culture, and the intervention strategies that are currently in place to support their mental and emotional health of police officers (Velazquez & Hernandez, 2019).

According to Velazquez & Hernandez (2019) their research concluded that there is a strong, negative stigma from law enforcement organizations and environmental factors related to officers seeking mental health treatment. In addition, the researchers identified a direct correlation between job-related trauma and stress and PTSD, substance abuse, depression, and suicide or suicide ideation. The research identified the organizational factors having the most negative impact on officers' mental health to be environmental factors of the job, abiding by law enforcement and social culture ideologies, and the continuous exposures to crime and violence on the job. Although the researchers identified the long-term results of these ideologies and negative exposures to materialize in PTSD, substance abuse, depression, or even suicide, it was found that law

enforcement agencies throughout the nation are unknowingly promoting stigmas that deter officers from seeking mental health treatment (Velazquez & Hernandez, 2019).

The researchers identified that despite the apparent need for officers to seek mental and emotional treatment, there are apparent barriers to doing so. In addition to the stigma-related apprehensions that officers have, they also face other barriers including delaying treatment, difficulty in pursuing treatment, not fully emerging in prescribed regimens, and often never identifying the symptoms of mental health issues. The researchers concluded that there are two great areas of need in order to bridge the gap that exists between the officer's needs and the treatment currently being sought. Those include reducing the stigma associated with officers' self-seeking mental health treatment and the identification of police officer trauma-related mental health (Velazquez & Hernandez, 2019).

One of the greatest challenges that officers face today is the organizational stress associated with the job that, in addition to the innate demands of the law enforcement profession, include expectations of officers by the internal agencies. One of the expectations is that law enforcement officers are unbreakable, both physically and mentally. This causes an unrealistic expectation for officers to avoid seeking mental health treatment despite the obvious need for such support in a profession such as this. Researchers Bullock and Garland examined the findings of qualitative study focusing on mental health stigmas within the law enforcement profession. They identified that there was an extremely high amount of pressure throughout internal agencies to avoid mental health treatment. They found that those who sought treatment were often isolated,

alienated, demoted, or held back from promotions. In addition, they identified an internal stigma for seeking mental health treatment and identified a strong correlation between the sociological framework for Goffman and the modified labeling theory where officers were labelled for seeking mental health treatment. The labels included weakness, inferiority, inability to complete their police duties, and mental instability (Bullock & Garland, 2017).

Despite the challenging mental and physical requirements of police work, the expectation by the internal agency for the officer to remain unaffected by the continuous exposure to violence and crime causes a great deal of stress. As a result of this unrealistic expectation to not need any emotional or mental support and the high demands of the job that take a toll on one's mental health, officers often choose to self-medicate through the use of alcohol, cigarettes, or other vices that are not healthy for their bodies or minds. Internal pressure often causes officers to internalize their stress which leads to physical challenges for the officers as well (Bullock & Garland, 2017).

Organizational stress exists in many aspects of the law enforcement profession, some including internal agency stressors. One strong internal stressor for officers is the trust associated with the political agendas of many in the industry. Whether it is perceived or factual, many officers believe that there are agendas among other officers and management to advance and there is often concern that he or she may be a casualty of these agendas. A study was conducted to examine the effects of trust within law enforcement agencies. The focus was on management trust, supervisor trust, and coworker trust. The study assessed the impact of the level of trust on job autonomy,

perceptions of training and preparation, perceived dangers of the job, and overload and underload of work associated with the job. The population sample for this study included 827 police officers from two districts (Lambert et al., 2021).

The findings of the study indicated that the most significant trust relationships for officers involved their co-workers and their direct supervisor. There was a strong relationship between the trust of these groups and the officers and their corresponding stress levels. The trust relationship with higher-level managers had less significance on the associated job stress. Perceptions of the job as being dangerous and the work overload had strong positive implications for officer stress levels, whereas role underload demonstrated insignificant effects. The overall outcomes of the study indicated that in order to reduce stress and improve the mental health of law enforcement officers, it is essential that agencies foster relationships that build trust among coworkers and supervisors. In addition, increasing the officers' job autonomy, providing higher quality and quantity of training, and reducing work overload and perceptions of the job being dangerous have all proven to reduce stress and improve the overall mental health of law enforcement officers (Lambert et al., 2021).

Additional studies have been conducted to allow law enforcement agencies greater insight into how to assist with mitigating organizational stress and improve overall mental health. A study was conducted to assess the current knowledge held by public safety personnel including law enforcement officers of available programs and to assess the associated stigmas of self-seeking mental health assistance. The study involved the use of questionnaires and categorized the public safety personnel into various

categories in order to compare the knowledge and stigmas among departments (Krakauer et al., 2020).

The findings of the study indicated that corrections officers reported the greatest level of knowledge of mental health programs available to them and the least amount of stigma for seeking mental health treatment. Firefighters and law enforcement officers reported the lowest level of knowledge regarding mental health support available to them and the highest rates for internal agency stigma. The researchers concluded that agencies need to greatly improve their communication to public safety personnel regarding the available mental health services that are available to them internally. They also concluded that by communicating the available support and not villainizing it that there should be a reduction in the negative perception of such services and the associated stigmas. The researchers recommended that internal agencies strategically integrate mental health services and programs throughout their units to better support officers and to reduce the negative stigmas associated. They also noted that there should be no internal ramifications for seeking treatment, such as loss of promotion, alienation, or negative treatment as a result (Krakauer et al., 2020).

Smith (2021) investigated factors related to organizational stress, excessive heightened emotional exhaustion, and increased organizational cynicism among law enforcement officers. The study involved 281 active police officers and spanned a period of three months. Officers were provided with online surveys and were asked to provide open-ended responses to questions. The results of the data were analyzed, and the two significant factors that were identified as contributors to organizational stress, emotional



exhaustion, and organizational cynicism was organizational support and employee voice climate (Smith et al., 2021).

Through the completion of this study, the researchers identified that officers contributed exhibited excessive organization cynicism, experienced emotional exhaustion, and felt increased levels of organizational stress to the lack of organizational support and a feeling of their voice not being heard. The study revealed that by increasing organizational support and improving the employee voice climate that officers should exhibit a healthier attitude toward the organization and demonstrate an increased level of confidence in the members of their leadership teams. It is recommended by the researchers that law enforcement agencies across the globe identify areas of stress that are impacting their officers and remediate those with a change in behavior within the organization. They concluded that failure to do so may result in employee dissatisfaction, decreased well-being, and poor job performance. The researchers also theorized that by improving organizational support and creating a positive employee voice climate, turnover may be reduced, and officer mental health and job performance is expected to improve (Smith et al., 2021).

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The findings of this research study concluded that there is a strong, negative stigma from law enforcement organizations and environmental factors related to officers seeking mental health treatment. In addition, the researchers identified a direct correlation between job-related trauma and stress and PTSD, substance abuse, depression, and suicide or suicide ideation. The research identified the organizational factors having the most negative impact on officers' mental health to be environmental factors of the job, abiding by law enforcement and social culture ideologies, and the continuous exposures to crime and violence on the job. Although the researchers identified the long-term results of these ideologies and negative exposures to materialize in PTSD, substance abuse, depression, or even suicide, it was found that law enforcement agencies throughout the nation are unknowingly promoting stigmas that deter officers from seeking mental health treatment (Velazquez & Hernandez, 2019).

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and the identification of police officer trauma-related mental health (Velazquez & Hernandez, 2019).

### **Personal Stress**

Law enforcement officers face a tremendous amount of stress which stem from the nature of the job as well as organizational stress caused by agency's interactions with officers and bureaucracy (Krakauer et al., 2020). In a sample of 832 officers from two different police departments in the Midwest, Rief & Clinkinbeard (2021) found that in addition to the general stress of police work, officers also face personal stress, some of which is caused by their perception of whether they "fit" into the organization or even the law enforcement profession itself. The research examined the correlation between law enforcement officer's perceptions of "fit" in their organizations and the outcome of stress. The findings of the study indicated that there was a strong correlation between officers perceived organizational fit and their stress levels. For those who did not feel as though they do fit in their organization or in the profession, there was a high level of stress exhibited. Additionally, there was a positive correlation between the organizational fit and overall job satisfaction and turnover rates.

Rief and Clinkinbeard (2021) concluded that if officers felt that they were a good fit for the organization and the profession, their stress level was mitigated significantly. Conversely, those who felt as though they did not belong either in the organization, the profession, or both, exhibited much higher levels of stress, sometimes as much as twice as those who perceived themselves as being a good fit. The researchers noted that perceived stress and organizational fit were both strong predictors of turnover

contemplation and overall job satisfaction. Based on their findings, the researchers strongly recommend that agencies prioritize organizational culture and ensure that it is inclusive and supportive of the officers who are employed there.

Stressors that officers face are often internalized and ultimately cause them a great deal of personal stress. As a result of this continuous internalization of stress and repeated exposures to stressful situations due to the police work and the organizational stressors, law enforcement officers develop personal health issues at a greater rate than the general population (Violanti et al., 2018). A study was conducted that analyzed the personal stress of police officers and the corresponding adverse health conditions and mortality rates over a period of 68 years. The researchers who conducted this study analyzed health and mortality rates of police officers from 1950 to 2018 and analyzed 1,853 police deaths that spanned across that time-period (Violanti et al., 2021).

The findings of this research study indicated that law enforcement officers had significantly higher mortality rates resulting from adverse health conditions. The most prominent conditions noted that led to the increased officer mortality rates included circulatory system diseases, cirrhosis of the liver, mental disorders, and malignant neoplasms. The study also concluded that officers who were white males were the most prone to adverse health conditions that led to their mortality. Black male and female officers of all races demonstrated lower mortality rates resulting from adverse health conditions. The authors concluded that continuous exposure to stressors caused adverse health conditions to develop. These conditions ultimately led to the death of the officers at a much higher rate than was evidenced in the general population (Violanti et al., 2021).

The law enforcement profession exposes officers to violent and volatile situations on a continual basis. The stress that results from that repeated exposure materializes in the physical and mental health of officers (Violanti et al., 2021). A research study was conducted to further analyze the relationship between police officers' self-reported stress and their corresponding health reports. The study also assessed the correlation between dysfunctions in the basal cortisol profiles and their relationship to social desirability. The study involved 77 police officers who completed questionnaires that measured perceived stress and mental and somatic health symptoms as well as social desirability. In addition, saliva samples were provided for cortisol concentration analysis (Habersaat et al., 2021).

The findings of this study indicated a strong correlation between officer stress and adverse health conditions and symptoms. The results of the saliva analysis indicated a strong correlation between the dysregulation of the hypothalamic-pituitary-adrenal. This verified the hypothesis that officers who seek social approval by inflating one's capacities (pretending) causes increased work-related stress and causes the officer to be more prone to stress-related disease. The researchers strongly recommend that law enforcement agencies become aware of the impacts of the stress that police work and the organizational stress associated with the position has on an officer's personal stress level and overall mental and physical well-being (Habersaat et al., 2021).

### **Anxiety**

The repeated exposures to violence, crime, death, and life-threatening situations that are part of the law enforcement profession predispose officers to higher levels of anxiety and mental health issues. Conditions such as anxiety, depression, and PTSD are

far more prevalent in law enforcement officers and first responders compared to other professions. A survey was administered in 2017 that included 2,004 police officers, paramedics, EMTs, and firefighters and focused on the self-identification of mental health symptoms. The results of the survey indicated that 85-percent of those surveyed reported having experienced mental health related symptoms. Despite the large percentage of respondents who acknowledged the symptoms, only 34-percent of the respondents stated that they have been diagnosed as having a mental disorder (Axelrod, 2018).

