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Utilization and Impact of Peer-Support Programs on Police Officers' Mental Health

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Walden University
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Abstract

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MA, University of Guelph, 2010

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Dissertation Submitted in Partial Fulfillment

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Abstract

Police officer suicides rates hit an all-time high in the province of Ontario, Canada, in 2018. Sadly, this statistic is somewhat unsurprising, as research has shown that police officers suffer from higher rates of mental health disorder diagnoses compared the general public. One key reason for the elevated levels of suicide and other mental health issues among police officers is the stigma associated with seeking help. In an attempt to address these serious issues, Ontario's police services have begun to create internal peer-support programs as a way of supporting their members. The present research explores the experiences of police officers serving as peer-support team members, particularly with regards to the impacts of peer support. In addition, this research also examines the importance of discussing shared experiences regarding a lack of provincial standards with credible peers. The Policy Feedback Theory posits that, when a policy becomes established and resources are devoted to programs, it helps structure current activity and provides advantages for some groups. This study utilized a phenomenological, qualitative approach, with data collection consisting of face-to-face interviews with 9 police officers serving on the York Regional Police's peer-support team. The findings revealed that peer support is more than just a "conversation"; rather, it is instrumental in enhancing mental health literacy among police officers, and it significantly contributes to stigma reduction. The findings also revealed that internal policy demonstrated an organizational commitment to mental health and peer-support programs, and that a provincial standard is necessary to ensure best practices and risk management in the creation and maintenance of peer-support programs.

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Dedication

This dissertation is dedicated to the spouses and children of police officers who are often forgotten and, in some cases, are the “first responders” to those who put their lives on the line every day to help others. Thank you for your understanding and empathy, and for loving us for who we are.

Acknowledgments

I would like to thank Dr. Koehle and Dr. Grier for their support and ongoing commitment to helping me successfully complete my PhD. I also want to thank the members of the York Regional Peer-Support Team who volunteered to participate in my research. Your experiences and dedication to helping others is truly astonishing, and I am honoured to have known each of you. Thank you to Chief Jolliffe, who not only allowed me the opportunity to conduct research with the York Regional Police, but who also believed in me when I came to him in 2012 with the idea of creating a unit dedicated to the psychological wellness of all members.

Lastly, I would like to thank my family for making this dissertation possible, especially my father, Rick Markoff (who is a retired police officer) and my mother, Georgia Markoff (who always tells me if a door closes, a window opens). I'd also like to express my thanks to my children, Benjamin and Madison, who learned the importance of education, patience, and understanding while was I spending countless week-ends and evenings doing homework. And, most importantly, I am eternally grateful to my husband Matt, who is also a police officer and my muse.

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Chapter 1: Introduction to the Study

Mental health issues among police personnel has been a particular topic of concern for police services in Ontario, Canada, since 2015 (Mental Health Commission of Canada & Public Services Health & Safety Association, 2015). Typically, stress levels and well-being among police officers have been associated with various physiological factors, such as lack of exercise, high blood pressure, and elevated cortisol levels due to shift work (Jensen, Hansen, Kristiansen, Nabe-Nielsen, & Garde, 2016), as well as other factors inherent to a high-intensity profession where individuals sometimes experience low-levels of control (Garbarino & Magnavita, 2015). As a result, the majority of research on stress and wellness among police officers has primarily focused on these physiological factors and the importance of health and fitness programs (DeNysschen, Cardina, Sobol, Zimmerman, & Gavronsky, 2018). Indeed, some police services have even taken to promoting and rewarding officers who maintained a high level of fitness throughout their career (Chicago Police Department, 2009; Police Fitness Personnel Ontario, 2019). However, increased rates of post-traumatic stress disorder (PTSD) and other mental health issues among police officers have led researchers to focus on the importance of providing officers with stigma reduction and preventative mental health initiatives (Stuart, 2017; Smid, McCrillis, Haugen, & Nijdam, 2017).

One such initiative that has become prevalent among police services in Ontario is the creation of peer-support teams. This is consistent with Burke, Pyle, Machin, Varese, and Morrison's (2018) findings, which suggest that peer support can help empower people who are suffering from mental health issues and improve their self-efficacy.

Furthermore, Heffren and Hausdorf (2016) found that police officers will disclose psychological distress to others if they feel like they are in a supportive environment. In contrast, Booth et al. (2017) examined mental health training geared towards police officers who have no history of mental health issues. Although police services have been actively trying to promote stigma reduction and peer support in order to help their officers, there are no official guidelines or standards regarding the creation and maintenance of peer-support programs, which can put police organizations at risk.

Police services in the province of Ontario are governed by Provincial Adequacy Standards. These standards guide and direct police services on how they do business and include areas such as public order, law enforcement, administration and infrastructure, victim assistance, and community policing. These guidelines also outline the training standards and required duties of police officers in their day-to-day operations. It is up to the chief of each police service to ensure that these standards are adhered to. If smaller police services do not have the budget or resources to fulfill these duties, they are required to enter into a memorandum of understanding with other police services; that is, they will create an agreement to share resources and assist each other.

Currently, there is no adequacy standard in Ontario regarding the mental health and well-being of police officers. Therefore, it is up to each police service to determine whether mental health is a priority, and whether to allocate room in the budget for preventative mental health programs and initiatives, such as peer-support programs. As a result, some police services provide their members with comprehensive health supports, while others offer nothing.

Another issue is that there are no official guidelines or standards that police services can follow in establishing, selecting, and maintaining their peer-support teams. Although police services are trying to support their officers' mental health, this lack of standards is a source of risk for these departments. My main goal in this research is to examine the effectiveness of peer support in improving police officers' overall mental health. In addition, this research is also intended to promote change by demonstrating to Ontario's Ministry of Community Safety and Correctional Services the importance and benefits of an adequacy standard for mental health. This standard will ensure that all police services have access to the same resources and supports, and that all peer-support programs in the province of Ontario are following the same guidelines.

This chapter outlines the study's background, research problem, research questions, theoretical background, and general nature. Furthermore, this chapter includes a list of definitions for the police-related concepts and constructs that will be used in the study. Lastly, the assumptions, scope, delimitations, limitations, and significance of the study will also be discussed in this chapter.

Background

Peer-support programs in police organizations are relatively new in the province of Ontario, Canada, having only become common in the past five years. Therefore, it was necessary to examine peer-support programs in police organizations in the United States and Europe, as well as in other first-responder and non-first-responder professions, in order to obtain background information on these programs.

This research will fill a gap by obtaining data on the overall impact of peer-support programs on stigma reduction and mental health in a selected police organization. The creation of peer-support programs provides police officers with an opportunity to share their experiences with other officers, which is important because fellow officers are perhaps best able to relate to their colleagues' experiences in the line of duty. Promoting the sense that police officers are not alone and encouraging the idea that there is no shame in seeking help both contribute significantly to bringing about changes in police culture. This cultural change could be critical in helping to decrease the number of suicides in the policing community and improving the quality of police services offered. Furthermore, the data obtained in this study can contribute to much needed change on the part of the provincial government in relation to mental health supports for police officers.

Problem Statement

In Ontario, Canada, there is no standard regarding the implementation and maintenance of peer-support programs for police officers. Between 2014 and 2017, 46 Canadian police officers took their own lives (TemaConter, 2017). This statistic reflects Ricciardelli, Carleton, Mooney, and Cramm's (2018) finding that police officers and other first responders are diagnosed with mental disorders at a much higher rate than the general population. In response, police services in Ontario have begun to introduce voluntary mental health initiatives such as peer support programs, which are viewed as an important mechanism for decreasing the stigma associated with seeking help. However, the lack of mandated mental health supports means that it is up to each police service to determine whether it will take a proactive approach to mental health by prioritizing it and

allocating space in the budget to promote psychological wellness, or whether it will continue to take a reactive approach to the issue. Other researchers have investigated this problem by focusing on stigma and barriers to care for first responders (Smid et al., 2017), formal mentorship programs in police organizations and their effects on mental health issues (Gill, Roulet, & Kerridge, 2017), and willingness among police officers to speak to others in a supportive environment before disclosing mental health issues (Heffren & Hausdorf , 2016). Thus far, no studies have examined the relationship between access to peer-support programs in police organizations and overall mental health, or the importance of establishing standards for the creation and maintenance of peer-support programs. This study contributes to the literature by exposing provincial policy makers to peer-support team members' perspectives on the benefits of peer-support programs, as well as the risks associated with the lack of provincial guidelines for developing peer-support programs.

Purpose of the Study

The purpose of this study was to obtain feedback from peer-support team members in order to gain insight into a number of related themes. These themes included, but were not limited to: (a) reducing the stigma associated with accessing peer support; (b) whether talking to peers with similar experiences or general credibility helps to improve officers' overall mental health; and (c) issues regarding a lack of a provincial standards to guide police services. The participants in the study were selected from a peer-support team at a municipal police service in Ontario, Canada (York Regional Police), which had established its peer support program in 2014.

Research Questions

RQ1: How do peer-support team members perceive the peer-support program's impact on police officer mental health?

RQ2: What are the implications of not having mandated guidelines for the creation and maintenance of peer-support programs within police organizations?

Theoretical Framework

Policy Feedback Theory (PFT) holds that the establishment of a policy sets the foundation for change, as well as the allocation of resources in order to ensure the policy's implementation and longevity. For example, in 2017, each police service in the province of Ontario was tasked by the provincial government to take steps towards combatting PTSD by creating their own PTSD prevention plans (see Table 1). The problem with this approach is that it left the scope of each PTSD prevention plan up to the organization, as there are currently no requirements for monitoring and evaluation. As a result, police services across the province have developed a range of plans, with some implementing robust strategies that include peer support, while others have taken a more limited approach (Ontario Government, 2018).

It is up to police officers to collectively ensure that appropriate policies are in place to protect the physical and mental well-being of all of the officers serving with the province's numerous police services. For example, the creation of new policies or the reinvention of old policies can affect governing operations through multiple mechanisms, such as the imposition of resource commitments and constraints, and the reconfiguring of governing capacity and standard operating procedures (Mettler & SoRelle as cited in

Wieble, 2018). Therefore, police services can use the PFT to leverage organizational and even provincial policies to bring about a shift police culture that emphasizes the promotion of officers' wellness and the standardization of existing processes.

Nature of the Study

This study was qualitative in nature, and it employed a phenomenological approach to achieve a better understanding of the impacts and workings of peer support in a high-risk, high-stress organization. Data were acquired through one-on-one, face-to-face interviews using open-ended questions. The sample consisted of nine police peer-support team members who had served on the peer-support team for at least two years and had 10 years of policing experience. The purpose of the interviews was to gather data on emerging themes related to the officers' perceptions of how peer support had impacted members' overall mental health. Themes of particular interest included stigma reduction, accepting support, and the risks associated with supporting peers. The study design allowed the participants to go into significant detail about their experiences providing peer support to other officers and their families.

Definitions

Mental health issues: For the purpose of this study, a mental health issue is any issue that affects a police officer's mental health, but that does not fit the criteria of a diagnosis.

Mental disorders: Mental health symptoms that are diagnosed by a medical doctor or clinical psychologist based on the criteria in the DSM IV.

Peer support: Mutual agreement to the giving and receiving of support among police officers.

Peer-support member: **A** police officer who has the knowledge, skills, abilities, and lived experiences to provide support to other officers, both internally or externally.

Peer-support program: An established peer-support network within a police organization between members who have shared lived experiences and credibility. If required, these programs can provide a conduit to professional mental health treatment.

OIRPD – Office of the Independent Review of the Police Director, which receives, manages, and oversees all complaints about police officers in the province of Ontario.

Operational Stress Injury (OSI): A non-clinical, non-medical term referring to a persistent psychological difficulty caused by traumatic experiences or prolonged levels of high stress or fatigue during service as a military member or first responder.

Police Services Act (PSA): The law governing the conduct of police officers in the province of Ontario.

Safeguarded: Psychological assessment through an interview with a clinical psychologist to ensure one's suitability as a peer-support team member.

Special Investigation Unit (SIU): A civilian agency responsible for investigating incidents between police and civilians that have resulted in a death, serious injury, or allegations of sexual assault in the province of Ontario.

Assumptions

Police culture perpetuates a stigma associated with mental health issues and reaching out for help. The overall perception by the public is that police officers are supposed to be strong, and that showing emotion is a sign of weakness (Bell & Eski, 2015). Therefore, the following assumptions are made in this study:

- Police culture creates an environment of secrecy, which contributes to the stigma associated with seeking out mental health support;
- Police officers will reach out to peer-support members before they seek help from a mental health professional;
- Police officers who do come forward risk jeopardizing their career (i.e., promotions, assignment to specialty units);
- Police officers would rather speak to someone who is also a police officer, as fellow officers are likely to have similar experiences; and
- There is more risk involved with peer-support programs that do not have set guidelines and standards to follow.

These assumptions form the basis of this study.

Scope and Delimitations

In this study, I examined the overall effects of peer-support programs on police officers' mental health, as well as the importance of set guidelines and standards for peer-support programs in minimizing risk. The scope of this study was limited to police officers who are currently members of the York Regional Police's peer-support team. Given that research into the overall effectiveness of peer support on police officers'

mental health is limited (Brucia, Cordova, & Ruzek, 2017), further research on this topic could prove beneficial to not only police officers, but also for all first responders, including correctional officers and military members.

Limitations

The primary limitation of this study was that data was only collected from one police service in Ontario, Canada. Another limitation of this study is that I am currently a serving police officer and a member of the peer support team, which introduces the potential for bias. However, I addressed this potential bias by sending out an email requesting the participation of peer-team members in recounting the experiences of those to whom they have provided peer support, and not their own personal experiences with peer support.

Significance

This research fills a gap by obtaining data on the overall impact of peer-support programs, particularly in relation to stigma reduction and overall mental health within a police organization. The creation of peer-support programs provides police officers with an opportunity to speak with other officers who have had similar experiences. Promoting the idea that police officers are not alone and that there is no shame in seeking help is a critical step in effecting changes within police culture. Furthermore, the promotion of mental health support and early treatment can help decrease the number of suicides in the policing community and alleviate the stigma associated with mental health issues among police officers. In addition, creating internal policies and procedures that allow and encourage police officers to seek the help they need, promoting a better understanding

among leaders in police organizations of the stressors and level of supports required for their members, and creating a Provincial Standard or Adequacy Standard can all help to ensure that all police services in the province have access to the same supports.

Summary

Past research has shown that peer-support programs among coworkers in the general population tend to have positive effects (Burke et al., 2018); however, there is a dearth of research specific to the police profession in the literature. This study helps fill this gap in the literature by examining peer-support team members' experiences regarding the effects of peer support, including its impacts on stigma reduction and overall mental health, as well as issues that stem from the lack of a provincial standard and other emergent themes. This chapter outlined the topic and background of the study, along with the problem, purpose, research questions, theoretical framework, and the nature of the study. Further concepts and constructs were also discussed, such as the study's scope, its limitations, and its significance. Chapter 2 contains a review of the relevant literature to this study.

Chapter 2: Literature Review

Introduction

In Ontario, Canada, there is no standard regarding the implementation and maintenance of mental health programs for police officers. In 2018, nine Ontario police officers who took their lives, which was the highest number of officer suicides ever recorded in a single year (Office of the Chief Coroner of Ontario, 2019). This troubling statistic reflects Ricciardelli et al.'s (2018) finding that mental disorder diagnosis rates are much higher among police and other first responders than in the general population. To their credit, police services in Ontario have begun to introduce voluntary mental health initiatives such as peer-support programs, which are viewed as important initiatives for decreasing the stigma associated with seeking help. However, Ontario's lack of mandated mental health supports means that each police service is responsible for determining whether it will act proactively by prioritizing mental health and allocating room in its budget for wellness-related initiatives, or whether it will take a more reactive approach.

The literature reviewed for this study revealed that researchers have investigated this problem by focusing on the stigma and barriers to care for first responders (Smid et al., 2017), formal mentorship programs in police organizations and their effects on mental health issues (Gill et al., 2017), and how the ability to speak to others in a supportive environment plays a critical role in whether a police officer will disclose mental health issues (Heffren & Hausdorf, 2016). However, the literature review also revealed that, thus far, no studies have examined how access to peer-support programs

impacts officers' overall mental health, or how established standards are important for the creation and maintenance of peer-support programs. As such, the present study contributes to the literature in two key ways: first, it provides provincial policy makers with insight into the benefits of peer-support programs in police organizations through the lived experiences of officers who serve as peer-support team members; and second, it outlines the risks that arise from developing peer-support programs without a standard policy.

The literature contains numerous studies that focus on the physical aspects of police work. For example, findings show that officers who work shift work get fewer hours of sleep or do not sleep well, which can contribute to poor dietary habits (Tewksbury & Copenhaver, 2015). The bulk of the literature on police officer wellness is rounded out by interview-based studies and studies that examine officers' biology and studies that eamine high-stress situations influence officers' decision-making processes (Jensen et al., 2016).

Police services mainly focus on physical fitness when they are assessing their officers' level of health. This would seem like a natural point of emphasis, as cadets are required to pass fitness testing prior to becoming a police officer, and officers are encouraged to maintain a high level of fitness throughout their careers. To this end, officers are required to undergo annual Fit Pin testing, and, in some cases, police services will actually provide incentives for officers to maintain their fitness. However, initiatives to help officers promote and maintain their mental health, or those that educate them on the potential psychological effects of police work are rare or, more often, nonexistent.

It has only been in the last seven years that mental health has become a prominent subject among Ontario's police organizations. This shift occurred when the Ombudsman of Ontario (2012) conducted the first investigation of its kind to focus on police officers who were suffering from operational stress injuries (OSI) or other mental health issues due to the nature of their job. The resulting report, *In the Line of Duty* (Ombudsman of Ontario, 2012), was specifically targeted at the Ministry of Community Safety and Correctional Services and the Ontario Provincial Police, but it also provided recommendations that affected all municipal police services in the province. This report was significant because it included numerous interviews with serving and retired police officers, as well as their families, in which they recounted horrific stories about their experiences in the line of duty. The report's main theme highlighted how officers were suffering in silence due to the stigma associated with seeking help that had been created and perpetuated by police culture and the bureaucratic structure of departments. Ultimately, the Ombudsman Report (2012) was instrumental in finally bringing the topic of mental health among police officers into the public sphere, and providing the impetus for change within Ontario's police organizations (Marin, 2012).

In addition to the Ombudsman Report (2012), the past decade has seen an increase in research examining the psychological effects of police work and the impacts of proactive and ongoing mental health initiatives such as mental health awareness training, stress management training, and peer-support services (Johnson, 2016; Price, 2017). Other research has suggested that psychological well-being is not all about PTSD, as police officers also suffer from a variety of other mental health issues (Ricciardelli et

al., 2018). In addition, psychosocial issues, burnout, and hardiness can all also contribute to a police officers' longevity and overall mental health (Talavera-Velasco, Luceno-Moreno, Martin-Garcia, & Garcia-Albuerne, 2018).

The purpose of this study was to gain insights into the benefits of peer-support programs by examining the experiences of officers who are currently serving as peer-support team members. Specifically, the interviews with the peer-support team members were probed four main themes: (a) peer-support's ability to reduce the stigmas associated with mental health and help seeking; (b) whether talking to peers with similar experiences or credibility can benefit officers' overall mental health; (c) issues related to the lack of a provincial standard for guiding police services in establishing peer-support programs; and (d) other emergent themes. The participants in this study were officers serving as peer-support team members with a municipal police service in Ontario, Canada, which has had an established peer-support program since 2014.

This chapter provides an overview of the literature related to the following areas: types of stress that police officers experience; additional effects of stress; police culture and mental health; stigma; value of peer support; peer-support programs; and policies and procedures regarding peer-support programs.

Literature Search Strategy

Peer-support programs in police organizations are relatively new in the province of Ontario, Canada, having only gained attention over the past five years. Therefore, it was necessary to examine police peer-support programs in the United States and Europe, as well as those in other first-responder and non-first responder professions, in order to

gain more information on these initiatives. The majority of the literature reviewed for this study consisted of peer-reviewed articles, periodicals, government documents, and credible scholarly websites. In addition, while the majority of the sources reviewed for this study were published after 2015, some older references were used, particularly in relation to theory and information regarding the implementation of peer-support programs in police organizations. The following list contains the websites and Journal and Periodical databases that were used to conduct this research:

- Acegonline
- Criminal Justice Database
- Directory of Open Access Journal (DOAJ)
- Expanded Academic ASAP
- Google
- Google Scholar
- International Security & Counter Terrorism Reference Centre
- MEDLINE with Full Text
- MEDLINE INFO
- National Centre for Biotechnology Information (NCBI)
- ProQuest Criminal Justice
- ProQuest Central
- PsycARTICLES
- PsycINFO
- Psychology Database

- Sage Journals
- Sage Premier
- Sage Publications
- Science Citation Index
- ScienceDirect
- ScienceDirect Subject Collections – Psychology
- Social Sciences Citation Index
- SpringerLink
- Taylor and Francis

Since there is limited research on the effectiveness of peer-support programs, I expanded my search to include terms related to overall mental health and supports for police officers. This expanded search included the following terms: *authoritative leadership, burnout, compassion fatigue, disability, first responders, hardiness, high risk, job strain, law enforcement, line of duty, mental disorder, mental health, mental health treatment, mental illness, mentor programs, occupational stress, peer support, police culture, police suicide, police wellness, police/police officers, psychological factors, resilience, risk factors, social support, stigma, stress/stressors,* and *trauma.*

Theoretical Framework

The suicides of nine police officers in Ontario in 2018 has sparked the provincial Minister of Community Safety and Correctional Services to initiate an inquest carried out by the Coroner of Ontario. Policy Feedback Theory (PFT) can be an important tool in bringing about change in police organizations, specifically attempts to change police

culture in order to create an environment where police officers are encouraged to seek help for mental health issues. The importance of policy in effecting change has also been highlighted by Pierson (as cited by Wieble, 2018), who describes public policies as a "path dependent process whereby each step along a policy pathway makes it increasingly difficult to reverse course" (pp. 105-106).

Currently, police services in the province of Ontario are guided by Adequacy Standards, which set the direction for Chiefs of Police and provide the framework for what is required for policing in general. These standards are broken down into six categories: (a) Public Order, (b) Emergency Management, (c) Law Enforcement, (d) Victims Assistance, (e) Community Policing, and (e) Administration and Infrastructure. The goal of the Administrative Infrastructure category is for the government to create an Adequacy Standard related to the mental health and psychological wellness of police officers, including standards for peer-support programs and other mental health supports (Ministry of the Solicitor General, 2000).

PFT posits that the creation of official policy, including the attendant dedication of funding and resources, helps to organize, prioritize, and provide advantages for specific groups (Mettler & SoRelle, as cited by Wieble, 2018). In addition, PFT focuses on specific actors, networks, and ideas. Within the context of this study, the actors are police officers in the province of Ontario, the network is comprised of liaising between Ontario's various mental health networks, and the idea is the creation and implementation of a realistic mental health initiative. As Cairney and Heikkila (2014) explain, when actors are present, policies are important to give rights to specific groups, whereas

networks create opportunities for government agencies to mobilize support and to protect programs. As such, PFT forms the foundation for creating a shift in police culture based on organizational and provincial changes for police officers in the areas of mental health and peer support. For example, Tucker (2015) found that officers who worked for agencies that had standing policies and procedures regarding officer wellness and other interventions for workplace stressors perceived a greater level of organizational support and were more likely to use mental health services.

Although resistance to change is an issue for all organizations, it is especially prominent among police organizations. Lorcsh and McTague (2016) explain that one should not attempt to "fix" the culture when attempting to effect major transformations within an organization; rather, one should bring about cultural transformation by allowing the organization's members to experience the new culture through the new processes and strategies. Therefore, it would be prudent to create a mandatory policy that would allow police organizations to ensure that their members have access to mental health supports, while at the same time decreasing the stigma associated with mental health issues.

Types of Stress Faced by Police Officers

In the province of Ontario, police officers are expected to perform many duties that come with high levels of expectations and, in some cases, low levels of control. Police officers are expected to take control of a situation, which can entail having to make quick life-or-death decisions, all while being scrutinized by the public. They are expected to provide advice, be knowledgeable in the newest legislation, policies, and procedures, be technologically proficient, and have the answers to solve problems and

promote community relations. At the same time, officers need to account for their time by producing stats, work overtime due to being short staffed, and deal with the different personality traits of their co-workers and the expectations of their supervisors. With all of these demands, it easy to see why mental health issues are on the rise among first responders.

Carleton et al.'s (2018) study of Canadian public safety personnel (PSP) found that first responders have increased symptoms of mental health disorders compared to the general public. Stanley, Hom, and Joiner (2016) have identified a number of factors that may explain this disparity in the prevalence of mental health issues, including: occupational hazards and exposures to traumatic incidents, shift work, stigma associated with reaching out for mental health support, high-risk roles, and overall lack of mental health resources. In addition to PTSD, other mental health issues that present among first responders are major depressive disorder, panic disorder, generalized anxiety disorder, social anxiety disorder, and vulnerability to alcohol use disorder (Carleton et al., 2018). It is commonplace to think that police officers are psychologically damaged from traumatic incidents, which can include exposure to fatalities and intense human suffering. Although this is true, the profession of policing has become much more complex over the last few decades. Gone are the days where policing simply entailed going out and arresting the "bad guy." The profession has become increasingly complex, with officers now being required to contend with a myriad of stressors on a daily basis, which can give rise to mental health issues if left unchecked. The following sections provide an overview of the internal and external stressors that police officers face on a regular basis.

Operational Stress

Operational stress includes a number of stressors specifically related to one's position. For example, a uniformed officer may have a different set of operational stressors than an internet child exploitation investigator. Operational stress emerges from police officers' exposure to multiple stressors and potentially traumatic incidents in the line of duty (Andersen, Papazoglou, Nyman, Koskelainen, & Gustafsberg, 2015). In the first-responder community, these types of mental-health-related issues are often referred to using the non-medical term, "operational stress injuries" (OSIs).