The research report indicated that the stigma of weakness when seeking mental health treatment is the primary reason for first responders to avoid mental health treatment. This fear of being ostracized or treated differently due to the stigmas that are associated with mental health treatment adds to the anxiety that the officers already have. Licensed psychologist Stephanie Conn indicated that although there have been improvements made regarding officers seeking assistance for anxiety and mental health issues due to generational changes, a stigma of weakness still exists. Conn recommends that agencies encourage officers to recognize the anxieties that they are experiencing and to voice their need for mental health treatment (Axelrod, 2018).

Conn recommended that agencies adopt a model that encompasses three common mental health resources to include EAPs, peer support, and critical incident stress management. Although Conn felt that all three resources are needed, she strongly recommended the peer support and critical incident stress management models for law enforcement officers who are experiencing anxiety and other mental health symptoms.

Conn provided a strong rationale for these support systems to be offered through law enforcement agencies where officers are employed. She felt that the officers would be more encouraged to seek assistance if their agencies were offering and promoting these resources among the organization. She theorized that this would assist the officers with their anxiety and would reduce some of the current stigmas associated with mental health treatment (Axelrod, 2018).

### **Depression**

Due to the nature of the law enforcement profession and the continuous exposures that officers have with traumatic incidents, extreme violence, and crime, the risk for officers to develop depression is of great concern. A study involving 242 police officers from Buffalo, New York, were evaluated over a period of 10 years (2004-2014) to identify factors that predispose officers to depression. Personality characteristics including coping abilities, hardiness, social support, and protective factors were examined. The study revealed that officers with previous depression symptoms and/or diagnosis had a 95% probability of experiencing recurring depression after entering the profession of law enforcement. The study indicated that for officers who were free of depression prior to entering the profession, there was a 23% chance that they would experience onset depression as a result of being a police officer (Jenkins et al., 2018).

The study also analyzed the personality characteristics of officers and compared those with the propensity for the onset of depression. The findings of the study indicated that officers who demonstrated strong coping skills, hardiness, and had social support were less likely to experience depression. Conversely, officers who passive coping skills

and who experienced neuroticism were far more likely to experience the onset of depression as a result of their professional experiences (Jenkins et al., 2018).

Depression affects approximately 6.7% of adults in the United States. This statistic is more than double for that for police officers due to sustained exposures to critical incidents that they face on a continuous basis. Some reports indicate that 16 to 23% of police officers exhibit depressive tendencies. Research indicates that depression resulting from occupational-related stress can be mitigated through the use of effective coping skills and hardiness of an officer. Those who demonstrated positive coping behaviors which included planning, acceptance, and seeking support demonstrated fewer symptoms of distress and corresponding depression. Officers who possess negative coping behaviors which include self-blame, disengagement, and denial are more likely to experience psychological distress and depression. The strongest personality trait that was noted to correlate with positive coping skills is an officer's hardiness. This is the set of beliefs or attitudes about oneself that provide motivation and courage to allow the officer to endure stressful situations and transition problematic events into opportunities (Allison et al., 2019).

A study involving heart rate and physical activity monitoring was conducted to measure the impact of stress on law enforcement officers and the direct correlation to depression. The results of the study indicated that officers exhibit anticipatory stress prior to their shift in anticipation of the events that they will face while at work. That is then followed by high levels of stress when faced with critical incidents while performing their duties as a law enforcement officer. The researchers identified a direct correlation



between perceived occupational stress and depression. They found this to be even more profound in first-year officers who are learning to cope with the stressors of the job (Allison et al., 2019).

### **Police Suicide**

Despite the dangerous nature of the job and the high potential for police officers to die feloniously or accident, officers in the United States are twice as likely to die by suicide than in the line of duty. This statistic is alarming and one that is a result of the culminating mental factors of the law enforcement profession. Repeated exposure to violence, crime, death, and destruction takes a toll on the mental health of law enforcement officers, thus causing officers to be at an increased risk of PTSD, depression, and suicide. Despite the apparent need for mental health treatment to possibly prevent suicide and/or suicide ideation, there are several barriers including shame and stigma that often prevent officers from seeking treatment. Similar barriers exist which prevent families from openly discussing the suicide of a loved one. In addition, the majority of law enforcement officer suicides are not reported by local or mainstream media, thus further contributing to the silence and lack of awareness surrounding officer suicide (Heyman et al., 2018).

An analysis was conducted by researchers involved 97 documents which spanned from 1997 to 2016 which focused on the factors leading to officer suicide including the stressors and associated personal problems. The results of the literary analysis indicated that the stressors identified included traumatic events, work shift, organizational support, lack of fit within the organization, and stigma associated with seeking mental health

treatment. The problems that were identified as leading to suicide and/or suicide ideation included alcohol dependency and problems associated with domestic relationships which were hypothesized as stemming from stressful working conditions.

Based on the results of the literary analysis, the researchers recommended that law enforcement agencies implement mental health treatment options that are anonymous and non-punitive to the officers' careers. They also recommend that agencies begin to combat the stigmas that exist and ensure that supervisors encourage officers to seek mental health treatment, even as a preventative measure. The results of this study strongly indicate that the silence that exists in the agencies throughout the nation is contributing to this vicious cycle which is costing far too many officers their lives. Officers are paying the ultimate price because they are not being supported within their agencies and are being shamed into an avoidance behavior that is only evident when it is too late (Violanti et al., 2019).

In an effort to better support agencies throughout the United States to prevent officer suicide, a study was conducted involved 110 law enforcement agencies throughout the United States. The study invited 177 agencies to participate, and 110 accepted the invitation and fully participated. The study involved qualitative interviews that assessed the mental health services offered by each agency. The services were grouped into one of four categories which included minimal, basic, proactive, and integrated services. The minimal services included a municipal employee assistance program. The basic category involved mental health, critical incident response, and training services. The proactive category involved in-house mental health care, substance

misuse, programs, embedded chaplains, peer support, health and wellness programs, and screenings. The integrated category included an integration of services into day-to-day operations. The types of services offered by each agency varied but fell into one of the aforementioned categories. Although more agencies offered more of the minimal and basic services, some do offer proactive and integrated services (Ramchand et al., 2018).

Despite the level of agency support, the researchers found a strong apprehension for officers to seek treatment due to the stigma associated with seeking mental health treatment at any level. Based on these findings, the researchers recommend that agencies not only provide the services to support officer mental health and combat officer suicide but also promote the use of the services. In addition, they recommend that law enforcement agencies make a strong effort to change the culture to support officers seeking mental health treatment. This culture shift should encourage more officers to seek the necessary treatment to support their emotional and mental well-being and should result in reduced officer suicides across the nation (Ramchand et al., 2018).

The profound issues associated with police mental health which include police stress, organizational stress, personal stress, anxiety, depression, and police suicide validate the need for this study to examine the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment. It is also essential that this study investigate how, if at all, stigmatization plays a role in preventing them from seeking mental health treatment. By further examining the role of stigmatization and the perceived obstacles that officers face when

self-seeking mental health treatment, safe and amenable pathways may be identified and recommended for officers to seek mental health treatment (Violanti et al., 2019).

### **Subcultural Stigma**

#### **Self-Stigma**

The stigmas associated with law enforcement officers seeking mental health treatment are the primary reasons that mental health is not addressed. Officers fear the perceived weakness, the lack of trust from fellow officers, and the self-image of weakness or inadequacy that may be associated with mental health treatment. As a result, they often disregard the apparent mental health symptoms and allow their mental health issues to remain untreated (Wheeler et al., 2018). A study was conducted involving 641 participants to identify specific mental illness stigma and the associated factors. The primary factors that were examined for the purpose of this study included self-care, perceived dangerousness, social distance, predicted police behavior, and treatment amenability (Yasuhara et al., 2019).

The results of the study indicated that there is a lack of self-care due by participants as a result of avoidance and denial. Due to the self-stigmas associated with mental health treatment, law enforcement officers may ignore or hide their mental health symptoms. This leads to a lack of treatment amenability as evidenced in the study as well. There was a strong correlation between social distance and perceived mental health issues. Ultimately, participants avoided contact with others in an attempt to hide their personal struggles with mental health. Perceived dangerousness was related to social distancing to avoid situations where mental health issues may become evident. The study

recommended that future research be conducted regarding predicted police behavior. Their early findings led to the conclusion that additional police training be provided to both officers and agencies regarding the importance of mental health treatment. The researchers hypothesized that this would assist with the de-stigmatization of mental health treatment for law enforcement officers (Yasuhara et al., 2019).

The stigma surrounding mental health treatment is evident in non-law enforcement sectors but is significantly greater in the law enforcement population. Approximately 25% of non-law enforcement members of society experience some form of mental illness throughout their lives (Smith & Applegate, 2018). This number is significantly greater in law enforcement officers with as many as 85% indicating that they have experienced mental health symptoms. Despite the alarming statistics in both populations, there is such a negative stigma associated with mental health treatment that both shy away from seeking treatment (Abdullah & Brown, 2020).

The stigma for law enforcement officers is greater than that of the public and often comes with punitive consequences ranging from demotion to isolation from their colleagues and supervisors. There are two types of stigmas for the general population, public stigma and internalized or self-stigma. Public stigma is defined as the stereotypes and ideologies that the public has in references to mental health treatment. Internalized or self-stigma is one's own shame and how the individual internalizes the public stigma (Smith & Applegate, 2018). In law enforcement, organizational stigma is an added component which includes the stigma within the law enforcement agency regarding mental health symptoms, conditions, and treatment (Abdullah & Brown, 2020).

A study was conducted involving 257 participants and focused on self-labeling and the negative implications of stigma. The researchers sought to find the correlation between labeling oneself as having a mental illness and the negative effects of anticipated, internalized, and self-stigma. Of the participants in the study, 202 admitted to having experienced symptoms of anxiety, depression, or posttraumatic stress disorder, while 52 indicated that they had not experienced these symptoms. The study found that the participants who indicated that they had not experienced any of these symptoms of mental illness held higher levels of prejudice, stereotypes, discrimination, stigmas and were more likely to be single, young males. The study concluded that there was a strong positive correlation between self-labeling and stigma. The researchers noted that the findings were consistent with the modified labeling theory in that self-stigma may inhibit someone from adopting the mental illness label and if the label is adopted may increase one's vulnerability as a result (Fox & Earnshaw, 2023).

Although labeling and stigmas are evident in our society, the mental health stigmas among Law enforcement officers are even greater. A study was conducted to further analyze the mental health stigmas that exist among law enforcement officers. The study involved 296 and were evaluated based on personal PTSD symptoms, measures of trauma exposures and established criteria for dimension of stigma which included attitudes toward seeking help, negative stereotypes, attributions, and intended behavior. The results of the study confirmed the researchers' hypothesis that officers experience higher rates of PTSD symptoms related to their significant levels of trauma exposure. Despite these findings, the researchers concluded that police officers have a much higher

propensity to have negative stereotypes, biases, and stigmas related to mental illness and those exhibiting symptoms including PTSD. The researchers found that officers need to become more self-aware of their symptoms, reduce their stereotypes, and seek treatment (Soomro & Yanos, 2018).

The recommendations of the researchers included training of police officers, law enforcement agencies, and the entire policing community regarding the need for officers to self-reflect and identify their mental health needs. They also noted the importance of the agency support so that officers are encouraged to identify their mental health needs in a safe environment where they will not be labeled, and stigmas will not be applied. If this environment does not change, the researchers hypothesize that the cycle of officer self-neglect and denial of their own mental health will continue. This will only continue the police suicide rates and poor mental and physical health conditions with which they live every day (Soomro & Yanos, 2018).