OSIs were a category first used by the military to normalize and validate the notion that military personnel could be psychologically affected by the nature of their work, and that these effects could be related to other mental health issues, such as depression, anxiety, and substance abuse. Following the *In the Line of Duty* investigation, the term was applied to the first-responder community to refer to a broad variety of emotional responses to disturbing events (Ombudsman of Ontario, 2012), which helped to change how members of this community thought about mental health and mental-health-related issues. OSIs came to be seen as being similar to a physical injury rather than a diagnosis, meaning that suffering first responders had the potential for recovery if they were provided with early interventions and the right treatments.

Organizational Stress

Organizational stress is generally recognized as the tension resulting from the characteristics of a workplace. Organizational stressors, such as ineffective leadership, the promotions process, understaffing, lack of resources, and organizational culture, can

pose serious challenges for police officers (Griffiths, Murphy, & Tatz, 2015). In fact, police tend to rank organizational stressors higher than operational stressors as a source of anxiety (Coleman & Cotton, 2017). A study conducted with 2,800 members of the Ontario Provincial Police found that bureaucratic red tape was cited as the most stressful organizational issue, with staff shortages finishing second. Interestingly, inconsistent leadership style placed third on the list of organizational stressors, as many officers felt that leadership did not hold all members accountable to the same set of rules, and that they constantly felt that they had to prove themselves to the organization (McCreary, Fong, & Groll, 2017). Furthermore, Talavera-Velasco, et. al.'s (2018) research suggests that poor support at work is significantly associated with high levels of emotional fatigue. This echoes Hansson, Hurtig, Lauritz, and Padyab's (2017) earlier findings, which show that low levels social support at work and, high job strain are predictors of psychological disturbance.

Relatedly, Ma et al.'s (2016) found that police officers experience administrative or professional pressure at a higher rate than physical or psychological threats. Ma et al.'s (2016) findings revealed that police officers did not find physical and psychological threats to be as stressful because they were expected in police work, whereas administrative or professional pressure was somewhat unexpected and unnecessary.

Personal Stress

In addition to operational and organizational stressors, police officers can also be affected by personal stressors such as family dynamics (sandwich generation, two working parents, and issues with children), financial strain, physical health issues, and the

regular commute to and from work. When coupled with shift work and overtime, which often lead to officers spending very little time at home and missing important events such as holidays and anniversaries, these personal stressors can significantly contribute to stress levels among police officers. This relationship between stressors was illustrated by Karaffa, Openshaw, Koch, Clark, Harr, and Stewart (2015), who noted that officers may experience family-on-work conflict, in which family crises impact work performance and behavior, or work-on-family conflict, in which work negatively impacts the officer's family or social life.

Although stress is present in everyone's life, it tends to be amplified among police officers due to the nature of their job. For example, the York Regional Police established its Peer-Support Unit in 2014 after realizing that police officers are not just affected by "one" type of stressor; rather, they are affected by a myriad of stressors, which is known as the "Perfect Storm" (Figure 1; Milliard, 2014). The most effective way to downgrade this Perfect Storm is through "support" from supervisors, co-workers, family, and friends.

Additional Effects of Police Stress

While the preceding section outlines the main sources of stress, the effects of these stressors can also manifest in the form of compassion fatigue, burnout, and moral injury. Compassion fatigue and burnout are particularly prevalent within caretaking occupations, but these conditions are becoming increasingly relevant to police officers due to their work with victims of trauma. Similarly, while moral injury tends to be more dominant among military personnel, aspects of it are applicable to police work and have become a growing source of stress among officers.

Compassion Fatigue

Compassion fatigue is a concept that is widely used in the policing profession. According to Burnett and Wahl (2015), compassion fatigue was "first identified by Joinson (1992) among nurses who exhibited feelings of anger and helplessness or turned off their own emotions in response to watching their patients suffering from major illnesses or trauma" (p. 318). Figley (1995) describes compassion fatigue as the "cost of caring," which is "brought on by normal behavioral and emotional responses resulting from an individual knowing about a traumatizing event experiences by a significant other and the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). The issue with compassion fatigue is that, at the beginning of their careers, police officers are not typically taught that it is something that can happen to them over time. This lack of education is a serious issue, as compassion fatigue commonly leads to negative feelings towards the job, which in turn can result in negative behaviours towards co-workers and the general public.

Grant, Lavery, and Decarlo (2019) have explained that, while new police officers typically come into the profession with the intention of making society a better place, cynicism often begins to creep in over time, which is a sign of compassion fatigue. Unfortunately, signs of compassion fatigue often get dismissed as the officer having a bad attitude or poor performance, which may only result in a performance improvement plan or even charges under the *Police Service Act*.

Throughout their careers, police officers are exposed to many different types of victims, but they only receive limited training and education on how these interactions

may affect them. As an example, police officers frequently interact with individuals on the worst day of their lives. These individuals come from all age groups, ethnicities, and socio-economic backgrounds, and they often have just suffered through a traumatic experience, such as losing a loved one, sustaining a serious injury, or having been victimized. In addition to comforting the victim, the responding officer may also be responsible for notifying family and/or friends about the incident and the victim's condition. Thus, police officers must not only hear and experience the victim's story first hand, but they must also recount the story to the victim's loved ones or during testimony in court, thus exposing them to further traumatization. This problem is further exacerbated if the police officer does not have education or training on the effects of these calls and what can be done to alleviate the effects.

Burnout

In some instances, there is confusion when it comes to burnout and compassion fatigue, as these terms are sometimes used interchangeably within the same context. Although both represent an overall sense of exhaustion, they have well defined meanings. Thompson, Amatea, and Thompson (2014) explain that "burnout is defined as a psychological syndrome that develops in response to chronic emotional and interpersonal stress and is characterized by three features: emotional exhaustion; depersonalization (a defense mechanism for caregivers and service providers to gain emotional distance from clients); and feelings of ineffectiveness or lack of personal accomplishment" (p. 58). Furthermore, Maslach (2013) explains that, while burnout is often fostered by prolonged exposure to victims of trauma, it can also be induced by organizational forms of stress.

Thus, the concept of burnout then not only encompasses emotional exhaustion as a result of helping others, but it also includes other stressors in a police officer's life. Again, it is important to distinguish that there are different stressors for everyone, and that stress does not affect everyone the same. For example, most outsiders would conclude that the primary source of stress for police officers comes from what they see and who they must deal with on a daily basis. However, stress in policing emanates from more than just traumatic events.

Moral Injury

Another factor that should not be ignored when looking at burnout is the influence of moral injury. Although the term, moral injury, originated in the military, it is now being applied to police work, and it has even come to be seen as a more significant stressor than operational stressors. Braitman, Battles, Kelley, Hamrick, Cramer, Ehlke, and Bravo (2018) define moral injury as "the impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations and violate assumptions and beliefs about right and wrong and personal goodness" (p. 302). Further, Litz, Stein, Delaney, Lebowitz, Nash, Silva, and Maguen (2009) have shown that veterans returning from war are at risk of developing defining characteristics of moral injury, including guilt, shame, lack of self-forgiveness and forgiveness for others, and withdrawal. As a result, moral injury can potentially be a gateway to further mental health issues.

Moral injury is not something that only occurs in the military. Indeed, police officers in Ontario, Canada, have resigned from high-risk units due to the moral injury

they endured. One of these areas is the Internet Child Exploitation (ICE) Unit, which has seen an increase in the frequency of moral injury as technology has progressed from photographs to video to the internet. During the interviews that were conducted for this research, the officers mentioned that they felt a constant pressure to find the victims who were on the internet, as doing so could prevent them from being sexually and/or physically abused by a family member or a trusted member of the community. They explained how they watched victims growing up on-line being exploited, and feeling helpless because they could not find or identify them (Milliard, 2010).

The interviewed officers also said that when they did arrest an offender, it rarely gave the victim justice, as the offender was given a light sentence such as probation. The officers felt like they had let the child and family down, and they reported feeling extreme guilt at not having done enough. As a result, they not only started to second guess their reasons for becoming police officers, but they also began to view the world through a dark lens. This dark lens filters their perceptions and feelings about people in general, and it can often lead officers to become cynical and even angry due to the fact that moral injury "characterizes exposure to morally ambiguous and ethically challenging events that conflict with an individual's moral beliefs and ideals about the value of life" (Braitman et al., 2018, p. 307).

Another significant area of moral injury within a policing context is when a police officer is forced to take someone's life. Although this question is asked in the hiring process and during the psychological evaluation, and it is real part of policing, the odds of it happening in police services in Canada are very rare. However, when it does happen,

officers may struggle with their decision in the aftermath and begin to question their role as a police officer. These internal dilemmas can adversely affect an officer's health if the officer is unable to properly process them, and if they lack family or organizational support.

Figure 1. Perfect storm: potential stressors faced by police officers. The lack of or declining support (real or perceived) plays a role in overall mental health.

Police Culture and Mental Health

Police culture can be defined as a set of norms, values, and shared outlooks that guide an officer and their behaviour (Demirkol & Nalia, 2019). Typically, police culture is associated with negative values such suspiciousness, cynicism, prejudice, distrust, and authoritarianism due to police officers' working environment (Balch, 1972; Skolnick, 1975 as cited in Demirkol et al., 2019). Knowing and understanding police culture is important in learning why police officers do not reach out for help when they are struggling. Cordoner (2017) has rightfully pointed out that police culture is different in every police organization. For example, the nature of a police organization's culture is controlled by various factors such as how it is managed, the quality of its leadership, accountability, fairness in discipline, its decision-making processes, and how its members feel about their work and their safety.

Cordoner's (2017) research showing that police culture differs from organization to organization is important because it also shows that there is shift in the police culture. In other words, depending on the organization's leadership, its direction, and its policies and procedures, police culture no longer has to be based on negative traits. Thus, police organizations need to move towards developing cultures wherein members try to protect one another and look out for each other's physical and mental health. As Jablonowski (2017) explains, a "police organizational culture fosters their subcultures and health-enhancing working conditions and the greater awareness of a supportive organizational culture and its subcultures can be viewed as key factors of success by health-enhancing working conditions and sustaining the long-time performance of police officers" (p. 214).

Stigma

Stigma in relation to mental illness and seeking help for it is still alive and well, especially among police officers. Karaffa and Tochkov (2013) observe that the stigma associated with seeking out mental health services among police officers and the general public is negatively correlated. Furthermore, Karaffa et al. (2013) reported that police officers often underestimate their co-workers' willingness to seek mental health services for a variety of mental health issues.

The difference in stigma among police officers and the general public regarding the discussion or reporting of mental health issues is potentially due to the nature of police work as a career. For instance, an officer who seeks help for a mental-health-related issue may lose out on a promotion, be forced into administrative duty, or have their firearm confiscated, which may also mean a loss of status for some (Crowe, Glass, Lancaster, Raines, & Waggy, 2015). Watson and Andrews (2018) have also found that the greatest barrier to officers reaching out for help is the potential harm it may cause to career, as well as a fear that their co-workers will lose confidence, and therefore trust, in them. This is also tied into organizational stigma. White, Aalsma, Holloway, Adams, and Salyers' (2015) research with juvenile probation officers found that those who suffered burnout as a result of their profession also stigmatized mental health treatment and support.

Crowe et al. (2015) found that disbelief, discrimination, and shame were prevalent among the general population and first responders when self-reporting on mental health issues, and that people do not come forward out of fear that others will think they are

"faking it" due to the fact that mental illness cannot be seen. For first responders, seeking help for mental health issues may lead others to perceive them as not pulling their weight, dodging calls, or not being a team player. Significantly, first responders reported feelings of shame at having to admit that they are suffering and need help, and they feared being discriminated against or being ttreated differently by co-workers. These fears are justified, as mental health issues are often perceived as representing weakness and unreliability, which is antithetical to a culture that covets strength, steadfastness, and commitment to performing one's duty (Bullock & Garland, 2017). These stereotypes can cause an officer to lose status among their co-workers and have their ability as a police officer called into question, which is detrimental in the policing profession.

Research also suggests that much of the stigma surrounding mental health is rooted in a lack of education and training on how to support people with mental health issues. It is unfortunate that police are the first responders for the majority of mental-health-related calls in Ontario, Canada, as this results in the person being apprehended under the provincial *Mental Health Act*. Due to stereotypes of people with mental health issues as being violent and dangerous (Iacabucci, 2014), mental health issues are often associated with criminality, which results in the police being called to deal with these situations (Marzano, Smith, Long, Kisby, & Hawton, 2016). Again, these beliefs and attitudes also feed into the stigma around mental-health-related issues that prevent police officers from seeking help. Only recently have police officers begun to receive education on the difference between mental health issues, mental illnesses, and mental disorders.

A vast majority of police officers are still reluctant to admit they need mental health support; as a result, many suffer in silence, or worse, end up taking their lives. The results of Stuart's (2017) research support the importance of including anti-stigma training as a means of creating a supportive work environment, improving the psychological health and wellness of police officers, and promoting help seeking" (p. 22). One way that police services are trying to break down the stigma associated with mental-health-related issues is by creating peer-support programs within their organizations. For example, in the last few years, police services in Ontario, Canada, have created peer-support teams to provide their members with mental health support. Although the creation of peer-support teams is a well-meaning initiative to support and assist officers throughout their careers, they are not regulated and do not have set standards. Moreover, peer-support programs have never been studied for their effectiveness in reducing the stigma associated with seeking help for mental health issues.

Value of Peer Support

In the workplace, peer support is about co-workers, known as "peers," who help one another. In the general population, an employee's personal problems can affect their job performance and, if left unchecked, these issues may lead to a decrease in their ability to function. The main objective of a peer-support program is to resolve employee and workplace problems before they escalate to crisis levels by providing an extra network of support in the workplace (Wallace, 2016). There is a consensus that the main goals of peer support are: to provide an empathic, listening ear; to provide low-level psychological intervention; to identify peers who may be at risk to themselves or others;

and to facilitate a conduit for professional help. It is generally agreed upon that the goals of peer support do not relate solely to helping individuals recover from a traumatic or highly stressful incident; rather, peer-support functions to help maintain and promote psychological and physical health, and well-being more broadly (Creamer et. al., 2012). Research into burnout and staff retention among health professionals has also identified the importance of peer support. Peer support has been found to provide health professionals with positive validation, a sense of shared experience, knowledge and opportunity for reflective practice, stress and coping strategies, and enhanced self-confidence (Forster & Haiz, 2015).

Peer support can be defined as the true reciprocity and exploration of hope between individuals. For example, Armstrong, Korba, and Emard's (1995) study of veteran found that peer support does not necessarily involve sharing similar mental health experiences or traumas; rather, it is a relationship that is based on empathetic listening and being compassionate human beings. Miyamoto and Sono (2012) suggest that one must consider how empathetic human relationships can be built and how one can challenge conventional attitudes about providing support. As such, it may be necessary to redefine the concepts of help and support. Furthermore, Heffren and Hausdorf's (2016) study, which used the Distress Disclosure Index (DDI), revealed that police officers found it easier to speak to other officers when they were in a supportive environment. In addition, Burke et. al.'s (2018) findings suggest that peer support in small groups can be an effective way of increasing self-efficacy and empowerment among people with mental health issues.

Although the effectiveness of peer-support programs has not really been evaluated, Gill et al. (2017) found many positive outcomes associated with formal mentorship programs in police services, such as reduced anxiety levels among participating members. In addition, officers who utilized positive coping strategies following a traumatic incident experienced positive outcomes, including the ability to engage in self-initiated coping strategies (i.e., self-empowerment, positive reframing, physical activity, cooking, mindfulness, writing, and seeking more positive experiences), as well as other outcomes that can be clustered around other-involved coping strategies (i.e., peer support, formal support, and family support) (Pitel, Papazoglou, & Tuttle, 2018). Lastly, Pitel et al.'s (2018) findings suggest that a multi-faceted approach that combines family, organizational, and clinical support is most effective.

NYPD Peer-Support Program: POPPA (Police Organization Providing Peer Assistance Program)

POPPA was created for the New York Police Department (NYPD) in 1996 in response to a spike in officer suicides. The purpose of POPPA was to support members through the creation of a face-to-face peer-support program and a confidential hotline. The officers' union and the organization support POPPA which includes the non-disclosure of confidential information. Despite of official stats regarding POPPA's effectiveness, Klimley, Van Hasselt, and Stripling (2018) note that, according to POPPA, "mental health professionals estimate that approximately 150 suicides have been prevented since 1996" (p. 37).

New Jersey Police Department: COP2COP

COP2COP was created for the New Jersey Police Department in 1999 for the same reason POPPA was created: a spike in police suicides. COP2COP's purpose is to provide officers with confidential peer support for any mental health issues they may be dealing with. Unlike POPPA, however, COP2COP is staffed by retired New Jersey Police officers who are trained peer supporters. Another major difference between the two programs is that COP2COP supports officers at the local, state, and federal levels, whereas POPPA is restricted to serving NYPD members. While Ussery and Waters (2005) detail how COP2COP functions and provide real case studies that demonstrate why the program works, they further suggest that "a longitudinal study will indicate that the COP-2-COP program has actually improved the overall wellness of first responders and their families in this state" (p. 78).

Peel Regional Police, Ontario, Canada: Peer-Support Program

The Peel Regional Police Service has had a peer-support program for almost 30 years. At present, the Peel peer-support program consists of 85 members, which includes civilian and sworn members. The Peel Regional Police Service has taken steps to ensure that their peer-support team is well trained, with members being required to take Individual and Group Crisis Intervention courses from the International Critical Incident Stress Foundation (ICISF), as well as undergoing Applied Suicide Intervention Skills Training (ASIST) and Compassion Fatigue training. Peel's program also includes volunteer chaplains, and 24 of the team members are designated as Critical Incident Response Team (CIRT) members. The CIRT team facilitates debriefings with officers

following traumatic/critical incidents, which includes educating them about resources and strategies for reducing the impact of critical incidents, as well as issues surrounding cumulative occupational stress.

Durham Regional Police Service, Oshawa, Ontario: PILLAR Program

The PILLAR Support Program is a member-driven program that was launched in March 2013. PILLAR complements Durham Police wellness programs by offering peer-to-peer interpersonal relationships. This program aims to build a supportive community at work, and it recognizes and values the potential for broader change by championing mental health peer support in the workplace. The Service has 28 peer supporters consisting of both sworn and civilian members from various units, including one retiree and one auxiliary member. The program is led by the manager of Health & Wellness, with recruiting and policy being guided by a board of internal stakeholders.

York Regional Police, Ontario, Canada: Peer-Support Program

The York Regional Police Peer-Support Team was created in 2014 and consists of both sworn and civilian officers of various ranks. The team was created following a 2012 investigation by the Ombudsman of Ontario, which recommended that police services in Ontario create peer-support programs in order to connect officers suffering from mental health issues with the help they need in a confidential manner. Although the last five years has seen many peer-support success stories, there have been no official evaluations or measures of its effectiveness. Table 1 provides a list of all of the police services in Ontario who submitted their PTSD Prevention Plans to the Ministry of Labour in 2017. Out of the 53 police services in Ontario, 40 submitted plans, and 25 reported having a

peer-support team, and eight spoke about strategies for creating a peer-support team in the near future.

Table 1

Police Services in the Province of Ontario with PTSD Prevention Plans, 2017

Police Service*	Providing Peer Support
Barrie Police	Yes
Bellville Police	Yes
Chatham-Kent Police	Yes
Cobourg Police	Yes offered through OPP
Cornwall Police	No
Deep River Police	No
Dryden Police	No
Durham Regional Police	Yes
Gananoque Police	No
Greater Sudbury Police	Yes
Guelph Police	Yes
Halton Regional Police	No
Hamilton Police	Yes
Kingston Police	Yes
LaSalle Police Service	No
London Police Service	Yes
Niagara Regional Police	Yes
North Bay Police	No
Ontario Provincial Police	Yes
Orangeville Police	No
Ottawa Police	Yes
Owen Sound Police	No
Peterborough Police	Yes
Port Hope Police	Yes offered through Durham
Sarnia Police	Yes
Shelburne Police	No
Smith Falls Police	No
South Simcoe Police	Yes
St. Thomas Police	No
Stratford Police	No
Strathroy-Caradoc Police	Yes
Thunder Bay Police	Yes
Timmins Police	No
Toronto Police	Yes
Township of Stirling-Rawdon Police	No
Waterloo Regional Police	Yes
West Gray Police	Yes
Windsor Police	Yes
Woodstock Police	Yes
York Regional Police	Yes

Peer Support Providers

In addition to peer support's benefits for recipients, some research has focused on how peer-support benefits those providing it. Some of the benefits to peer-support providers include: a greater sense of self-efficacy as a result of helping others; increased self- knowledge as a result of sharing common experiences with others; and the development of skills through human service work experiences (Miyamoto & Sono, 2012). One suggestion according to Andersen, Papazoglou, Koskelainen, & Nyman, (2015) is to train and create peer-support teams who not only provide peer support, but who can also educate members about the importance of mental health and inform others about treatment and other organizational supports. Such a program would be a "resource that utilizes peers for post-trauma information and support as well as information and resources about occupational stress and health" (p. 6).

Family Support

Police officers who reported low levels of support from their departments and their family/friends were more likely to abuse alcohol, which supports the notion that weak social support increases the odds of maladaptive behaviors such as alcohol abuse. Therefore, it is important for departments and officers' families/friends to provide them with social support when the need arises. Specifically, police departments should make the services of counselors readily available to officers (Zavala & Kurtz, 2016). In addition, Tucker's (2015) research with various police officers throughout Pennsylvania revealed that officers with higher levels of support at home were more likely to seek out mental health supports. Other first responders, such as firefighters, also explained that

social support moderates the relationship between stress and suicidal ideation; that is, higher levels of social support appeared to provide a buffer against suicidal ideation when experiencing high occupational stress (Carpenter, et. al., 2015).

Policies and Procedures Regarding Peer-Support Programs

In an effort to measure the effectiveness of peer-support programs, a provincial standard needs to be adopted. As Creamer et al. (2012) point out, one of the "most difficult issues confronting the field of peer support for high-risk organizations at present is the relative lack of empirical data to support its effectiveness" (Mead, Hilton, & Curtis, 2001, p. 139). Police organizations implement peer-support programs with good intentions, but they often do not create a formal provision of peer-support programs which includes meeting the legal and moral duty to care for employees, as well as addressing the multiple barriers to standard care (including stigma, lack of time, poor access to providers, lack of trust, and fear of job repercussions) (Creamer et al., 2012). This is important because of the risk-management associated with peer-support programs in high-risk organizations. It is imperative that there are clear guidelines with respect to actions to be taken when someone is suicidal or when an officer's firearm is to be removed. Often, peer-support teams are created without addressing these important questions.

Summary and Conclusions

There are 53 police services in the province of Ontario, Canada, with approximately 69,000 active officers as of 2017 (Statistics Canada, 2018). Of these 53 police services, only 40 completed a PTSD Preventative Plan. It was further determined

that only 25 of these organizations had established peer-support programs, while another eight were either talking about creating a peer-support team or were in the early stages of creating one (Ontario Ministry of Labour, 2017). The role of policing has changed over the last few decades, which has increased the number of stressors faced by police officers. Although it is commonplace to think that police officers mostly suffer from PTSD, research has found that they also suffer from other mental health issues such as anxiety, depression, and substance use disorders. While it is true that police culture and stigma still prevent police officers from seeking help for mental-health-related issues, there is research to suggest that these barriers can be mitigated by organizational leadership's decision to emphasize the importance of mental health and mental health supports. Leaders of police organizations in Ontario, Canada, have recognized the need to support the mental health of their members by making it a priority and creating important programs such as peer-support initiatives. Despite the undoubtedly well-intentioned nature of such initiatives, they are often created without standard practices and clear guidelines. Although the Mental Health Commission of Canada has created guidelines for the creation and maintenance of peer-support programs in various organizations, it has yet to do so for the creation of such programs in high-risk organizations. Furthermore, this literature review revealed that none of the peer-support programs have implemented measures to ensure their overall effectiveness, which represents a significant gap in the literature.

This study employed a qualitative approach to assess the overall effectiveness of a peer-support programs in a police organizations in Ontario, Canada. In addition, this

study also seeks to illustrate the importance of provincial standards to govern such programs in high-risk organizations, as well as the implications of not having these standards. This research is important because there are few studies regarding the benefits of peer support, and none that specifically focus on peer-support programs in police organizations. The findings of this study could potentially guide the government in the creation of a mental health Adequacy Standard or, at the very least, provide direction for police organizations in creating mental health policies. The methodology of the qualitative study is discussed in Chapter 3.

Chapter 3: Research Method

Introduction

In their attempt to maintain the psychological wellness of their members, police services have explored a number of different programs and mental health initiatives. Peer support programs are one such initiative that has been increasing in popularity among police services in Ontario, Canada. Although peer support programs have been identified as an important aspect of any police wellness program, there is little research on their overall effectiveness. Therefore, this study sought to evaluate the effectiveness of peer-support programs through interviews with peer-support team members that were designed to examine their experiences in this program. More specifically, I was interested in how peer support was perceived in regards to: reducing stigma associated with accessing support; talking to others with similar experiences; lack of a provincial standard to guide police services; and other emergent themes regarding this new phenomenon. The study involved peer-support team members from a municipal police service in Ontario, Canada, which had established a peer-support program in 2014.

This chapter details the research design and rationale, the role of the researcher, and the methodology, including the instrumentation and the interviewing protocol. In addition, I explain the qualitative procedures for recruitment, participation, data collection, and trustworthiness, as well as the ethical procedures that were involved in this research.

Research Design and Rationale

This study was guided by the following research questions:

RQ1: How do peer-support team members perceive the impact of the peer-support program on officers' mental health?

RQ2: What are the implications of not having mandated guidelines for the creation and maintenance of peer-support programs in police organizations?

A phenomenological, qualitative approach was used for this study. As Davidsen (2013) explains, phenomenology tries to unite philosophy, science, and lifeworld and attaches importance to rich contextualized descriptions based on experience. Thus, a phenomenological approach was selected, as it allowed me to explore individuals' experiences in order to develop an understanding of the effectiveness of peer support and the risks associated with a lack of provincial standards for the implementation of such programs. In addition, Creswell and Poth (2017) argue that qualitative research is necessary to empower individuals to share their stories, have their voices heard, and minimize the power relationships that often exist between a researcher and the participants in a study. This is a key component not only for conducting research with police officers who tend to downplay their issues, but also for expanding the research related to mental health in the policing profession.