### **Organizational Stigma**

Law enforcement officers have a strong belief in ideologies that are often in conflict with self-treatment and mental health acknowledgment. There are traditional masculine values and expectations that often shame and ridicule those who seek treatment. Seeking such treatment may cause speculation regarding the officer's fitness for duty. As a result, law enforcement officers often suppress, hide, or avoid their emotions. They do so in many cases by engaging in destructive behaviors, abusing alcohol, and sometimes even abuse drugs (Grupe, 2023).

The organizational stigma is a strong deterrent for law enforcement officers to seek mental health treatment. There is a fear by officers that they will be perceived as weak by their supervisors, that they may not be promoted or may be demoted or removed from specialty units, they may be forced into early retirement, or they may lose their position completely after being forced out. Eighty-five percent of law enforcement officers indicate that they avoid disclosure of any mental health symptoms to their supervisor or manager due to a fear of the ramifications. Sixty-two percent of law enforcement officers indicated that they would expect discrimination by their peers and supervisors if they disclosed mental health issues. Sixty-two percent of officers also noted that they would not want to have a supervisor or manager who had a mental illness (Stuart, 2017).

Due to the organizational stigmas that are evident in the agencies and within the officers' personal biases, there is a strong culture of anti-mental health treatment in law enforcement. It has been identified that 55% of law enforcement officers believe that there is maltreatment of colleagues who have disclosed a mental illness, disorder, or who are seeking mental health treatment. As a result, most officers choose not to disclose to their supervisor or manager if they are experiencing mental health issues (Burzee et al., 2022). These attitudes regarding mental health are prevalent across the nation and are hypothesized to be a result of masculine values that are stereotypical in law enforcement agencies. This cultural and the social norms within the sub-culture of law enforcement have perpetuated long-standing stigmatized beliefs surrounding mental health and



treatment. There are negative attitudes, biases, and stigmas that exist throughout the nation and throughout the ranks of law enforcement agencies (Bailey, 2021).

A study was conducted involving 257 commissioned and civilian police employees in a Midwestern U.S. city of mid-size. The study surveyed the participants regarding their perceptions of self-seeking stigmas that exist in their agencies. The results of the study indicated that mental health issues that police officers have are exacerbated by the negative beliefs and attitudes regarding mental health. The results of the study also indicated that there is a strong negative correlation between the mental health help-seeking stigma and help-seeking behaviors and attitudes. This ultimately reduced mental health help being sought by officers (Grupe, 2023).

Based on the findings of the study, the researchers recommend the structural equation model which supports mindfulness training for law enforcement officers and agencies. The proposed model and corresponding training include revamping policies, practices, and providing interventions of law enforcement agencies to allow them to positively influence mental health treatment and encourage help-seeking behaviors. This is hypothesized to improve the overall well-being of the agencies' employees and the communities that they serve (Grupe, 2023).

Renewed focus is being placed on officer mental health, and agencies are beginning to realize the importance of changing the current culture to one that is supportive of mental health treatment. Twenty-five percent of police officers have had suicidal ideations on at least one occasion, and this directly correlated to the not only the trauma, stressors, death, and danger that officers face daily, but also the neglect from

their own agencies to support their mental health and encourage help-seeking behaviors (Hartford Courant, 2022). With such emphasis and new research focused on this, it is hopeful that agencies across the globe will begin to support their officers (Hartford Courant, 2022).

The subculture stigmas including self-stigma and organizational stigma that exist in law enforcement agencies support the need for this study to examine the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment. It is also essential that this study investigate how if at all stigmatization plays a role in preventing them from seeking mental health treatment. By further examining the role of stigmatization and the perceived obstacles that officers face when self-seeking mental health treatment, safe and amenable pathways may be identified and recommended for officers to seek mental health treatment (Violanti et al., 2019).

## **Strategy and Solutions**

### **Organizational Support**

To combat the high rates of officer suicide and mental and physical ill-health of officers, many law enforcement agencies across the globe have begun to examine their role in providing greater levels of officer support. Agencies have begun to promote officer well-being and encourage the reduction of emotional exhaustion. They have done so through the implementation of work-place interventions that promote job resources, provide a supportive and equitable organizational climate that is founded upon shared values. Agencies have also begun to foster officer mental health in the context of the

work stressors. These approaches allow agencies to provide support not just through decreasing job demands but by supporting the officers and mitigating some of the work stressors that are innate to the job (Wolter et al., 2018).

To gain a better understanding of an officer's frame of mind, it is essential for agencies and mental health professionals to better understand how officers process stress, life threatening situations, and the extreme levels of violence to which they have grown accustomed. A current practice that has been adopted by some law enforcement agencies is to identify the personality traits of an officer and place them in the most appropriate unit within the organization (van der Meulen et al., 2017). Hardiness, resilience, psychological capital, extroversion, conscientiousness, self-esteem, and strategic coping skills are traits that allow an officer to be able to handle higher levels of stress and may be a better personality fit for specific, high-risk units that are innately more stressful. Personality traits that include having innate challenges handling stress, neuroticism, and lower self-esteem may be a better fit for roles in the courts, local agencies, and minor patrolling positions. Researchers recommend that human resources departments analyze the personality traits of an officer when hiring and placement decisions are made (Janssens et al., 2018; Parent-Lamarche & Marchand, 2019).

The way in which an officer copes with stress is of strong importance to law enforcement agencies. This allows them to make hiring decisions through human resources and ensure that the officers are aligned best with the units that they are assigned to serve. A study was conducted to identify the ways in which officers and their family members cope with life-threatening situations and how their agencies recognize and

support coping mechanisms. The findings of this study indicate that officers experience a loss of self and identity when their lives are threatened. They often incorporate protective measures that have been instilled in them to be resilient in these situations and compartmentalize the dangers as part of the job. This allows the officers to regain a sense of control and maintain composure, even in the most volatile of situations (Sigad, 2020).

Research also revealed that officers experience extreme emotional strain from repeated exposures to violence and crime. This often transcends into their personal lives, thus causing high divorce rates and strained relationships with family and friends. Through the development of an understanding of how officers manage and cope with the job stressor, law enforcement agencies are better able to identify support programs and structures that will help alleviate some of the mental ill-health and hopefully reduce officer suicide rates (Sigad, 2020).

Suicide prevention strategies are one of the primary focus areas for law enforcement agencies. Based on research conducted by the Air Force Suicide Prevention Program and that of the Montreal Police Department's Together for Life Suicide Prevention Program, law enforcement agencies are able to incorporate best practices. These programs identified pre-employment psychological screenings, employee assistance programs, peer support programs, and gatekeeper training programs as extremely beneficial as suicide prevention strategies and are highly recommended for agencies to adopt across the globe (Bernier, 2018).

Research involving 55 agencies throughout the nation indicated that nearly 25% of officers did not know if their agency offered any mental health or counseling

programs. Another 35% did not feel that their agencies support officer mental health and wellness. The officers who indicated that they did feel supported reported higher levels of overall well-being and significantly less stress. However, 12.4% of officers indicated that they were likely or very likely to attempt suicide at some point in their lives (Thoen et al., 2020).

A study identified an extremely effective training program known as Blue Wellness for agencies to implement to provide better support toward their officer's mental and emotional wellness. The purpose of this program is to improve the attitudes of officers toward mental health awareness, treatment, and emotional wellness for themselves and their colleagues. The program is agency-sponsored and supports introspection, peer support, and group interactions. Participants in this program exhibited increased positivity toward emotional and mental wellness based on the results of the pre- and post-test comparisons. The greatest increase in improved mental health attitudes was identified in higher-ranking officers who worked in non-urban departments. There was also a marked improvement in mental health attitudes found in the officer group that was identified as cynical. There was less improvement in the officers demonstrating lower levels of cynicism, thus indicating a potential lower level of need for improvement (Drake, 2021).

### **Peer Support**

Peer support is one of the most effective forms of social, emotional, and psychological support from which officers have benefited. The stigma of mental health treatment does not seem to be associated strongly with peer support programs; therefore,

peer support is more accepted by officers and therefore has been an extremely successful tool to support officers' mental health. Results of a study involving 162 officers who were involved in a peer support model that was integrated into their agencies demonstrated extremely positive results. The research study indicated that participants exhibited improved overall psychological well-being, had reduced levels of strain, and demonstrated a positive attitude toward their mental health and social support network of fellow officers and agency-employed chaplains. The participants also indicated that they felt lower rates of burnout and PTSD and attributed this with being able to talk about their work experiences with peers who could understand their trauma and exposures more easily than civilians (Schantz et al., 2020).

It is essential that law enforcement officers and agencies recognize the importance of proactive maintenance required to support officers' mental and physical well-being. Since law enforcement, as a profession, values and requires fortitude and emotional and physical strength, often beyond what can be given by any officer, it takes a toll on the men and women who are courageous enough to accept the challenge. The price that officers pay to protect and serve is often that of their own health, physically and mentally, and is often not recognized until the damage is already done. To provide longevity to officers' careers and improve their quality of life and their relationships, it is necessary for a meso-level change to take place within law enforcement agencies. The regressive way of thinking is diminishing in some agencies but is alive and well in far too many ("Responding to a Colleague in Crisis," 2018).

The consequences for officers to receive mental health treatment have been detrimental for a long period of time and is often rooted in the official policies within the agencies. As a result, it is important for law enforcement agencies to identify a way for officers to seek treatment with which they are comfortable. One of these ways is peer support, and it is highly recommended due to the success rate and the rate of officer acceptance. Since officers are apprehensive about seeking mental health treatment, peer support offered by colleagues or chaplains retained by the agencies, has been widely accepted and extremely successful. The highly effective response and effectiveness rates are partly attributed to the fact that officers feel safe when speaking to their peers and unsafe when speaking to mental health counselors. Due to the positive response to peer support, it is highly recommended by researchers that agencies adopt an integrated peer support model which includes staffed chaplains and fellow officers to provide peer support ("Responding to a Colleague in Crisis," 2018).

The police departments in Ontario, Canada recognize the importance of peer support and have implemented internal peer support programs within their law enforcement agencies. The Ontario agencies hinged their program on the Policy Feedback Theory (PFT) which argues that when policies are established and corresponding resources are dedicated to support specific programs, it will structure the activity and support of participants. In pairing this theory with the research analyzed regarding peer support, the Ontario law enforcement agencies adopted a peer support program which includes a fully integrated peer support program where officers share experiences and discuss their work encounters with their peer(s) in a safe space. The

outcome of this peer support program implementation has been very successful and has resulted in a reduction in mental health stigma and contributes to the enhanced mental health literacy among officers. In addition, the internal policy adoption has demonstrated a commitment by the organization to its officers' mental health through peer-support. The Ontario peer-support model has been one for agencies to follow globally and potentially adopt to support their officers (Milliard, 2020).

Agencies across the nation have begun to explore peer support options to support officers' mental well-being (Van Hasselt et al., 2019) . One of the most successful peer support programs is known as Peers as Law Enforcement Support (PALS). This program was built on the ideology that consulting with a peer decreases officer resistance to seek assistance for psychological and mental health issues. In addition, the peer support model does not seem to carry the same stigma as seeking assistance through a traditional mental health counselor (Van Hasselt et al., 2019).

The PALS program values the importance of officer peer support and the empathy of the officer providing support to those in need. As a result, the peer support model is voluntary, and the volunteers who participate are trained using a four-pronged approach. The peer support volunteers are trained to identify risk factors for substance abuse, anxiety, depression, PTSD, and suicide. They are also trained to spread the message of admission for the need for mental health support is not a sign of weakness to perpetuate the culture of acceptance throughout the agency for seeking peer support. Peer support volunteers are trained to ensure that officers feel comfortable with the support provided and that their contacts remain confidential so that officers' privacy is respected. Lastly,



the volunteers are trained regarding additional resources that are available such as psychiatrists, psychologists, and family/marriage counselors to which officers may need to be referred if additional support is needed (Van Hasselt et al., 2019).