Allowing police officers to share their experiences in a profession that is often overshadowed by police culture is beneficial for stigma reduction, and can help guide police organizations in creating procedure and policy for promoting proactive and reactive mental health supports. Furthermore, qualitative research is beneficial for gaining insight into phenomena, individuals, or events, whereby the researcher purposefully selects individuals or groups in order to maximize the understanding of the

phenomenon being studied (Onwuegbuzie & Leech, 2007). I achieved such understanding by collecting data from experienced police peer-support team members in order to create a composite description of their experiences. These data, which were previously nonexistent among police officers, were captured to explain "what" peer team members experienced and "how" they experienced it (Moustakas, 1994).

Role of the Researcher

At the beginning of this study, I had 17 years of experience as a police officer (rank of detective) with the York Regional Police in Ontario, Canada. Before becoming a detective with the Criminal Investigation Branch, I had spent five years as a sergeant with the Peer-Support Unit. My duties with the Peer-Support Unit included supervising five member full-time Peer Support Unit (police officers and civilian) and overseeing the entire Peer-Support Team, which consisted of 50 members (sworn, civilian, and retired). The Peer-Support Team is considered a part-time unit at the York Regional Police, with members being nominated, interviewed, and psychologically assessed by their peers. Although I did oversee, maintain, and guide the Peer-Support Team, I was not the peers' direct supervisor unless they worked in the Peer Support Unit. In other words, members who volunteered to be peer support members, occupied a full time role in another unit within the organization. Being part of the Peer-Support Team (unless part of the Peer Support Unit) is considered a part-time, volunteer position, in addition to the members' regular assignment.

I am still a member of the York Regional Peer-Support Team where I continue to provide peer support to members of the York Regional Police and other police agencies.

In addition to working in the Peer-Support Unit, I also worked in the Quality Assurance Bureau where I created Project Safeguard, which is a psychological screening program for high-risk units. Furthermore, I worked as a patrol officer and was a member of our Critical Incident Stress Management Team for five years. Lastly, in addition to being a police officer, I am also married to a police officer and am the daughter of a retired police officer. Therefore, the issue of mental health, psychological wellness, and stigma reduction among police officers is important to me on many levels.

Although I am still an active member of the Peer-Support Team and know everyone on the team, I no longer have any supervisorial authority over the team's members. I did not use my previous role or social affiliation to influence anyone's participation in the study, and I attempted to control researcher bias by asking the peers about their own experiences. To protect the participants' identities, their names, badge numbers, and recent assignments were not revealed during the interviews. In addition, members were not compensated for participating in this study, and all understood that their participation was voluntary without promise, threat, or coercion.

As a current member of the Peer-Support Team, I will be aware of transcendental or psychological phenomenology, which focuses not on my interpretations of peer support, but on the participants' descriptions of their own experiences (Moustakas, 1994). In order to ensure that I was focusing on the participants' experiences and not my own, I used bracketing. In qualitative research, bracketing is the process of setting aside my own beliefs, feelings, and perceptions, and being more open to the phenomenon being studied (Gearing, 2004). Bracketing was achieved by instructing participants to be open and

honest about their experiences, that there are no right or wrong answers, and to think of me as a researcher who is gathering information about peer support, and not a police peer supporter. Having this conversation before starting the interview helped enable the participants to embrace their experiences.

Methodology

Participant Selection

In qualitative research, purposeful sampling is used when the researcher selects participants based on their ability to purposefully inform an understanding of the research problem and phenomenon under study (Creswell & Poth, 2017). The number of participants will vary depending on the type of research. For phenomenological studies, Creswell and Poth (2017) recommended a sample size of three to 10 participants. However, the number of participants is driven by saturation, which is the point at which the categories are saturated and the researcher no longer finds new information that adds to an understanding of them (Creswell & Poth, 2017).

I collected data from a small, purposeful sample of nine sworn police officers who have served for at least two years on the York Regional Peer-Support Team. The participants had at least 10 years of police service and a variety of lived trauma and/ or mental health experiences. All members who met the criteria were sent an email requesting their participation.

Instrumentation

Alase (2017) explained that, during phenomenological research, the use of a participant-oriented approach involves developing bonds with participants, which form

the foundations of interpersonal and interactive relationships. This approach allows for smooth information gathering and easier analysis. Thus, I collected the data for this study through one-on-one, face-to-face interviews with the participants.

Knox and Burkhard (2009) argue that face-to-face interviews yield authentic and deep descriptions of phenomena via the interviewer's ability to facilitate trust and openness in the interviewee, which then lessens the interviewee's need for impression management and enables the examination of her or his private experiences. The use of face-to-face interviews provides a number of benefits. For example, face-to-face interviews are more effective than telephone interviews at maintaining participant involvement; they allow for clarification of the information being communicated; and they allow the researcher to read body language and other nonverbal cues (Knox & Burkhard, 2009).

However, face-to-face interviews also have some disadvantages. In this study, those disadvantages included scheduling conflicts, the amount of time needed to conduct each interview, participants' reluctance to talk about sensitive topics, and the presence of the researcher, which may have altered the participants' responses. For this study, geographical location was not an issue because all interviews were conducted at the York Regional Police Department.

Interview Protocol

According to Creswell and Poth (2017), the interview protocol enables the researcher to take notes about the interviewees responses during the interview and helps

to organize thoughts, concluding ideas, and information after ending the interview (see Appendix B).

Qualitative Procedures for Recruitment, Participation, and Data Collection

Although I purposefully selected members from the York Regional Police Peer-Support Team, participation in the study was entirely voluntary. I sent out an email to all sworn police officers on the Peer-Support Team, explaining the purpose of the study and the implications of its findings. Members wishing to participate were instructed to responded to the email expressing their interest. Once a member had expressed their desire to participate, I scheduled an interview with them at the most convenient police facility. Participants were provided with a copy of the questions and the informed consent form ahead of time so they could fully review them.

Before the interview began, I explained the informed consent form and ensured that the participant understood that their participation was voluntary. The participants were also informed that the interview would be audio recorded, and that notes would be taken. In order to keep the participant's identity anonymous, their name, badge number, and current assignment were not used. Each interview was between 35-90 minutes. At the end of the interview, the participant was thanked for their time and reminded that they could contact the research if they had any questions or concerns regarding their interview.

After the interviews had been completed, the recordings were transferred from the USB audio recorder to a personal computer along with the interview notes. The personal computer was password protected, and the information stored on it was also secured with a password known only to me.

Data Analysis

The first step in data analysis was to review the audio recordings and transcripts of each interview a few times before beginning coding. This is approach is in line with Agar's (1980) recommendation that researchers immerse themselves in the details of the interview before dissecting it (as cited by Creswell & Poth, 2017). After reviewing the data, the memoing process can begin. Creswell and Poth (2017) explain that memos of emergent ideas should be documented when reviewing the audio interviews and notes from the transcripts. Further, memoing helps track the development of ideas, which lends credibility to the qualitative data analysis process (Creswell & Poth, 2017). After the memoing process had been completed, the information was coded and separated into categories or themes and sub-themes.

Trustworthiness

Ravitch (2016) explains that trustworthiness in research is used to describe the processes and approaches that qualitative researchers use to assess the rigor of their research. Furthermore, Shenton (2004) argues that, in order for a study to be valid, it must be replicable. As such, this study will address validity, transferability, dependability, confirmability, and credibility through a variety of validation techniques, including triangulation, disconfirming evidence and researcher bias, and generating a rich, thick description.

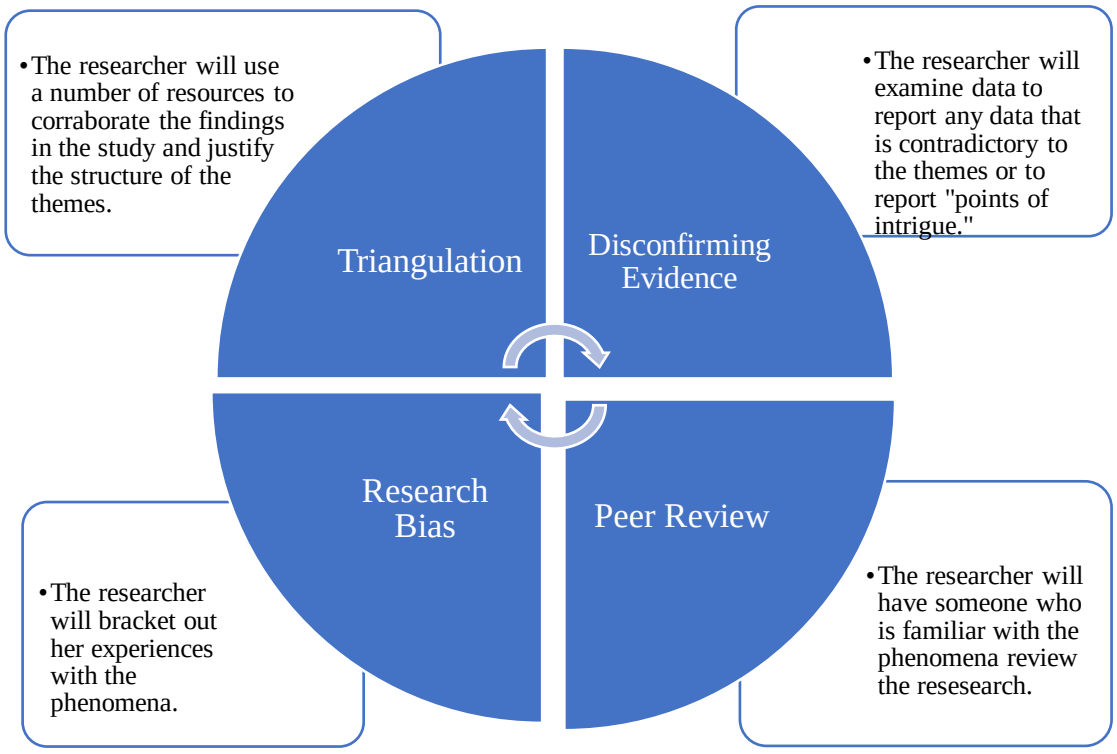

Figure 2. Addressing trustworthiness in the qualitative study.

Ethical Procedures

I ensured that this research stays within the boundaries of the IRB. As such, participants were treated with dignity and respect. In addition, I have been educated and trained on interviewing techniques with vulnerable populations as well as peer support, critical incident stress management, and mental health first aid. This training is important when interviewing participants who are discussing experiences that may be emotional. All ethical concerns related to recruitment materials and processes were addressed through the IRB, which granted its approval for this study on October 23, 2019.

All personal data recorded during the interviews is presently stored on a password protected personal computer and will be destroyed five years from the time the dissertation is approved and published.

Summary

This chapter detailed this study's methodology, including the phenomenological approach that was employed, how participants were selected, and how trustworthiness would be addressed. A purposeful sample was selected from members of the York Regional Police Peer-Support Team, with whom face-to-face interviews were to be conducted. An overview of the data analysis process was provided to the Walden University IRB.

Data collection, analysis, demographics, and the results will be explained in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to assess the effectiveness of peer-support programs by analyzing the experiences of officers who were members of a peer-support team in Ontario, Canada. In addition, this research aimed to assess the importance of talking with credible peers who have had similar experiences, as well as potential issues related to the lack of provincial standards for peer support, specifically in police organizations.

This chapter presents the research findings from the data collection and analysis. The research method consisted of qualitative interview questions related to the phenomenology of peer support. I conducted semi-structured interviews with a purposeful sample of nine peer-support team members with the York Regional Police in Ontario, Canada. A single police service was chosen for this study in order to understand the breadth, depth, and complexity of experiences among individuals in a police service with a well-known peer-support program. This study was authorized by the Chief of the York Regional Police, and permission was granted to interview members of his organization. Potential participants received an initial email soliciting their participation, and those who responded to express their interest were sent a follow-up email containing a list of questions (see Appendix A) and the consent form for them to review prior to the interview. This study was directed by two qualitative research questions:

RQ1: How do peer-support team members perceive the impact of the peer-support program on police officers' mental health?

RQ2: What are the implications of not having mandated guidelines for the creation and maintenance of peer-support programs in police organizations?

In this chapter, I discuss the results of the study, provide evidence of trustworthiness, and conclude with a summary of the chapter.

Demographics

Participants in the study had an average of 18 years of service, which included all major areas of the organization (e.g, operational, investigative, administration), and represented three different ranks. In addition, participants had at least two years of service as an official peer-support team member, and reported doing at least 10 hours of peer support (outside of their regular duties).

In order to become a peer-support team member at the York Regional Police, members must have at least five year of service, be nominated by a peer, take part in a formal interview with two peer-team members and a clinical psychologist, and undergo a safeguard assessment to ensure suitability. The other main criterion is that the member must have lived (personal or professional) experience with a traumatic event. The participants interviewed for this study had either directly or indirectly experienced the following incidents: officer-involved shootings; the death of a civilian member while on duty; SIU investigations; *PSA* investigations; discipline; coroner's inquest; chief's investigations; OIRPD complaints; attendance to traumatic calls; living with members with addiction and mental health issues; physical injury in motor vehicle accidents that required accommodation at work; the deaths of a spouse and a brother; suicide of a family member; and children with behavioural and developmental issues.

Data Collection

At the end of 2018, the York Regional Police service consisted of 1,624 sworn members and 643 civilians (York Regional Police Annual Report, 2018). The York Regional Police Peer-Support Team consists of 36 police officers and 10 civilians. Although the civilian members of the peer-support team are just as valuable to the organization as the sworn members, the purpose of this study was to gain information about the police peers and their unique experiences. On October 31, 2019, I sent an email to all 36 police peers informing them of the opportunity to participate in a phenomenological doctoral study examining how peer support affects the overall mental health of officers, and members' perceptions regarding lack of a provincial standard. Twelve peer-support team members agreed to participate, but due to time, travel, and work schedules, face-to-face interviews were only conducted with nine police peers. I conducted the interviews at a police facility from November 18 to November 20, 2019. To guard against potential concerns with confidentiality, the conference rooms selected were intentionally as far as possible from the offices of interviewees' peers and senior officers. Due to geographical constraints, two participants were unable to meet at their own district, but agreed to meet at another district to be interviewed.

Before each interview, the participant indicated that they understood the consent statement form that had been emailed to them and provided verbal consent to be interviewed. With permission from each participant, I audio recorded the interviews and took notes.

To ensure the anonymity of each peer-team member, specific demographics such as rank, current job placement, and gender were purposely not reported. To ensure confidentiality, interviewees were identified as Officer 1 through Officer 9. At the conclusion of each interview, I thanked the participant for their time and asked them not to share confidential information from their interviews with other officers.

Data Analysis

The data acquired from this phenomenological study was analyzed by first reviewing the interview transcripts for codes, significant categories, and themes, and then grouping the information according to the major themes and subthemes. In total, five themes were identified: (a) mental health literacy; (b) stigma reduction; (c) effects of police culture; (d) the need for internal policy; and (e) the benefits of creating a provincial standard. The identified subthemes were as follows: for mental health literacy, participants cited education and awareness on operational, organizational, and personal support; for stigma reduction, participants cited lived experience, shared experience, and credibility; with respect to police culture, participants identified factors such as promotion, rank structure, secrecy, perception, and management; regarding the need for internal policy and best practices, participants mentioned mandatory training, real and perceived support, and knowledge of process; and participants identified formalized training and membership selection as significant subthemes with respect to provincial standards for peer-support programs in police organizations.

Evidence of Trustworthiness

As discussed in Chapter 3, I used triangulation, negative case analysis or disconfirming evidence, bracketing, and generating rich, thick descriptions to address credibility, transferability, dependability, and confirmability. The use of triangulation in this study was particularly important for learning about the participants' experiences. Although the sample was exclusively comprised of police peers, they had a range of personal and professional experiences that contributed to their perceptions, as well as unique experiences providing support to other. During the data analysis, I found no disconfirming evidence for the presented themes. To mitigate bias, I was mindful of bracketing when conducting interviews. This was achieved by letting the participant share their experiences and expand on them without inserting my own opinions, beliefs, feelings, or self-knowledge. Lastly, the research was reviewed by a peer with education and knowledge about peer-support programs in police organizations.

Results

Mental Health Literacy

Within a policing context, mental health literacy is defined as the ability to understand: the difference between mental health disorders and mental health issues; the importance of seeking treatment early and its role; the definition of stigma and how it relates to mental health; and how to develop competencies to improve one's mental health (Kutcher, Wei, & Coniglio, 2016). All participants agreed that mental health education, which includes resources and support for members after traumatic incidents, was minimal and support and resources for their families was non-existent prior to the

establishment of the peer-support program. For example, Officer 1noted, “for such a long time, mental health of members was completely under serviced.” This sentiment was echoed by Officer 5, who remarked that the program was “great at taking care of public but [needed] to be better at taking care of our own.”

Eight of the participants reported that peer support was more than just a conversation; to them, it was also a method of increasing members’ overall mental health literacy. They pointed out that mental health literacy among police officers had been improved through education about the differences between good, declining, and poor mental health; education on the differences between mental health issues and mental disorders; and the various sources of stress for police officers. The York Regional Police laid the foundation for this training in 2015, when it implemented the Road to Mental Readiness Course, now called The Working Mind for First Responders, which was created by the Mental Health Commission of Canada. This course was important because it was delivered to all members of the organization by peer-support team members, and it created a common language that was taught on the Mental Health Continuum. The signs and indicators on the continuum further helped peer-support team members when having conversations with members. As Officer 5 stated,

> There has been an overall attitude shift of supervisors and members – back when peer started in 2014, reluctance to buy-in from the organization, but now people are looking after each other better – all of the other mental health supports, training and education – now seeing the value in it.

Similarly, Officer 7 reported that

> Mental health education has helped us with peer support and how to generate conversations and ask the difficult question when someone is suicidal and if they are going to kill themselves [. . .] knowing signs and when to intervene, what we should do, actions to take.

Further, Officer 9 who was the subject officer in a police shooting and was required to testify at a coroner's inquest—is responsible for educating members on the importance of healthy coping strategies. Officer 9 explains,

> Although my co-workers would do frequent check-ins after my shooting, it often resulted in unhealthy coping strategies [. . .] a lot of drinking that eventually turned into venting in a negative way [. . .] when I talk to members, I stay positive and let them know about the SIU process and to help them to reframe their negative thinking.

Stigma Reduction

The stigma associated with mental health is still alive and well throughout society, but it is even more prevalent in police organizations. No one wants to come forward due to fears of being labelled, having their gun removed, and being transferred to a unit that is secretly referred to as "the land of broken toys." However, many of the participants reported that the creation of peer-support programs had been effective in decreasing the stigma surrounding mental health, and making officers feel more comfortable coming forward to seek help. The following is a selection of responses on this subject provided by the participants:

Officer 2: peer support has given officers the ability to speak and to be heard, judgement free.

Officer 4: There was no peer support when I went through my shooting, when I meet with members I ask, what questions do you have for me, SIU or mental health related and after I get thanks for reaching out [...] knowing that someone has contacted me that has experience means a lot.

Officer 5: Due to stigma, personality in policing, a lot of people will go to a peer first before seeing a psychologist.

Officer 6: Peer support is very positive, excellent progress on officers being more open about discussing issues they are facing.

Other forms of stigma reduction related to peer support included the degree to which peer-support team members were seen as credible and trustworthy within the organization. For example, the idea of "peer support" is strengthened by the peers' perceived credibility due to their lived experience, which in turn makes them trustworthy. Indeed, one cannot provide high quality peer support to a member who has been involved in a police shooting if they have not gone through the same experience themselves. On this matter, the respondents made the following remarks:

Officer 5: [A] key piece of peer support is "credibility, trust" – [the] backbone of peer support [is] lived experience – no rank – peer support specifically for Senior Officers not necessary.

> Officer 1: Working in a high-risk unit gave me the opportunity to look at things in a different light [...] which lead me to help people I know.
>
> Officer 9: [At the] time I started peer support [...] I noticed people would buy into [it] more because I was wearing a tactical uniform.
>
> Officer 6: [The] main benefit of peer support is the credibility of the members [...] [officers are] more likely to open up and be honest and share their issues, compared to a complete stranger.

Effects of Police Culture

As stated earlier, police culture has a big influence on how people behave within law enforcement organizations. Aspects of police culture can include the decisions that are made, the quality of leadership, accountability, and whether members are being treated with fairness. The participants' responses made it clear that organizational culture has a big influence on how members feel, think, and act. There was a consensus among the participants that police officers are more affected by organizational stress than they are by traumatic stress. For example, the promotional process appeared to be a huge source of stress that could affected members' mental health if not channeled in the right ways. The following remarks reflect some of the respondents' thoughts on the stress that can result from the promotions process:

> Officer 4: Members report a crushing defeat of not getting promoted. [The] process is long and contributes to others' jadedness, [and] moral injury that comes with not being promoted.

Officer 5: Members who are not promotable don't feel value [...] [There are] high expectations on promotion and no education or promotion of self-reflection.

Officer 7: Promotion – big issues, takes up a ton of time, process is not fair, scores differ each year depending on who is marking, scores are manipulated, affects morale, not following code of ethics, affects officers' mental health, [they] don't want to come into work, don't work as hard, a lot of time spent discussing the issue, general attitude is lowered, employees don't feel valued.

Officer 8: [The] promotional process causes anxiety [and makes] people feel inadequate. Great police officers who are more than qualitied feel shook and question [their] sense of self. [They are] not sure of their abilities.

Officer 9: Promotions are a source of stress. [The] process is very subjective – [I've] spoken to many people about the flawed, huge holes [and how it] makes people feel like shit. [The] same material gets scored differently and [members] think they don't have the skills and abilities to become a leader –[it's a] huge hit to their self-confidence, motivation. [They feel like] their work has no purpose for advancement in their career.

Three participants also discussed how they had provided peer support for a members who were being bullied in the workplace. This can include supervisors bullying members or co-workers with co-workers. As the respondents noted, regardless of whether

the issues are perceived or real, it still represents a source of stress within the organization.

> Officer 2: Stress from members is more than just the job. [It includes] everything from [the] promotional process, [to] bullying, [to] internal politics, [to] compassion fatigue.
>
> Officer 9: I've had to peer support two members that were being bullied [...] [I] gave them ideas of how to work around it, [and] gave feedback to help them through it.
>
> Officer 7: I peer supported a member who was bullied [...] I connected them with a mental health professional to give them tools [...] I later found out from the member [that they] had contemplated taking their life [...] [I was] told by the member that receiving help (peer and professional) had saved them.

Need for Internal Policy

Police organizations are still considered as paramilitary organizations with a ranking structure and set policies and procedures. Policies are necessary because they clearly explain what is expected of the members, and they ensure that members are following protocol. Thus, there was no surprise that all participants agreed that an internal policy on peer support is essential.

> Officer 1: Peer support should be driven by the top down and should have a formal policy [...] mental health, use of force, prudent to not slough off someone who is having issues that needs their gun taken away – laid

out so everyone understands it – creation of a policy is to be in the members' best interest.

Officer 4: Policy is a necessity [...] peer support is signed on to by the Chief/organization and is now entrenched and we are buying into [it] – "gives it credence"[...] shows that it is important, supporting our people –[it is] seen as a place to go if there are questions and [that's] hard because there is a lot of gray areas – defined wording sets a standard for the service and something we can fall back to.

Officer 5:[Policy] shows [the] organization is committed. [It] paints everyone with the same brush.

Officer 6: Internal policy would help - framework to what is close. The benefit would be consistency instead of negative. Peer-support engagement is driven by the members, but [it's] good to have a policy [...] identifying what is required.

Officer 7: Each police service should have a policy in place so members can go and refer to it to assist them and what peer support does.

Officer 8: Internal policy, support coming [from] within [...] stronger faith and commitment to the organization [...] send message that the Chief fully supports it.

Officer 9: Policy shows supervisors [which] courses of actions to take.

Creation of a Provincial Standard

Police services in the province of Ontario are guided by Adequacy Standards, which create the framework for how police services operate and what they are mandated to have. Currently, there is no provincial standard for peer support. The findings of this research revealed that not having a provincial standard can pose a certain level of risk, as peer support in police organizations is a lot different than peer support in the civilian world. Some of the issues identified by the participants included the fact that police carry firearms and they deal with victims of crime and trauma. Furthermore, the respondents noted that police services are dynamic, which means there needs to be a set of best practices with respect to selecting and training peer-team members.

> Officer 6: Each agency is dynamic, [but there are] common themes in every organization. Put in some best practises, allow those to guide legislation.
>
> Officer 9: [The] ability for smaller services to have peer support [...] [will reduce the] risk of people falling through the cracks.
>
> Officer 5: Peer support is good, but if police services are not following best practice or programs that work, [then it's] not going to work.
>
> Officer 3: YRP has learned the negatives and positives when providing peer support [...] through a provincial standard able to share feedback and not make same mistakes.

> Officer 2: Some agencies are way ahead where others have nothing [...] [It's] not fair for police officers who do the same job[...] that one service has more than another, especially in the way of mental health and support.

As part of a provincial standard, participants identified education and the screening of peer-team members as criteria that should receive extra consideration when creating a provincial standard.

> Officer 8: A provincial standard [...] same process for vetting members [...] more stringent but finding out motives and intentions.

> Officer 6: Not screening members can have a huge detriment –[it's important] having officers [with] a natural aptitude to help others, credibility, being nominated, someone supports you.

> Officer 5: As part of the standard, mandatory training should include suicide awareness, mental health first aid and The Working Mind for First Responders because of the common ground in language.

Summary

In this chapter presented the results of the qualitative interviews. These face-to-face interviews revealed five major themes related to peer support: mental health literacy; stigma reduction; the effects of police culture; the need for internal policy; and support for the creation of a provincial standard regarding peer-support programs in police organizations.