## **EAP**

EAPs are an effective resource offered by law enforcement agencies and many other organizations to support their employees. EAP programs tend to have less of a stigma attached than traditional mental health treatment but are still underutilized in the law enforcement sector. These programs offer assistance through online, telephone, or in-person counseling services with professionals (Milot, 2019). Employees may either self-select to partake in the EAP services or may be mandated to do so by a manager referral or organizational requirement. In law enforcement agencies, EAPs are available in most organizations but are not as advertised or utilized as they should be. Agencies that do promote EAPs still find that officers are hesitant to utilize them for fear of loss of anonymity and resulting stigmas that may be applied to them. EAPs are still utilized more frequently than traditional mental health counseling services but not as frequently as peer support by law enforcement agencies (Milot, 2019). There appears to be an opportunity for more support of EAPs within the organizations that may assist with reducing psychological stigmas associated with EAPs (Milot, 2019).

The effectiveness of EAP programs has been a question posed by law enforcement agencies and other organizations. Although EAPs are readily available, and they are common knowledge to most employees, many do not take advantage of them. An examination of 17 studies was conducted to evaluate the effectiveness of EAPs

throughout North America. The results of the analysis indicated that, when utilized, EAP programs are effective in supporting employees' overall well-being. In addition, there was a correlation between self-sought EAP services and presenteeism. The employees who utilized the programs also exhibited improved health, well-being, and productivity as a result. Employees who seek out EAP services recognize their need for assistance and benefit from the program. The analysis identified the greatest area of opportunity is for employees who do not utilize the services to do so. The examiners determined that additional research needs to be conducted to identify how to motivate employees to seek self-treatment, especially in the field of law enforcement (Joseph et al., 2018).

### **Summary and Conclusion**

Throughout this literature review, the primary mental health challenges of law enforcement officers were examined and found to be PTSD, substance abuse, anxiety, extreme stress, depression, and suicide or suicide ideation in law enforcement officers. Each of these factors correlated with job stressors and were examined closely throughout this review to identify factors that may help to mitigate corresponding mental health issues. The stressors that were analyzed included police work-stress stemming from daily traumatic exposures and organizational stress resulting from fears associated with lack of acceptance or from not fulfilling unrealistic emotional, mental, and physical expectations of law enforcement agencies (Craig et al., 2018).

The subcultural stigma, including self-stigma and organizational stigma that exist in law enforcement agencies and the biases that are strongly held by the officers themselves and organizations were closely examined. It was found that law enforcement

agencies throughout the nation have identified that police organizations are unknowingly promoting stigmas that deter officers from seeking mental health treatment. The stigmas that were examined included subcultural stigma. Subcultural stigma encompasses self-stigma and organizational stigma which stems from the agency's attitude and expectations regarding mental health. The fear of being labeled and the negative stigmas associated with seeking treatment prevents a large percentage of law enforcement officers from seeking mental health treatment despite the apparent need for officers to obtain additional emotional and mental health support (Velazquez & Hernandez, 2019).

An analysis of programs that have been implemented throughout agencies to support officer mental health was also explored. These include organizational support and training, peer support programs, and EAP. Each of these programs provided some level of benefit to officers, however, some were underutilized while others are gaining traction. The use of traditional mental health treatment was found to be highly underutilized by law enforcement officers due to multiple factors. The stigmas associated with traditional mental health treatment were a strong deterrent that prevented officers from seeking assistance officers. When this traditional treatment was sought, officers often found that there was a lack of understanding by the mental health counselor regarding their perspectives. These combined factors cause traditional mental health treatment to be an underutilized resource.

Treatment offered by organizational support provided through training programs has been shown to be effective in supporting a more accepting culture but did not solve the issue of the individual mental health treatment needed by officers. Overall,

organizational support is needed to change the climate of mental health treatment stigma but needs to occur in conjunction with more individual treatment options. The most effective organizational support options were found to be pre-employment psychological screenings, employee assistance programs, the inclusion and promotion of peer support programs, and gatekeeper training programs. These were all found to be helpful in officers' mental well-being and aided in the suicide prevention rates (Bernier, 2018). Agencies also found that understanding how officers manage and cope with job stressors, they are better able to identify support programs and structures that will help alleviate some of the mental ill-health and potentially reduce officer suicide rates (Sigad, 2020 ).

EAPs offer mental health treatment through online, telephone, or in-person counseling services with professionals. EAP programs may be employee- elected or mandated by managers. The literature review indicated that this is a highly underutilized benefit, and the majority of law enforcement officers who access EAP services are mandated by their supervisors to do so. This mandate may result from alcoholism, drug abuse, or other behaviors that require treatment. Often, the EAP treatment option will save an officer's career if they agree to treatment and mitigate the negative behavior. Officers who would self-elect to participate in an EAP are hesitant to utilize them for fear of anonymity and resulting stigmas that may be applied to them. Although EAPs are utilized more frequently than traditional mental health counseling services, they are not as frequently sought out as peer support by law enforcement agencies.

The results of the literature analysis indicated that peer support was the most effective form of social, emotional, and psychological support from which officers have

benefited. The organizational and self-stigmas that officers have traditionally associated with mental health treatment does not seem to be as much of a factor with peer support. As a result, peer support is more widely accepted by officers and has resulted in officers improved overall psychological well-being, had reduced levels of strain, and demonstrated a positive attitude toward their mental health and social support network of fellow officers and agency-employed chaplains. Participants who were involved in peer support programs demonstrated lower rates of burnout and PTSD and directly correlated with their improved mental health with being able to talk about their work experiences with peers who could understand their trauma and exposures more easily than civilians or mental health professionals (Schantz et al., 2020).

The literature recommended peer support programs that involved colleagues or chaplains retained by the agencies, as officers feel safe when speaking to their peers and unsafe or uncomfortable when speaking to mental health counselors. The policy feedback theory (PFT) is also recommended in conjunction with the peer support programs. The PFT indicates that when policies are established and corresponding resources are dedicated to support specific programs, it will structure the activity and support of participants. It is recommended that agencies combine cultural support such as the PFT which will allow for agency culture and support of the program with a fully integrated peer support program. This will encourage officers to share experiences and discuss their work encounters with their peer(s) and/or appointed chaplains retained by the agencies in a safe space (Milliard, 2020).

When adopting a peer support model, it is recommended that agencies utilize a model such as the PALS program. In this program, officers who value the importance of officer peer support and are able to empathize with their fellow officers are selected to be peer supporters on a volunteer basis. The peer support volunteers should be trained to identify risk factors for substance abuse, anxiety, depression, PTSD, and suicide. Peer support volunteers should be trained to ensure that officers feel comfortable with the support provided and that their contacts remain confidential so that officers' privacy is respected and should promote the use of the program throughout the agency. It is also recommended that the volunteers be trained regarding additional resources that are available such as psychiatrists, psychologists, and family/marriage counselors to which officers may need to be referred if additional support is needed. Through the implementation of this model nationwide, law enforcement officers may finally be provided with the mental health support systems needed to help mitigate the emotional damage that is caused by their job exposures and extreme stressors to which they are subjected daily (Van Hasselt et al., 2019).

The need for safe and amenable pathways for officers to seek mental health treatment support the need for this study which explored the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment. It is essential to investigate how, if at all, stigmatization plays a role in preventing them from seeking mental health treatment. By further examining the role of stigmatization and the perceived obstacles that officers face when

self-seeking mental health treatment, effective programs were identified and recommendations offered for best implementation practices (Violanti et al., 2019).

## Chapter 3: Research Method

### **Introduction**

The purpose of the qualitative phenomenological study was to uncover the perceived obstacles and challenges that officers may encounter based on their lived experiences as well as the stigmatization within the subculture of law enforcement that prevents officers from self-seeking mental health treatment. It is understood that police officers' continual exposure to dangerous conditions that could turn into violent encounters is part of their chosen profession (Velazquez & Hernandez, 2019). This continual traumatic stress that officers face while in the line of duty could affect the mental well-being of officers and increase the risk of mental disorders such as anxiety, depression, PTSD, or thoughts of suicide (Soomro & Yanos, 2018). This research focused on the negative stigma experienced by officers who self-seek mental health assistance along with the negative impact it could have on officers and on the organizations they serve.

This study continues to support and promote Walden University's vision of social change by seeking to provide a better understanding how officers can more effectively self-seek mental health assistance without the negative impact of the stigmas associated within the law enforcement subculture. Chapter 3 includes a description of the research design, the role of the researcher, the methodology, and issues of trustworthiness along with the summary.



### **Research Design and Rationale**

To obtain the required information from research participants, I employed a phenomenological design, as highlighted in Chapters 1 and 2. This qualitative approach provided research subjects with the opportunity to share personal experiences and feelings as they relate to self-seeking mental health assistance and the associated stigma that is part of the subculture of law enforcement. As explained by Isaacs (2014), qualitative research is designed to gain an in-depth understanding based on traditions of social problems by those who have experienced them first-hand.

Open-ended questions relating to self-seeking mental assistance were used and allowed the respondents to voice their perspectives and share their views on seeking mental health treatment within the context of the organizational stigma against seeking mental health treatment. In creating this context, the respondents were able to share personal stories of lived experiences from within the subculture of law enforcement and how they relate to the willingness of officers to self-seek mental health assistance. The findings from this study uncovered themes of the lived experiences of the research participants and created a story of viewpoints that described perceived obstacles and challenges that officers face that may prevent them from seeking mental health treatment.

The use of qualitative research allowed me to conduct interviews with the research participants and provided the opportunity for respondents to share their personal perspective of events to be recorded. Research participants were also able to explain the context of their answers and the impact of their decision to seek or not seek mental health

treatment and how this decision affected both their personal and professional relationships (see Agazu et al., 2022).

### **RQs**

RQ1: What are the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment?

RQ2: Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment?

### **Research Design**

Phenomenological research is based on the assumption that shared lived experiences have similar meaning to those who have experienced the same phenomenon (Agazu et al., 2022). Once the phenomenon is identified, the shared perceptions of respondents are collected and analyzed to create a profound understanding of the social phenomenon being studied (Isaacs, 2014). As explained by Rubin and Rubin (2011), qualitative research is used to acquire deep and impactful data to form a comprehensive explanation of the desired phenomenon of the negative stigma that exists within law enforcement as it relates to self-seeking mental health treatment.

I conducted semistructured in-person interviews with 11 participants. Data collection stopped when saturation was achieved, and no new codes or themes emerged from the data during the data analysis phase. This research was designed to gain a better understanding of how the stigma associated within the law enforcement subculture affected officers' decisions to seek mental health assistance in either a positive or

negative way. Only through the phenomenological approach could a clear story be reported by the research participants.

### **Phenomenon**

Aguza et al. (2022) argued that phenomenological research assumes that there is an essence of similarity though shared phenomena that are commonly experienced by a group of individuals. My goal was to understand the negative stigma associated with police officers who self-seek mental health assistance within the subculture of law enforcement. I examined the perceptions and lived experiences of these officers and the challenges and obstacles they face in self-seeking mental health assistance.

### **Methodology**

#### **Population**

The sample was drawn from the Southwest Florida region of law enforcement officers for this research. Within this population, a variety of law enforcement officers are present, including patrols, investigations, analysts, and other specific units within the agency. The patrol division is the largest entity within these organizations who are exposed to a variety of traumatic encounters while conducting their related duties. Participants were chosen from the patrol division.

#### **Participant Selection**

In an effort to collect a purposeful sampling group, I sought 12 current law enforcement officers who served in the Southwest Florida region and who met the following inclusion criteria to participate:

- Research participants were certified law enforcement officers who currently worked within the capacity of patrol.
- Officers had a minimum of 5 years of experience working in the capacity of patrol.

I excluded civilian employees and investigative positions from the sample because the selected sample was exposed to more traumatic exposures, which lends relevance and credibility to this study. The exclusion criteria for this study included the following:

- Individuals who were not law enforcement officers.
- Officers who had less than 5 years of experience working in the capacity of patrol.
- Individuals who did not agree to be audio recorded during their semistructured interviews.

The research participants work in a variety of communities with different crime rates and different socioeconomic statuses within the selected geographic region. I made contact with participants through LinkedIn and Facebook law enforcement groups by posting flyers on the social media platform. Once a participant agreed to participate in the study, snowball sampling was used to recruit additional participants. Data collection continued until data saturation was reached.

### **Participant Recruitment Strategy**

I employed snowball sampling for the purpose of this study to gain an organic sampling group, avoiding bias based on the dynamic method of recruitment. According to

Noy (2008), snowball sampling is when the researcher accesses individuals by means of the contact information provided by the other individuals in a repetitive process. The sampling strategy then continues to snowball until the researcher has achieved saturation and discontinues the process.

I contacted police officers who worked in the Southwest Florida region via LinkedIn and Facebook groups who began the snowball sampling process with individuals who met the designated criteria within their perspective agencies. Research has indicated that the use of snowball sampling is one of the most effective means of gaining access to individuals inside a “hidden population” such as the subculture of law enforcement and extracting data from them (Noy, 2008).

### **Instrumentation**

I used the interview process and followed Walden University’s interview practices. I developed the interview questions based on the attained information from the literature found in the literature review. See Appendix A for the interview questions. Each interview was intended to be face-to-face though Zoom was used when necessary. The semistructured interview was intended to last no more than 60 to 90 minutes. The research participants were able to choose the location of the interview to provide a comfortable and private environment.

At the conclusion of each interview, I reviewed the recorded answers to validate that data provided by the sample. I also used memoing to record perceptions of nonverbal communication from the sample population during the interview process along with any other pertinent information which needed to be collected. Memoing was used to

document my thoughts and feelings to be discussed with peers and my research committee as a means to reduce interviewer bias.

### **Data Collection**

I conducted the interviews, and all corresponding memo data are stored on a secure computer device protected by both biometric and password security measures. With permission of the participant, each interview was recorded, as the use of interviews reduces the risk of missing critically important information as well as providing proof/evidence of the study if ever needed in the future. Audio recordings are also useful when conducting data analysis to represent a real time interpretation of the interview, especially when aligned with memoing.

In preparing for potential loss of data on the computer device, a secondary USB hard drive was encrypted with a full copy of all interviews and memos for a duration of 5 years, as required by Walden University's Research guidelines to preserve and maintain academic integrity. The USB will be stored in a locked file cabinet where I am the only person who has access.

During the interview process, all research participants were again reminded that they were participating on a voluntary basis and in no way were they obligated to complete the interview if they did not want to. All research participants were advised that withdrawal of participation and consent at any time would not result in any negative consequences or actions by me. Research participants remained confidential, and any answers given are not personally identifiable. Subject IDs were used instead of names, so

no data are attached to a name. In addition, confidentiality was maintained at all times; interviews were conducted in private, and, as noted above, all data are stored safely.

Once the interview concluded, I reminded participants about a resource identified on the consent form, a Florida Licensed Mental Health Counselor who has worked with law enforcement officers for 2 decades. The mental health counselor agreed to be the mental health resource for this dissertation by offering a free counseling session for participants should they choose to reach out. They could call using the phone number provided on the consent form if they chose to do so. The mental health resource is also able to provide other resources that they have access to, based on the participants' specific needs as they see fit as a licensed mental health counselor.

### **Data Analysis Plan**

During the process of data analysis, the data were examined in detail, interpreted, and coded in order to discover patterns and themes. The initial coding used line items codes. Second cycle coding, according to Saldana (2011), includes combining codes to create categories and then combining categories to create themes.

During this analysis, I used process coding in conjunction with nvivo coding techniques, which allowed me to refine codes and integrate them with other identified codes. According to Saldana (2011), this method allows for developing summary categories collected data through the participant's response so that indexing topics can be established by identifying key words, phrases, topics for their worth, or significance.

I created themes based on the selective coding by evaluating the response patterns of each research participant in order to determine if the codes could be further

disseminated or categorized. This process was repeated until data saturation was attained. Participants were thanked for their time at the conclusion of each semistructured interview. This marked the conclusion of their participation. I will email all participants a summary of the study findings once the study is completed.

### **Role of Researcher**

In conducting this research, I sought out and identified the participants, conducted all interviews, and analyzed and interpreted the data I was solely responsible for the completion of all aspects of study as it related to this research project.

### **Reflexivity (Managing Relationships)**

As with any research study, the credibility of the researcher is explained through self-reflexivity to be transparent about any potential information that could be perceived as bias during the research (Agazu et al., 2022). It is through this self-reflexivity that the researcher must disclose any personal background information that could influence the study to maintain the researcher's trustworthiness and credibility along with any firsthand exposure to the topic of the study.

Full transparency was used through the entirety of this study in accordance with guidelines set forth by Walden University. As it relates to the bias, my former profession as a law enforcement officer within the state of Florida could have resulted in bias. To minimize the risk of bias, I was mindful to separate previous work experiences, as to not influence the outcome of current research and document feelings about the research through memos and discuss possible sources of bias with peers and the dissertation committee.



I have never held a supervisory or influential title or relationship to any of the research participants, nor am I currently a law enforcement officer in any capacity. Research participants understood that their participation was strictly voluntary in nature and that they were able to withdraw from the research at any time without authorization or consequence to their personal or professional career. All participants were made aware that there was no compensation for their voluntary participation in this study. It should be noted that at no time did I have any involvement with any form of self-seeking mental health assistance nor any of the listed solutions within the research.

### **Ethical Assurances**

I worked with Walden University's IRB in order provide the participants with the appropriate consent forms as well as follow the recommended guidelines to maintain the confidentiality of the participants. All forms provided by the IRB (#11-06-23-0657017) will be included in the appendix portion of the research paper and hard copies used by the participants will be stored for a term of 5 years in secured safe at the researcher residence.

I explained the nature of the research to all participants in detail as well as informed them that none of the questions were designed to elicit a response of personal traumatic experiences. These questions are designed to elicit the general perception of law enforcement officers as it relates to self-seeking mental health and not the traumatic experiences which caused them to seek that assistance, if in fact they sought assistance.

All research conducted and participants interviews will be developed and analyzed within the theoretical framework utilized along with the literature review.

Semistructured interview questions were presented in an open-ended format so that research participants could elaborate their answers based on experiences they have encountered. Data were collected through the process of memoing. Once interviews were completed, the participating respondents were thanked for their voluntary participation in the study.

Through the completion of this study, it is understood that I would do no harm to the participant who voluntarily shared their lived law enforcement experiences. As a result, once the interview was concluded, I reminded participants that about the resource that is identified on the consent form, a Florida Licensed Mental Health Counselor who has worked with law enforcement officers for two decades. The mental health counselor has agreed to be the mental health resource for this dissertation by offering a free counseling session for participants should they choose to reach out. They may call using the phone number provided on the consent form. The mental health resource is also able to provide other resources that they have access to based on the participants specific needs as they see fit as a licensed mental health counselor.

### **Issues of Trustworthiness**

For the purpose of this study, the researcher will achieve trustworthiness by incorporating strategies to ensure credibility, transferability, dependability, and confirmability throughout the study. Utilizing this lens, the researcher is able to uphold the integrity of the respondents who were used to provide a high level of value to this viable topic. Throughout the research process any issues that may be identified will be made transparent to establish the trustworthiness of the research. The researcher will also

implement other strategies designed to overcome any potential threats towards the accuracy of the research designed to alter the outcome.

### **Credibility**

In qualitative research, credibility refers to the extent to which the findings of a qualitative study accurately and faithfully represent the participants' experiences, the phenomenon being studied, and the researcher's interpretations (Agazu et al., 2022). Qualitative research studies face several forms of bias which can be negated through the researcher's careful practices of data collection, analyzation, and interpretation of data as it is presented by the researcher (Agazu et al., 2022). The researcher must be vigilant not to recruit participants who have a personal or professional connection with themselves, otherwise they may inadvertently create a bias within the conducted study. The simple fact that the researcher has worked in the field of law enforcement could also be perceived as bias based on shared experiences while working patrol. It is for this reason that the researcher will disclose his professional background to maintain validity (Sumari et al., 2021).

### **Transferability**

Transferability is the extent to which the findings of a study can be applied or generalized to other settings, contexts, or populations beyond the immediate research context (Sumari et al., 2021). Transferability is demonstrated if the researcher is able to collect rich data that can be used to clearly describe the studied phenomenon and also yield potentially useful data that could be utilized beyond the original study (Sumari et al., 2021). The researcher will carefully describe the phenomenon and research problems

that are outlined and discuss at length throughout the literature review as well as the design selection of researcher participants who are knowledgeable within the phenomenon of study. The researcher will achieve transferability by documenting all study procedures in detail (Sumari et al., 2021).

### **Dependability**

Dependability is defined as the degree to which the research process, procedures, and findings are consistent, replicable, and stable over time (Sumari et al., 2021). The researcher will ensure dependability through the use of documented data collection methods, such as interviews and memo taking. The researcher will also use an audit trail, meaning they will maintain detailed documentation of the entire research process, including data collection procedures, coding decisions, analytical techniques, and any changes made along the way (Sumari et al., 2021). This documentation creates a clear trail for others to follow and helps maintain transparency (Sumari et al., 2021).

### **Confirmability**

Confirmability is the degree to which the findings of a qualitative research study are dependent on the participants and the context of the research rather than on the biases, values, or perspectives of the researchers themselves (Sumari et al., 2021). In order for the researcher to maintain objectivity in this study, all collected data through interviews and the use of memoing will be reviewed by the research participant to eliminate any potential researcher bias or misrepresentation of collected data. The researcher will maintain mindfulness about prior law enforcement experiences and how they could lend bias to the interpretation of collected data. Data is also able to be reviewed and sent to

external sources for research purposes as set forth in Walden's Institutional Review Board acting as another data audit.

### **Summary**

This study addressed the gap related to the barriers and obstacles that interfere with police officers' ability to seek out mental health assistance due to the stigma associated seeking help within the subculture of law enforcement. The role of the researcher in this chapter is to explain the choice of the methodology, research design, and data collection methods for this study. The results of this research are expected to uncover barriers to seeking mental health treatment. It is my hope that the detailed findings of this study can assist agencies and officers in the positive promotion of mental health assistance by addressing the negative stigma associated within the subculture of law enforcement.

In Chapter 4, I describe the results of the study. Codes, categories and themes are uncovered based on the lived experiences of police officers working within the context of organization that stigmatizes mental health treatment.

## Chapter 4: Results

### **Introduction**

The purpose of the qualitative phenomenological study was to uncover the perceived obstacles and challenges that officers may encounter based on their lived experiences as well as the stigmatization within the subculture of law enforcement that prevents officers from self-seeking mental health treatment. It is understood that police officers' continual exposure to dangerous conditions that could turn into violent encounters is part of their chosen profession (Velazquez & Hernandez, 2019). However, this continual traumatic stress that officers face while in the line of duty could affect the mental well-being of officers and increase the risk of mental disorders such as anxiety, depression, PTSD, or thoughts of suicide (Soomro & Yanos, 2018). This research focused on the negative stigma experienced by officers who self-seek mental health assistance along with the negative impact it could have on officers and on the organizations which they serve.

RQ1: What are the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment?

RQ2: Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment?

This chapter describes the participants who contributed to this study, as well as the data analysis procedures that were used to identify the findings. The findings of the study are also discussed. The chapter concludes with a summary of the findings and the corresponding themes that were identified.