The next chapter will present discussion and interpretation of the findings, as well as a discussion of the study's limitations, recommendations, and implications.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to analyze the experiences of peer-team members in order to understand how peer-support programs impact the mental health of police officers. In addition, this study also explored the implications of not having a provincial standard for selecting and training peer-support team members in police organizations. The results of the study showed that peer support is more than just a "conversation." Furthermore, the findings revealed that police officers face a number of stressors, with organizational stress being cited as the most prevalent. Moreover, the findings revealed that participants thought that mental health training and support should be driven from the top down, and that an internal policy would clarify the Chief's stance on mental health and help members understand the role of peer support. Relatedly, there was consensus among the participants that a provincial standard was necessary in order to ensure that all police organizations have the same access to mental health education and resources (peer support and beyond). The participants also felt that a provincial standard would provide a general framework for police services to follow, thus ensuring that every service is on the same page. This is specifically important in police organizations as a component of risk management and the sharing of resources.

This research entailed face-to-face interviews with nine peers-support team members who had an average 18 years of service with the York Regional Police Service. Each interview consisted of 17 questions, with the response producing five main themes: mental health literacy; stigma reduction; the effects of police culture; the need for an

internal policy; and the importance of creating a provincial standard for peer support. Each of these five themes also generated several subthemes, including: education and awareness about operational, organizational, and personal stressors (mental health literacy); lived experience, shared experience, and credibility among peers (stigma reduction); promotion, rank structure, secrecy, management support (real or perceived) (police culture); mandatory training, selection of members, and knowledge of processes (internal policy); and formalizing procedures for selecting and training members (provincial adequacy standards).

In this chapter, I discuss and interpret the findings of this study. I also discuss the study's limitations, recommendations for further research, and the implications of the study.

Research Questions

RQ1: How do peer-support team members perceive the impact of the peer-support program on police officers' mental health?

RQ2: What are the implications of not having mandated guidelines for the creation and maintenance of peer-support programs in police organizations?

Interpretation of the Findings

As stated in Chapter 2, police officers encounter many different stressors on and off the job (see Figure 1), including organizational stressors, operational stressors, personal stressors, moral injury, burnout, and/or compassion fatigue. One way to help alleviate these stressors is to provide officers with more support. To this end, police organizations in Ontario have created internal peer-support programs that enable officers

to talk with credible peers who have gone through similar experiences. For example, speaking with peers who had been involved in police shootings, SIU investigations, *PSA* charges, and OIRPD made it easier for officers cope with the incident that had led to them being investigated, as well as the investigation itself, which can be a stressful unknown. This includes the process itself and what to expect. Three of the participants who had been involved in police shootings explained that they had felt shunned in the aftermath of the incident: they were literally isolated in a room, their clothes and firearm was taken as evidence, and they were not allowed to talk to anyone until they had finished their notes. However, police officers are now instantly connected with a peer-support team member who can answer their questions, talk to them about healthy coping strategies, explain physiological responses that they might experience immediately after an event, and provide ongoing support during the subsequent weeks and months. Being armed with this information increases the officers' mental health literacy and decreases the stigma associated to reaching out for mental health support.

One of the other themes that emerged was an overwhelming consensus that organizational stress is more prevalent than any of the other stressors listed in the "Perfect Storm" (Milliard, 2014). This finding is of particular interest because exposure to traumatic events has typically been seen as the main source of stress for police officers. It is also interesting because organizational stress can be somewhat controlled, whereas the situations an officer encounters on the street while dealing with the general public cannot. According to the participants, the biggest sources of organizational stress were the promotional process and unsupportive (real or perceived) supervisors. Unsupportive

supervisors include those who are indecisive, perpetuate or turn a blind eye to bullying and harassment in their unit, primarily employ an authoritative leadership style, do not display the values of the organization, and generally lack emotional intelligence. Therefore, having supervisors who lack the self-awareness and emotional intelligence to control their own emotions and put themselves in someone else's shoes further fosters an unsupportive environment and can cause or exacerbate stressors already weighing on certain members.

These findings are not surprising, as police organizations still perpetuate a culture that includes "an old-boys" club, a paramilitary mindset that leaders rule based on their rank, and a belief in authoritative style of leadership. This type of supervisor does not embrace change, is not open to new ideas, and does not include subordinates in the decision-making process; in short, they are not interested in hearing what others have to say. In addition, these types of supervisors will not admit to their own shortcomings; rather, they prefer to try to bring down the success of others. For example, Deschênes, Desjardins, and Dussault (2018) argue that "autocratic leadership and leadership instability is detrimental to police officer's psychological health, and police officers also criticised their organizations for the way in which commanding officers are selected and promoted" (p. 6).

During the interviews, seven out of nine participants cited York Regional Police's current promotional process as a significant source of unnecessary stress. As a result, this is a prominent topic in peer-support sessions, both one-on-one and in group or team settings. The participants explained that, within police culture, obtaining a promotion is

the biggest indicator of an officer's success. Although formal and informal recognition are always appreciated, not being promoted hits deeper, as officers who fail to get promoted start to second guess their self-worth and even their role within the organization. This leads to a decrease in morale and productivity and an increase in overall distrust towards the organization. One of the participants even said that the promotional process is capable of causing "moral injury," as officers who have a good work ethic and hit all of the competencies may still never get promoted due to the ambiguous and subjective nature of the process.

Only one participant reported that they had provided peer support for someone with compassion fatigue. This number seemed low, but this may be due to the lack of education and awareness among the police population regarding moral injury, compassion fatigue, and burnout. Indeed, researchers have only just begun to examine how these stressors can manifest within police officers and other first responders. For example, a peer supporter may be asked to provide support for a member who is angry, negative, and possibly insubordinate, but they may not be able to tell that their colleague is suffering from compassion fatigue or, in most cases, burnout due to a lack of knowledge and education about the symptoms of these conditions.

There was an overwhelming consensus among the participants that an internal policy on peer support is necessary for a number of reasons. First, not only does an internal policy clearly articulate the role of a peer-support member, but it also demonstrates the Chief's commitment to the well-being and mental health of his department's members. This echoes Tucker's (2015) research, which states that officers

who worked in agencies who had standing policies and procedures regarding officer wellness members when having conversations with members. Officer 5 expressed the importance of implementing an internal policy thusly:

> Other interventions for workplace stressors resulted in perceived organizational support and more willingness to use mental health services. Not only does an internal policy represent the commitment of the organization, but also standing orders for direction will ensure that no members are falling through the cracks.

Lastly, all of the participants agreed to a provincial adequacy standard was needed for both peer support and mental health in general. The participants suggested that, with respect to peer support, a provincial standard providing guidelines for the selection and training of peer-team members was greatly needed. Currently, there is no standard regarding the creation and maintenance of peer support teams, which can leave police organizations open to a number of risks, such as picking the wrong members, nonexistent or ineffective training, and unclear guidelines with respect to when it is appropriate for peer-members to breach confidentiality. Furthermore, as the Canadian Mental Health Association (2018) has pointed out:

> it is also important to recognize and address the unique experiences of police which include the expectation to de-escalate people with mental illness in crisis situations; the decision-making power to respond to threatening situations with use of force options, including a firearm; and the exposure to an organizational culture steeped in authority and control. (p. 9)

The Mental Health Commission of Canada has developed Peer Support Guidelines and a National Standard for Psychological Health & Safety in the Workplace. Although both sets of guidelines provide a good starting framework, they are not inclusive of first responders. Police peer support programs have an additional element of risk because members are deemed to be in "safety sensitive" positions. Therefore, the creation of a provincial standard for mental health support and resources that includes guidelines for peer support in police organizations would support the PFT. The creation of a policy helps to organize, prioritize, and provide advantages for specific groups, and it demonstrates commitment and dedication and sets a pathway that makes it more difficult for organizations to look back (Mettler & SoRelle as cited by Wieble, 2018).

Limitations of the Study

There are a number of limitations to this study. Perhaps the most significant of these was that data was only collected from one medium-sized police organization in Ontario, Canada, using purposive sampling. Thus, the findings of this study are not generalizable to other police organizations. In addition, the York Regional Police Service is known to have a robust and successful peer-support program that is supported by its Chief. This cannot be said about all peer-support programs in other police services in Ontario.

Lastly, since I am a police officer and serve on the York Regional Police Service's peer-support team, this study had an inherent bias. However, this bias was minimized by allowing the participant share and elaborate upon their experiences without injecting my own opinions, beliefs, feelings, or self-knowledge.

Recommendations

In this study, nine peer-support team members from one police service in Ontario, Canada, were interviewed. Future research should include interviews with peer-team members at other, similar municipal police services throughout Ontario and/or with peer-team members serving on departments that already have an internal peer-support policy. Other research could also examine the overall impact of peer support in other first-responder contexts, such as fire, paramedics, and nursing staff.

Furthermore, this study was based on interviews with peer-support team members. Future research should explore the experiences of police officers and/or family members who have accessed peer support.

Implications

Mental health issues are on the rise within police organizations. As such police services should be taking a proactive approach by paying now, rather than having to deal with the costs—which will almost certainly be higher—later. In other words, all of Ontario's police services should have the same access to mental health education and resources, including peer-support programs. The findings of this research demonstrate that peer support is more than just a "conversation"; rather, it is a valuable tool that can increase mental health literacy for police officers and decrease the stigma associated with reaching out for mental health support—an outcome which has saved officers' lives. That peer support has saved even one life is evidence enough of its effectiveness, which means that organizations without such programs are essentially doing a disservice to their members.

The research also suggests that organizational stressors are the leading cause of stress among police officers, which also makes them the most likely to lead to mental health issues. Being aware of this information can allow police organizations to put strategies and policies in place to help alleviate the stressors that are inherent to police organizations. This can include efforts to change the organization's culture and certain of its processes, most notably the promotional process and the reporting of bullying and harassment by members.

Lastly, if all police services in the province are to have some level of mental health support and resources, it will be necessary to establish a provincial adequacy standard for police wellness. There already exists an adequacy standard for the prevention, maintenance, and reporting of physical injuries in police services. Therefore, it is obvious that the next step should extend these measures to operational stress injuries, especially in light of the rising rates of mental health disorders and suicide among police officers.

Conclusion

This purpose of this study was to gain information regarding the overall effectiveness of peer-support programs on police officers' mental health, and to explore the implications of not having standardized peer-support policies. Peer-support programs have been in existence for decades in the United States, and they have recently gained in popularity in police services in Ontario, Canada. This is due to an increase in the number of police officers suffering from psychologically injuries and the unprecedented and alarming number of police suicides in 2018. This qualitative study revealed that peer-

support team members viewed it as being more than just a conversation. In their experience, peer support was an indispensable tool for helping police officers learn about themselves, mental health, and the importance of seeking help early. In addition, the participants in this study strongly agreed that organizations need to being implementing internal policies regarding peer support, and that the provincial government needs to develop an adequacy standard for peer support and mental health training and supports.

The findings of this research also revealed that peer-support team members provide the most support for organizational stressors. Examples of these stressors include the promotional process, police culture, and unsupportive supervisors. Incidents related to these stressors seem more prevalent and ongoing compared to traumatic incidents such as police shootings. This information can be very helpful for police organizations that are looking to incorporate new strategies or policies.

The research also suggested that internal policy on peer support would clearly establish the Chief's, and therefore the organization's, commitment to mental health, as well as the role of peer-support team members. Finally, it is imperative to create a provincial mental health standard, or, at the very least, to provide guidelines for peer support in police organizations similar to the IACP guidelines listed in Appendix D. These guidelines would ensure that every police service in the province has some access to mental health support.

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Appendix A: List of Interview Questions

1. Why were you interested in being a peer-support officer?
2. Can you describe your lived experiences as a police officer that aid you in this role?
3. How long have you been in the peer-support role?
4. How much time do you spend (in a week or month?) in your peer-support role?
5. What training (both initial and ongoing) do you have for the peer-support role and what training do you think is necessary?
6. Can you describe how the Peer-Support Team is utilized proactively?
7. Can you describe how the Peer-Support Team is utilized reactively?
8. Can you describe your role in providing peer support?
9. Can you describe the range of issues that police officers who utilize this service present to you?
10. Can you describe how you assist the officers in these issues?
11. What do you see as the benefits of a peer-support program versus a police officer speaking with a psychologist or other mental health professional?
12. How are peer-support programs different in police organizations compared to other professions?
13. What would happen if this service was not offered by your agency?
14. What is the importance of peer-support programs being implemented in the same manner at other police agencies in the province?
15. What are the risks associated to not having a provincial standard for peer-support programs in police organizations?
16. What are the benefits of police organizations creating internal policies on peer support?
17. Is there anything else you would like to add as it relates to how peer-support programs impact police officer mental health?

Appendix B: Interview Protocol

- Time of Interview;
- Date of Interview;
- Location of Interview;
- Name of Interviewer;
- Name and rank of interviewee;
- Informed Consent Statement;
- Instructions for interviewer and interviewee;
- Years of police experience of interviewee;
- Years on the Peer-Support Team;
- Interview Questions (main and follow-up);
- Space for notes taken during the interview;
- Opportunity to ask interviewee if they want to add anything; and
- Ending acknowledgement of thanks to the interviewer.

Appendix C: IACP Peer Support Guidelines

Ratified by the IACP Police Psychological Services Section San Diego, California, 2016

1. Purpose

1. 1.1 The goal of peer support is to provide all public safety employees in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties. Ideally, peer support programs are developed and implemented under the organizational structure of the parent agency. Receiving support from the highest levels within an organization helps a peer support program to work effectively.
2. 1.2 These guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for sworn and civilian personnel in law enforcement agencies. The guidelines are not meant to be a rigid protocol but reflect the commonly accepted practices of the IACP Psychological Services Section members and the agencies they serve. The guidelines work best when applied appropriately to each individual and agency situation.

2. Definitions

1. 2.1 A peer support person (PSP), sworn or civilian, is a specifically trained colleague, not a counselor or therapist. A peer support program can augment outreach programs such as employee assistance programs (EAPs), in-house treatment programs, and out-of-agency psychological services and resources, but not replace them. A peer support person is trained to provide both day-to-day emotional support for department employees as well as to participate in a department's comprehensive response to critical incidents. PSPs are trained to recognize and refer cases that require professional intervention or are beyond their scope of training to a licensed mental health professional.
2. 2.2 To increase the level of comfort and openness in PSP contacts, assurances can be made that such information will be protected. There are three levels of non-disclosure of personal information to differentiate in this context:
    1. 2.2.1 Privacy is the expectation of an individual that disclosure of personal information is confined to or intended only for the PSP.
    2. 2.2.2 Confidentiality is a professional or ethical duty for the PSP to refrain from disclosing information from or about a recipient of peer support services, barring any exceptions recommended to be disclosed at the outset (See Section 6).

2.2.3 Privilege is the legal protection from being compelled to disclose communications in certain protected relationships, such as between attorney and client, doctor and patient, priest and confessor, or in some states, peer support persons and sworn or civilian personnel.

3. 2.3 Anonymous statistical information is tracked using a form (electronic or paper) that PSPs fill out to show the utilization of the peer support program; e.g., number of contacts (family or employee), time spent (in person or telephonically), type of service, referrals given, and follow-up services. Anonymous statistical information can be used as a guide for a department to increase the amount of PSPs, to monitor the hours worked per PSP, and also to justify to the department why a peer support program is necessary. It also helps the department recognize training needs in various divisions.
4. 2.4 Some examples of applicable activities for a PSP include the following:
    1. 2.4.1 Hospital visitation
    2. 2.4.2 Support with career-related issues
    3. 2.4.3 Post–critical incident support
    4. 2.4.4 Death notification
    5. 2.4.5 Substance abuse and EAP referrals
    6. 2.4.6 Support with relationship and family issues
    7. 2.4.7 Support for families of injured or ill employees
    8. 2.4.8 On-scene support for personnel immediately following critical incidents

3. Administration

1. 3.1 Departments can create a formal policy that grants peer support teams departmental confidentiality to encourage the use of such services. Such a departmental policy is recommended to be mindful of the jurisdiction's laws regarding legal privilege and confidentiality that apply to PSPs. It is highly encouraged PSPs not be asked to give, or release, identifying or confidential information about personnel they support. Management can receive information about peer support cases through anonymous statistical information regarding utilization of PSP services.
2. 3.2 Departments are strongly encouraged to use a steering committee in the formation of the peer support program to provide organizational guidance and structure. Participation by relevant employee organizations and police administrators is encouraged during the initial planning stages to ensure maximum utilization of the program and to support assurances of confidentiality. Membership on the steering committee in subsequent stages is encouraged to include a wide representation of involved sworn and civilian parties as well as a mental health professional licensed in the department's jurisdiction, preferably one who is knowledgeable about the culture of law enforcement.

3. 3.3 It is beneficial for PSPs to be involved in supporting individuals involved in critical incidents, such as an officer-involved shooting or when an employee is injured or killed. PSPs often provide a valuable contribution by being available to make the appropriate referrals in response to officers and other employees dealing with general life stressors or life crises. PSPs also make an invaluable addition to group interventions in conjunction with a licensed mental health professional.
4. 3.4 In order for the department that has a PSP team to meet the emerging standard of care in peer support programs, it is preferred that the department have clinical oversight and professional psychological consultation continuously with a licensed mental health professional who is qualified to provide that consultation to the PSP team. The role and scope of the professional mental health consultant can be mutually determined by the agency and the mental health professional.
5. 3.5 It is recommended a peer support program be governed by a written procedures manual that is available to all personnel.
6. 3.6 Individuals being offered peer support may voluntarily accept or reject a PSP by using any criteria they choose.
7. 3.7 Management may choose to provide non-compensatory support for the PSP program.
8. 3.8 PSPs are recommended to carry identification that is visible and also identifies their agency and that they are a member of a peer support team.
9. 3.9 Departments are encouraged to train as many employees as possible in peer support skills. Peer support team size varies across agencies depending on the size of and resources available to each agency. The number of PSPs can depend on many variables: such as the crime level and geographical area covered by the agency; the number and size of divisions within a department; who is transferring, retiring, or promoting; and the agency's budget.

1. 3.9.1 Peer support teams are encouraged to have enough trained and accessible members to provide services to all sworn and civilian department personnel, across all shifts and divisions. Team size is recommended to be manageable by program leaders or coordinators. Departments are encouraged to have sworn and civilian members of the agency available to increase the commonality when responding to personnel in different departmental positions (e.g., a sworn officer versus a telecommunications operator).
2. 3.9.2 Larger departments are encouraged to disseminate PSPs across sworn and civilian personnel, divisions, and shifts throughout their agency. When economically and logistically feasible, they can make their PSP services available to adjacent agencies. Smaller departments may need to combine resources with adjacent agencies, particularly for training and critical incident support. Many critical incident response teams already exist across services (police, fire, paramedics, dispatchers, and so on). Additionally, building interagency team relationships is beneficial for major incidents where the agency's PSPs

themselves are close to the incident and may desire support (such as after an employee's death or suicide).

3. 3.9.3 Program managers are advised to consider long-term team planning in order to balance the impact of transfers, promotions, and retirements on the team size and availability.
4. 3.9.4 A peer support program coordinator is recommended to be identified to address program logistics and development. This individual coordinates peer support activation, makes referrals to mental health professionals, collects utilization data, and coordinates training and meetings.
5. 3.9.5 The peer support program is not an alternative to discipline. It is highly recommended a PSP does not intervene in the disciplinary process. A PSP may provide support for the employee(s) under investigation or during a disciplinary process but ideally will refrain from discussing the incident itself. Further, it is recommended that the employee(s) are cautioned that any information shared with the PSP regarding the incident in question might not be confidential based on agency policies and jurisdictional requirements.

4. Selection/Deselection

1. 4.1 Ideally, PSPs are volunteers who are currently in good standing with their departments and who have received recommendations from their superiors and/or peers. It may be helpful to include an interview process. The interview panel may consist of peer support members and the licensed mental health professional associated with the peer support team.
2. 4.2 Considerations for selection of PSP candidates include, but are not limited to, previous education and training; resolved traumatic experiences; and desirable personal qualities such as maturity, judgment, personal and professional ethics, and credibility.
3. 4.3 It is beneficial that a procedure be in place that establishes criteria for deselection from the program. Possible criteria include breach of confidentiality, failure to attend training, or loss of one's good standing with the department.
4. 4.4 PSPs can be provided with the option to take a leave of absence and encouraged to exercise this option when personal issues or obligations require it.

5. Consultation Services from Mental Health Professionals

1. 5.1 It is recommended that a peer support program have mental health consultations and training. Preferably, this consultation will be available 24 hours a day and is recommended to be with a licensed mental health professional, who is specifically trained in Police and Public Safety Psychology and understands the specific nature of the agency involved.
2. 5.2 It is beneficial for PSPs to be aware of their personal limitations and seek advice and counsel in determining when to disqualify themselves from working

with problems for which they have not been trained or problems about which they may have strong personal beliefs.

3. 5.3 After a large-scale event, it is recommended PSPs attend a mandatory critical incident debriefing to discuss the impact the event had on their team.

6. Confidentiality

1. 6.1 It is prudent for departments to have a policy that clarifies confidentiality guidelines and reporting requirements for PSPs. It is recommended for a department's policy to avoid role conflicts and multiple relationships with individuals performing PSP roles.
2. 6.2 It is beneficial for limits to confidentiality to be consistent with state and federal laws as well as departmental policy. It is recommended that recipients of peer support be advised that there is usually no confidentiality for threats to self, threats to others, and child and vulnerable adult abuse. Additional exceptions to confidentiality may be defined by specific state laws or department policies. In general, the fewer confidentiality restrictions, the more confidence department members will have in the program. These can be well defined in the PSP manual, including procedures to follow when one of these exceptions to confidentiality occurs.
3. 6.3 It is advised that PSP members have a well-informed, working knowledge of the three **overlapping** principles that have an impact on the boundaries surrounding their communications with members within the role of peer support. Those principles are *privilege*, *confidentiality*, and *privacy.*
4. 6.4 PSPs are counseled to respect the confidentiality of their contacts, to be fully familiar with the limits of confidentiality and legal privilege and be able to communicate those limits to their contacts. The extent and limits of confidentiality can be explained to the individuals directly served at the outset and, ideally, will also be provided through agency-wide trainings.
5. 6.5 PSPs are advised not to provide information to supervisors or fellow peer support members obtained through peer support contact and can educate supervisors on the confidentiality guidelines established by the department.
6. 6.6 It is recommended for a PSP to not keep written formal or private records of supportive contacts other than anonymous statistical information that can help to document the general productivity of the program (such as number of contacts).
7. 6.7 PSPs are advised to sign a confidentiality agreement, indicating their agreement to maintain confidentiality as defined above. It is recommended that the agreement outline the consequences to the PSP for any violation of confidentiality.
8. 6.8 After a large-scale event, PSPs are advised to participate without giving up confidentiality, in the "After Action" report requested by the agency. This report is produced in conjunction with the chaplains and mental health professionals involved in the event.

7. Role Conflict

1. 7.1 PSPs are advised to refrain from entering relationships if the relationship could reasonably be expected to impair objectivity, competence, or effectiveness in performing their role or otherwise risks exploitation or harm to the person with whom the relationship exists. For example, PSPs avoid religious, sexual, or financial entanglements with receivers of peer support. PSPs are recommended to receive training related to handling the complexities that can develop between PSPs and receivers of peer support.
2. 7.2 Because of potential role conflicts involved in providing peer support, including those that could affect future decisions or recommendations concerning assignment, transfer, or promotion, it is preferred that PSPs not develop peer support relationships between supervisors or subordinates.
3. 7.3 A trained PSP knows when and how to refer peers, supervisors, or subordinates to another PSP member, chaplain, or mental health professional to avoid any potential conflicts of interest. This includes recognition that a large number of contacts between a PSP and any one individual may be an indication that a referral is needed.
4. 7.4 Supervisors may have additional requirements regarding the reporting of issues such as sexual harassment, racial discrimination, and workplace injury that can place the supervisor or the agency in jeopardy if the procedures are not followed. PSPs are advised not to abdicate their job responsibility as officers or supervisors by participating in the program. Each agency is recommended to evaluate supervisor responsibilities and the viability of having supervisors as PSPs.

8. Training

1. 8.1 The steering committee identifies appropriate ongoing training for PSPs.
2. 8.2 PSPs are recommended to advance their skills through continuing training as scheduled by the program coordinator. It is recommended that four hours of update training per quarter be provided to peer support members.

3. 8.3 It is advised that PSPs be provided with a mechanism for providing feedback to the program coordinator, including but not limited to, the request of specific training, program-related problems in the field, or the need for new or additional resources.
4. 8.4 Relevant introductory and continuing training for PSPs could cover the following topics:
    1. 8.4.1 Confidentiality – federal and state laws as well as agency policies
    2. 8.4.2 Role conflict
    3. 8.4.3 Limits and liability
    4. 8.4.4 Ethical issues
    5. 8.4.5 Communication facilitation and listening skills

6. 8.4.6 Nonverbal communication
7. 8.4.7 Problem assessment
8. 8.4.8 Problem-solving skills
9. 8.4.9 Cross-cultural issues, including diversity and implicit / explicit bias
10. 8.4.10 Common psychological symptoms
11. 8.4.11 Medical conditions often confused with psychiatric disorders
12. 8.4.12 Stress management and resiliency
13. 8.4.13 Burn-out
14. 8.4.14 Grief management
15. 8.4.15 Domestic violence
16. 8.4.16 Medical issues with significant psychological or lifestyle impact
17. 8.4.17 Suicide assessment
18. 8.4.18 Crisis management intervention
19. 8.4.19 Work-related critical incident stress management
20. 8.4.20 Dependency and abuse (alcohol, substance, gambling, and other addictive behaviors)
21. 8.4.21 When to seek licensed mental health consultation and referral information
22. 8.4.22 Relationship/family issues and concerns
23. 8.4.23 Military support
24. 8.4.24 Local resources (e.g., social services, AA meetings, childcare, and soon)
25. 8.4.25 Organizational stress and communication
26. 8.4.26 Brief screening tools
27. 8.4.27 Wellness and self-care (for employees and PSPs)