## Participants

A total of 11 Southwest Florida region law enforcement officers contributed to this research. Within this population, a variety of law enforcement officers were present, including patrol, investigations, analysts, and other specific units within the agency. However, all participants were chosen from the patrol division. The patrol division is the largest entity within these organizations who are exposed to a variety of traumatic encounters while conducting their related duties. In an effort to collect a purposeful sampling group, I originally sought out 12 current law enforcement officers who served in the Southwest Florida region who were able to meet the following inclusion criteria to participate:

- certified law enforcement officers who currently worked within the capacity of patrol
- had a minimum of 5 years of experience working in the capacity of patrol

Initially, I targeted 12 participants for recruitment; however, only 11 participants were obtained, which still allowed me to obtain a purposeful sampling group able to achieve data saturation. While I attempted to fill the last remaining spot through additional recruitment, all other individuals eligible for the study either did not wish to participate in the study or could not find the time to schedule an interview. During the data collection, I was able to achieve data saturation with the 11 participants who were available to participate in the research study. The 11 participants were given alphanumeric codes (P1, P2, P3, etc.) to protect their identities.

### **Data Analysis**

Data were analyzed using Saldana's (2011) coding process. This coding process is a systematic approach to analyzing qualitative data. The method used in this study involved a detailed and rigorous process of organizing, categorizing, and interpreting data to identify codes, categories, and themes to establish meaningful insights. I began by becoming thoroughly familiar with the raw data, which, in the case of this study, were interview transcripts. This initial immersion helped me gain a comprehensive understanding of the content. The next step was to proceed to initial coding. I began using open coding in to begin analyzing data. This involved breaking down the data into smaller, manageable units and assigning descriptive labels or codes to capture key concepts or ideas. Codes were short, in vivo terms derived directly from the data (see Saldana, 2011). This phase was exploratory and allowed for flexibility in capturing a wide range of ideas (see Saldana, 2011). Next was focused coding. As patterns began to emerge from the initial coding, I then transitioned to focused coding. This step involved selecting and refining specific codes that were more closely aligned with the RQs (see Saldana, 2011). Next was category development. Once a set of focused codes had been established, I grouped them into categories. Each of these categories provided a higher level of abstraction and organization, helping to structure the data more systematically (see Saldana, 2011). Categories reflected the underlying concepts or dimensions that were important to the research.

I made sure to practice constant comparison throughout the data analysis process. During constant comparison, new data are compared with existing codes and categories



(Saldana, 2011). This iterative process helps refine data from codes to categories and ultimately themes to ensure a comprehensive analysis (Saldana, 2011). By constantly comparing new information to previous codes, I was able to identify code drift before it became too prominent. This kept the codes focused and succinct. When coding drift began to occur, I was able to split or combine clusters of coding into categories as necessary. Some additional codes were not pervasive enough throughout the interviews to be incorporated into categories. For example, two participants indicated that going to the gym could be a healthy outlet for stress. However, those comments were not common among participants and did not directly contribute to the RQs.

In this study, I identified 20 codes were identified that were then combined further into six categories. I created the six categories by clustering data that contained the highest patterns of frequency that connected the codes in some unique way (see Saldana, 2011). I continued to evaluate and compare new data and existing data to achieve category construction where common codes with similar meaning or affect were clustered into meaningful categories. According to Saldana (2011), these central categories ultimately identify the core of the research and become the foundation for the creation of the primary themes.

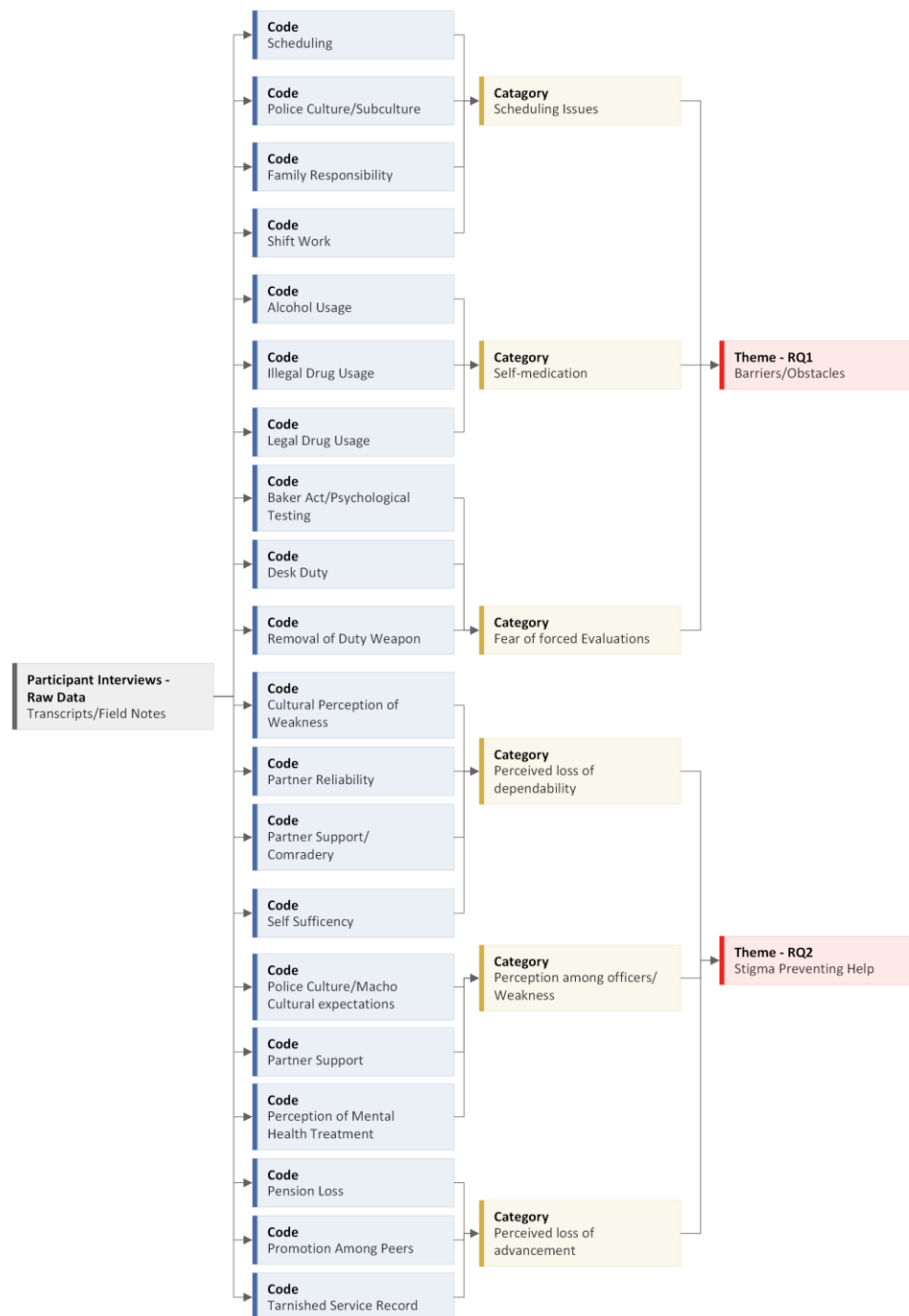
Using these categories, I was then able to combine the data into two main themes, which according to Saldana (2011), establishes how individuals within a group or department expresses their thoughts and feelings. I used these categories and aimed to identify and group the most salient and recurrent information into themes based on the available data. Of the six established categories, I was able to condense three of the

categories into the first theme and the remaining three categories into the second theme based on the summarization of the latent meanings within the themes (see Saldana, 2011).

As themes were developed, I established the first theme directly related to RQ1, which asked about perceived obstacles and barriers related to seeking mental health treatment when needed. The second established theme directly relates to RQ2, which established the perception of stigmatization that prevents officers from seeking mental health treatment. Figure 1 illustrates how 20 codes were condensed into six categories, which were then condensed into two primary themes.

**Figure 1**

*Code to Theme*



## **Results**

For the purpose of this study, I determined that 20 codes were combined to create six categories, which were again combined to reveal two main themes. There were additional codes that were not pervasive enough to be broken down into specific categories or create usable themes. As the additional codes did not contain enough data to condense into categories and themes, they did not directly contribute to the asked RQs within this study. Table 1 describes the codes that contributed to the larger themes.

**Table 1***Category Development*

Category name	Contributing codes	Example quote
Scheduling issues ( <i>N</i> = 10)	Long hours, night shift, family responsibilities, overtime	I can tell you right now, just from working nights, if my option to seek mental health was during the daytime, I probably would never go. – P3
Self-medication ( <i>N</i> = 11)	Alcohol, legal drugs, illegal drugs	Officers definitely cope by drinking, more drinking to excess. I know, officers that, I'll be honest, have had alcohol that fall into work. That can affect your job, that can affect your ability to think clearly. -P10
Fear of forced evaluations ( <i>N</i> = 7)	Baker Act, psychological testing, desk duty, removal of weapon	They mask it, they keep it in they don't want to talk about it because they're afraid of that stigma on us, you know that they're weak, or they're going to have to have a fitness for duty evaluation. They might not be fit for the job and then thinking you know, I only have X amount of years before I can retire. I'm not going out like this. - P5
Perceived loss of dependability ( <i>N</i> = 10)	Partner reliability, comradery	And then there's an expectation that you won't be a reliable partner or reliable backup if you seek mental health treatment. And nobody wants to give that impression – P1
Perceived weakness ( <i>N</i> = 11)	Macho culture, perception of mental health treatment as weakness, gossip among officers, need for self-sufficiency	There's always that stigma of 'this guy is a pansy, or he doesn't have the same mental fortitude as I do, or perhaps that I think I do.' And that in and of itself is a challenge too. Because again, you don't want a 'coward.' -P2

Category name	Contributing codes	Example quote
Perceived loss of advancement ( <i>N</i> = 9)	Promotion among peers, advancement opportunities, service record	There's a stigma of competency associated with receiving professional help. And, by virtue of that, how are you going to advance or who's going to want to advance you? – P11

## RQ1

What are the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment? Categories related to this RQ include obstacles such as scheduling issues, self-medication, and fear of forced evaluations were combined into the first theme related to barriers/obstacles.

### *Scheduling Issues*

Scheduling mental health treatment was a barrier discussed by many (*N* = 10) of the participants. This barrier came from a purely practical standpoint where the participants reported that they either worked too many hours to seek treatment or that they worked night shifts and could not lose sleep to attend appointments that occurred in the daytime. Between family responsibilities, off schedules, and long hours, participants indicated that seeking mental health treatment was undesirable.

P3 said, “Well, I can tell you right now, just from working nights, if my option to seek mental health was during the daytime, I probably would never know. I wouldn't have woken up early for that.” P6 shared,

Right now, I have it pretty well, but previously working night shifts when you're working 5pm to 5am. And sleeping the majority of the day, it's hard to seek help from three o'clock to five o'clock in the afternoon when you're awake.

In addition, P10 stated,

If I were to double in the morning, I might get two, three hours of sleep, there's no time to eat, there's no time to work out, there's no time to cancel a doctor's appointment today. There's no time to, you know, sometimes never told my wife this, but sometimes I didn't even shower when I got home because she'd already be at work, I just got to get in bed, because I was so tired. And you knew you had to get up in two to three hours. So those are some of the issues like when you're so stressed, you have so much to do. You just start neglecting yourself, you're stopping at fast food restaurant just stopping at a local convenience store, you're grabbing a burrito, you're grabbing whatever, you just, you can't take care of yourself. And then when you don't take care of yourself, your body starts to break down.

### ***Self-Medication***

All ( $N = 11$ ) of the participants reported that many officers self-medicated rather than seeking mental health treatment. This self-medication most often took the form of drinking alcohol, though some participants reported officers who used marijuana or illegal drugs to compensate for mental issues. While none of the participants believed self-medication was a sufficient alternative for mental health treatment, they did indicate it was a short-term solution that allowed some people to sleep or temporarily forget their

problems. P1 said, “Well, I think one of the big ones is self-medication, whether that's through a lot of times, it's through alcohol. I'm personally a big bourbon guy, myself; I dance with a little bit of tequila every now and then.” Furthermore, P2 reported,

I think the probably the most common coping strategy would be alcohol, and would it be effective long term? No, it was going to just kill you in the long run, your insights, but that would be the most effective because it's a short-term solution. It's a short-term solution to an ongoing or long-term problem.

P11 stated, “Sometimes there are other substances that are involved, but typically with law enforcement officers, it's going to be whatever is legal. And alcohol seems to be the primary way of coping, or relaxing.”

### ***Fear of Forced Evaluations***

Several ( $N = 7$ ) participants were concerned that if they spoke to their supervisors or peers about mental health needs, they may trigger a required examination. These participants often cited the Baker Act, a law that allows someone to be committed for examination for up to 72 hours. Participants indicated they were concerned that if they admitted to needing mental health treatment, they may either be forceable committed through the Baker Act or that their supervisors may require them to take other mental health testing. This could mean losing their weapons or specialized assignments. P1 said,

I'm feeling a certain way, am I going to get Baker Acted? Do I have a career anymore? You know, because we're doing risk protection orders on guys with mental health treatments to take guns away from and, you know, so if I go out and I'm like, I need help, I need I'd love a 72-hour vacation.



P5 indicated,

They mask it; they keep it in they don't want to talk about it because they're afraid of that stigma on us, you know that they're weak, or they're going to have to have a fitness for duty evaluation. They might not be fit for the job and then thinking you know, I only have X amount of years before I can retire. I'm not going out like this. And they hold it in.

P10 stated,

If you express any concerns, or say, 'Hey, I'm not feeling right 'they'll take you off shift, though, give you time off. And then I've heard other officers talk about officers that have been Baker Acted from work, or from the compound from the prison, and how they talk about him.

## **RQ2**

RQ2 was as follows: Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment? Categories related to this RQ include perceived loss of dependability, perceived weakness, and perceived loss of advancement were combined into the second theme related to stigma.

### ***Perceived Loss of Dependability***

Almost all ( $N = 10$ ) the participants indicated that the stigma associated with mental health treatment included the perception that if an officer needed treatment, they were less reliable. This meant that their partners and other officers could not count on them in a stressful situation. These participants all indicated they wanted to avoid that at

all costs and did not want to be perceived as being anything less than fully dependable.

P2 said,

Obviously, I did canine for 15 years before going into motors, canine is a very stressful in and of itself, because you're going after the worst of the worst, hunting them in the middle of the night with an animal; you're constantly a target. And you don't want somebody going with you that you're not going to trust to have your back.

P3 stated,

If I went to seek help for any of the things that I used to see as a police officer or that I was going through, first of all I'd lose my job. I'd be scared that even if they know it's confidential, somebody in the department is going to know that I sought help. And then I was not going to be trusted by anybody.

P9 indicated,

If an officer makes a comment, like 'Hey, you know, I'm having a mental issue' the public will go and say, 'This guy had a mental breakdown because of whatever incident five years ago or 10 years ago or whatever, is he going to not lose it again? Or, you know, not be able to handle my situation when the time comes.'

### ***Perceived Weakness***

Similar as being perceived as unreliable, all ( $N = 11$ ) participants also indicated that the stigma around mental health treatment meant that officers may be perceived as weak if they sought help. This contributed to a sense of needing to be fully self-sufficient

in order to fit the mold of what a police officer should be. Participants indicated that while they did not necessarily hold these opinions themselves, many officers still did. In describing this, P4 said, “In my opinion, law enforcement has a tough-guy environment where the majority would not give up their blood and would not express their true feelings because of the stigma and the reputation that people can hold against you.”

P7 stated,

I think there's an element of handling things independently in law enforcement that plays a great role in that you're expected to think independently to act independently and solve problems independently. And, I think that rolls into solving your own problems independently. If you can't do that, and you have to reach out for help. And, I think that's looked upon as a weakness for some people whose simply calling for backup as a weakness.

P8 indicated,

I think one is just the admitting or acknowledging a weakness, I think we always have to be the strong one, we are the people that are there to solve other people's problems. And so, admitting that you have a weakness or that something might be wrong, and that you have your own problems.

### ***Perceived Loss of Advancement***

Most ( $N = 9$ ) officers indicated that stigma around mental health treatment meant that many officers avoided seeking help for fear of a negative perception that endangered their chance of advancement. These participants indicated that the perception may be that an officer who sought mental health treatment was not tough enough to handle intense

assignments. This meant they received fewer specialized assignments and advancements. These positions instead went to other officers who were perceived as tougher or more dedicated. P1 described this by saying,

But like, if I talked to a guy today, right now, I'm like, 'This is the kind of stuff I'm dealing with, and these are my struggles.' And then two weeks from now, that guy is now my captain. He now knows personal information. That could influence his decision-making. What kind of shift does he want to put me on? Or what kind of assignment does he want to give me—that cush assignment? Or does he want to throw me out into the darkness and let me work night shift so he never has seen me again.

P10 indicated,

Say I need to talk to somebody like, 'Hey, I'm not feeling right.' And you go to the agency psychologist on site, I don't think they're necessarily looking out for your best interest. They're looking out for the agency's best interest. And they're like, 'Yeah, this guy really shouldn't be carrying a gun, he really shouldn't be on patrol.' Because you just went to somebody to talk about an experience you had because of a bad call. And that gets out; that gets around. So then, you know, if I go talk to this person, the psychiatrist or the psychologist, I could be given desk duty, and they'll take my car, my patrol car, you know.

P11 said,

They don't want to be personally liable if they make a mistake and promote them into a higher-level position. It's just a cascading effect. It's not just one thing, it

affects every facet of a law enforcement officer's career trajectory. You know, it could be that you're on a special team or you're in some specialized position that requires, you know, a psychological foundation, you will no longer qualify if you don't meet that standard.

### **Summary**

The purpose of this study was to examine the perceived obstacles and challenges that officers face based on the officers' lived experiences that prevent them from seeking mental health treatment. The study investigated how, if at all, stigmatization plays a role in preventing them from seeking mental health treatment. A total of 11 Southwest Florida region law enforcement officers contributed to this research. Within this population a variety of law enforcement officers were present including patrols, investigations, analysts, and other specific units within the agency. Data was analyzed using Saldana's (2011) coding process. RQ1 asked about the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment. Themes related to this RQ include scheduling issues, self-medication, and fear of forced evaluations. RQ2 asked the following: Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment? Themes related to this RQ include perceived loss of dependability, perceived weakness, and perceived loss of advancement.

## Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative study examined the perceived obstacles and challenges that the officers face based on the officers' lived experiences that prevent them from seeking mental health treatment. I also investigated how, if at all, stigmatization plays a role in preventing them from seeking mental health treatment. The following RQs were used to understand the subcultural stigma related to officers' help-seeking behaviors for mental health in the field of law enforcement: What are the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment? Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment? I conducted purposeful sampling to include active law enforcement officers in the southwest Florida region. Interviews were conducted both in-person and via Zoom interviews with current officers of varied levels of law enforcement experience. The following sections are discussed in this chapter: interpretation of the findings, limitations of the study, recommendations, implications, and conclusion.

### **Interpretation of the Findings**

#### **RQ1**

What are the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking mental health treatment? Categories related to this RQ include obstacles such as scheduling issues, self-medication, and fear of forced evaluations and were combined into the first theme related to barriers/obstacles.

***Theme 1: Category 1 - Scheduling Issues***

The findings highlighted scheduling as an obstacle to participants' access to mental health treatment. According to the participants, scheduling issues such as working long hours and working night shifts prevented officers from attending appointments for mental health daytime treatment. The result provides great insight that working schedules prevent officers from seeking mental health treatment as they have limited time to attend mental health treatment appointments. The challenge of scheduling issues can also be observed in previous research by Velazquez and Hernandez (2019), who indicated that working under stressful conditions, including long working hours by law enforcement officers, does increase the risk for new mental health conditions to emerge and exacerbate preexisting mental health issues.

The findings discovered in this research study indicated that shift work and family responsibilities also create a challenge for police officers to seek mental health treatment. Participants indicated that family responsibilities were more complex due to rotating shifts and long hours, forcing police officers them to prioritize work and family before their own mental health. These findings support previous research by Violanti et al. (2019), which also indicated that demanding shifts to include nights, weekends, and over time requirements prevent them from attending mental health treatment. The findings have contributed to the previous literature by establishing that scheduling issues are significant challenges faced by officers in their efforts to attend appointments for mental health treatment.

***Theme 1: Category 2 - Self-Medication***

This study demonstrated that officers tended to self-medicate rather than accessing mental health treatment. Participants who indicated that they self-medicated used alcohol, marijuana, and illicit drugs to compensate for mental issues. The findings confirm previous research, indicating that there is a tremendous expectation within the profession to remain unaffected by continuous exposure to violence and crime, causing a great deal of stress (Bullock & Garland, 2017). Similarly, past research also highlighted that internal pressure is often related to officers internalizing their stress, which leads to challenges for the officers as well (Bullock & Garland, 2017).

From an officer's perspective, self-medication as a sufficient alternative for mental health treatment was also reported in other studies (Violanti et al., 2018). Concurring with current study findings, previous studies by Heyman et al. (2018) indicated that some traditional masculine values and expectations often shame and ridicule those officers who seek treatment. As a result, seeking such treatment may cause speculation regarding the officer's fitness for duty; law enforcement officers often avoid their emotions by engaging in destructive behaviors, such as abusing alcohol to avoid mental health treatment (Grupe, 2023).

***Theme 1: Category 3 - Fear of Forced Evaluations***

The participants noted that the majority of police officers feared being forced into evaluation to ascertain their mental health status. The fear of triggering the required examination makes the officers refrain from informing supervisors or peers about their mental health needs.



This research study supports previous findings by Lambert et al. (2021), indicating that organizational stress, emotional exhaustion, and lack of organizational support for officers who self-identify as mental health consumers could be subject to forced evaluations. The stigma associated with these evaluations along with the potential punitive consequences create a subculture of silence regarding officer's mental health. The current study's findings have contributed to the previous research by establishing that officers' fear of forced evaluation contributes to their limited access to mental health treatment.

## **RQ2**

Based on the lived experiences of officers, how, if at all, does stigmatization play a role in preventing or keeping them from seeking mental health treatment? Categories related to this RQ include perceived loss of dependability, perceived weakness, and perceived loss of advancement were combined into the second theme related to stigma.

### ***Theme 2: Category 4 - Perceived Loss of Dependability***

According to the findings, police officers lost their dependability in the eyes of other officers due to mental health issues. As per the participants, the stigma related to mental health treatment included the perception that if an officer needed treatment, they were less reliable, thus preventing them from accessing mental health treatment as they tried to avoid being labeled as unreliable and undependable. The research found in this study supports previous outcomes which indicated that officers' fears of being treated differently due to the stigmas related to mental health treatment. This only adds to the officers' preexisting anxiety, thus preventing them from seeking mental health treatment (Axelrod, 2018). Although there have been improvements made regarding officers

seeking assistance for anxiety and mental health issues due to generational changes, a stigma of weakness and loss of dependability still exists (Violanti et al., 2019).

***Theme 2: Category 5 - Perceived Weakness***

The findings of this study demonstrated that stigmatization leads to perceived weakness among police officers, which keeps them from seeking mental health treatment. Participants indicated that the stigma around mental health treatment meant that officers may be perceived as weak if they sought help. The findings of this study also support previous research that indicates that officers choose not to self-report and seek help for mental health problems due to the well-founded fear of perceived weakness or professional consequences they may face from both their peers and organization (Bikos, 2020; Hartford Courant, 2022; Soomro & Yanos, 2018).

According to the findings, police officers fear being perceived as weak officers, which prevents them from reporting and seeking help in mental health treatment. The stigma related to self-seeking mental health treatment is perceived as a form of weakness that would cause officers to internalize traumatic stress (Velazquez & Hernandez, 2019). The perception of being perceived as weak when seeking mental health treatment leads to a lack of help-seeking among law enforcement officers. The results of this study contribute to existing literature by demonstrating that perceived weakness due to stigmatization prevents police officers from seeking mental health treatment.

***Theme 2: Category 6 - Perceived Loss of Advancement***

This research study's outcome shows that mental health-related stigma contributes to the fear of seeking help in mental health treatment as it negatively affects

their chance of advancement in the police department. The advanced positions in the police department as reported by the participants in this study were given to officers with strong mental health control, thus leading most officers to fear seeking mental health treatment. These findings were also reported in previous studies that revealed that officers who sought mental health treatment were often isolated, alienated, demoted, or held back from promotions, thus preventing them from seeking mental health treatment (Bullock & Garland, 2017). The findings have thus provided insight into how stigma contributes to a lack of self-seeking mental health among police officers.

### **Limitations of the Study**

A potential limitation of this research was the participants' willingness to remain truthful due to the negative stigma as it related to self-seeking mental health assistance within the subculture of law enforcement. Possibilities existed that the participants did not fully believe the confidential nature of the research, and, therefore, answers could be skewed to conform to the police subculture that seeking mental health assistance was a sign of weakness so as not to disrupt the status quo. This possible limitation may negatively impact the validity and transferability of the study findings. I addressed this perception by assuring participants of the confidentiality of their identity.

This study is not able to guarantee the generalizability as it relates to the population of law enforcement officers nationwide. Participants were limited to officers with a minimum of 5 years of experience who were assigned to the patrol division, thus the findings do not represent the entire department. This research also used a sampling of participants limited in number who were within a small geographic sampling population.

In doing so, I understand that the generalizability is limited to the sample that was attained in this study and not the entire population of law enforcement officers nationwide.

This study was limited to voluntary participants who were willing to speak out despite the stigma associated with the research to attain valid saturation. The research also focused on police officers and excluded police administrators who could provide further information on mental health among police officers. This contributes to the limited transferability of findings to other populations regarding mental health treatment within the police department.

### **Recommendations for Future Research**

This study was focused on law enforcement officers who served in the Southwest Florida region and were working within the patrol capacity. This study was delimited to law enforcement officers who served in the Southwest Florida region, which may impact the generalizability and transferability of findings regarding seeking mental health treatment among police officers. As a result, further research should be conducted in different geographical settings to enhance the transferability of the study outcome. A quantitative research design should also be adopted to collect statistical data for comparison purposes with the current research results.

While the current research has provided challenges preventing law enforcement officers from seeking mental health treatment, there is a need for additional research to identify strategies to support police officers who self-seek mental health treatment. I recommend that future research investigate the strategies used to promote and implement

mental health services available to police officers without the current associated stigma. This type of study would provide significant insight into how police officers could improve their mental health status related to stressful assignments. Additional research may highlight the need for training programs to be adopted at the federal, state, and local levels. The programs, if implemented, should increase officer participation rates while reducing stigmas related to the self-seeking of treatment. The results of the research would theoretically highlight the need for training programs, and their corresponding implementation should mitigate some of the self-harming practices in which many officers currently engage, including self-harm, self-medication/substance abuse, and various mental health issues.

### **Recommendations for Practice**

Based on the negative stigma associated with mental health treatment, agencies should create and implement mandatory training in an effort to support officers and reduce the stigmas associated with mental health treatment. The training programs should provide ways to reduce stigma among police officers and encourage self-seeking methods for mental health treatment. Providing higher quality and quantity of training, reducing work overload, and perceptions of the job as dangerous have all been proven to reduce stress and improve the overall mental health of law enforcement officers (Lambert et al., 2021). As a result, education and training programs for law enforcement officers should be implemented by police departments to reduce mental health treatment stigmas.

It is recommended that policymakers develop and implement department protocols that support officers who self-seek mental health treatment. These protocols

should include education and training for all officer ranks in an effort to reduce the stigma throughout the agency beginning with administration. Such actions would help reduce stigmatization and increase self-reporting of mental health issues by law enforcement officers without fear of negative consequences. Violanti et al. (2019) recommended that agencies begin to combat the stigmas that exist and ensure that supervisors encourage officers to seek mental health treatment, even as a preventative measure.

## **Implications**

### **Implications for Positive Social Change**

To promote positive social change, this research has provided police officers and law enforcement agencies with information to alter the negative perception of stigma as it relates to officer self-seeking mental health assistance. This research also illustrates some of the perceived obstacles and challenges that officers face based on their lived experiences that prevent them from seeking treatment.

Allowing agencies to have the ability to understand how self-stigma and perceived obstacles are viewed within the subculture could facilitate change in the methods used for officers to seek mental health assistance. The long-term benefit of this study's results can be used to eliminate both self and organizational stigmas associated with self-seeking behaviors for mental health within the field of law enforcement through the implementation of policy change.

This research has uncovered information that includes ways to reduce the negative stigma within the field of law enforcement and improve the overall mental

health crisis within policing. This improvement in mental health could also increase officer productivity levels due to the increased treatment of mental health issues. The findings provide great insight to police officers to understand the need to seek mental health treatment.

### **Implications for Practice**

The research has uncovered critical information on the negative perceptions associated to both personal and organizational stigmas within law enforcement and how they impact officers from self-seeking mental health treatment. With this information, agencies can put into practice new positive mental health trainings, beginning in the police academy and continuing throughout an officer's career. In doing this, organizations may be able to remove or at least mitigate the negative connotation for mental health treatment within the subculture of law enforcement. In doing so, officers mental health can increase and police agencies can see an increase in officer productivity.

This research highlights critical information on the negative perceptions associated to both personal and organizational stigmas within law enforcement and how they impact officers from self-seeking mental health treatment. With this information, agencies can put into practice new positive mental health trainings, beginning in the police academy and continuing throughout an officer's career. In doing this, organizations may be able to remove or at least mitigate the negative connotation for mental health treatment within the subculture of law enforcement. This creation of positive social change could increase officers' mental health wellbeing and could increase officer productivity and moral throughout the agency.

## **Theoretical Implications**

This study was guided by the labeling theory founded by Howard Becker (1960). The labeling theory was evident throughout law enforcement agencies across the nation which has created a culture of both self-stigma and organizational stigma (Becker, 1997). The nature of police work exposes officers to extreme situations involving violence and crime frequently. The impact of these repeated exposures takes a significant toll on the mental health of officers. Despite the apparent need for mental health support to mitigate the challenges related to the position, agencies have not adopted sufficient support mechanisms to provide officers with mental health treatment that is safe to seek (Craig et al., 2018).

A great deal of resistance from law enforcement agencies stems from the fundamental biases and stigmas related to mental health treatment that are harbored by many, including supervisors and superior officers. As a result of these deep-rooted stigmas and biases, many agencies label officers as incapable and either remove them from their positions or deny them promotions if they have sought mental health treatment. Howard Becker identified this type of stigmatic labelling as the Labeling Theory. Becker defined this theory based on those who are considered to be “normal” and those who are considered to be “outsiders.” When applying this theory to law enforcement agencies’ view of mental health treatment for officers, it is apparent that those who seek treatment are viewed as “outsiders” and those who do not are considered to be “normal” (Becker, 1997).



This deep-seated bias and internal stigma regarding mental health treatment for law enforcement officers results in labeling of officers who elect to seek treatment. Unfortunately, this labeling of the “outsiders” exists in most agencies throughout the nation and discourages officers from seeking much-needed treatment. This subculture within law-enforcement is two-pronged and is impacted by self-stigma that is felt at the individual level by officers and biases and stigmas at the organizational level. The biases and stigmas associated with officers seeking mental health treatment align with the labeling theory and the challenges associated with being perceived as outsiders (Becker, 1997). The current study’s findings support this theory by identifying sources of stigma that are associated with officers who self-seek mental health treatment. These sources were identified through data collection to include perceived loss of advancement, scheduling issues, self-medication, fear of forced evaluation, perceived weakness, and perceived loss of dependability.

### **Conclusion**

This study aimed to address the gap in the research regarding barriers to seeking mental health treatment, including the stigmas associated with seeking mental health treatment characteristic of police subculture. This study has provided important information regarding the need for reducing stigmatization among law enforcement officers which would help enhance help in self-seeking mental health treatment. This study provides great insight into how stigmatization plays a significant role in preventing or keeping officers from seeking mental health treatment. The research found in this study has offered the understanding that law enforcement officers face multiple obstacles

preventing them from seeking mental health treatment. Such obstacles include stigma-related challenges such as fear of forced evaluation, loss of advancement opportunities, self-medication as well as perceived loss of dependability. These stigma-related challenges prevent law enforcement officers from seeking mental health treatment. Further research may be conducted to determine strategies to reduce stigmatization among law enforcement officers.

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### Appendix A: Qualitative Instrument

The 10 interview questions asked of the research participants are provided below.

1. Can you describe a recent incident or situation where you felt particularly stressed or overwhelmed on the job? How did you cope with those emotions afterward?
2. In your opinion, what are some of the main factors that may deter police officers from seeking mental health treatment despite the challenges they encounter on duty?
3. Are there any stigmas or misconceptions within the police community regarding mental health care? How do you think these perceptions impact officers' willingness to seek help?
4. Could you share a personal experience or story about a colleague who faced mental health issues? What were the outcomes of their decision to seek or not seek treatment?
5. What are some common coping mechanisms or strategies that you and your fellow officers use to manage the stress and emotional toll of your work? Do you think these strategies are effective in the long term?
6. Are there any specific organizational or systemic barriers that you believe hinder police officers from accessing mental health support services? How might these barriers be addressed?
7. How do shifts, long hours, and irregular work schedules impact your ability to prioritize your mental well-being? Have these factors influenced your decision to seek or avoid seeking mental health treatment?

8. Are there particular cultural or social norms within the police force that could discourage officers from openly discussing their mental health struggles? How might fostering a more supportive environment change this dynamic?
9. Have you observed any changes in attitudes toward mental health within the police force over the years? Do you think there is a growing awareness of the importance of seeking help, or do persistent challenges remain?
10. If you could suggest improvements or initiatives to enhance mental health support for police officers, what would they be? How do you envision these changes positively impacting the overall well-being of law enforcement professionals?

## Appendix B: Recruitment Flyer



Caption: There is a new study to analyze the stigmas and obstacles that exist within the law enforcement subculture and identify potential pathways for mental health treatment that they may deem as acceptable. For this study, you are invited to describe your perceptions of seeking mental health support.

About the Study:

- One 60 - 90 minute in-person or Zoom interview that will be audio recorded.
- To protect your privacy, the published study will not share any names or details that identify you.

**Volunteers must meet these requirements:**

- Be certified law enforcement officers who currently work within the capacity of patrol.
- Have a minimum of five years of experience working in the capacity of patrol.

This interview is part of the doctoral study for Jason Yerk, a Ph.D. student at Walden University. Interviews will take place during MONTH 2023.

Please respond via email to [XXX@waldenu.edu](mailto:XXX@waldenu.edu) or call/text the researcher at XXX to let the researcher know of your interest. After interest is expressed, the researcher will schedule a telephone call for final screening of participants. You are welcome to forward this to others who might be interested.