

Changing Police Culture:  
Raising Awareness of the Importance of Mental Health

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### Abstract

The suicide rate involving police officers has produced alarming statistics for decades. Until recently, however, little has been done to prevent suicide in law enforcement and even fewer efforts have been made to change the root of the problem. This paper reviews why a law enforcement officer may choose to take their life, looks at preexisting programs and resources that departments can choose to embrace, and supplies departments with a new approach to destigmatizing suicide within the police culture starting at the academy level.

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### Changing Police Culture: Raising Awareness of the Importance of Mental Health

Law enforcement officers experience a myriad of situations throughout their career. Although the majority of officers' jobs may not be considered traumatic in the traditional sense, they do come face-to-face with many stressful elements. Every officer copes with the multifaceted aspects of their profession differently, and statistics show that law enforcement suicide is still staggeringly high. Miller (2005) determines that law enforcement suicide is two to three times greater than that of the general population, with the Centers for Disease Control and Prevention (CDC) concluding for the general population that 13.4 per 100,000 committed suicide in 2014. Additionally, Miller identifies officer suicide as the leading cause of death for officers, exceeding the rate at which criminals kill an officer by three times. Likewise, Violanti (2010) finds that homicide deaths of police officers accounted for 14% and suicides comprised 35%.

While suicide rates are still rather difficult to track due to the culture of secrecy still so deeply entrenched within many departments and stigma attached to the event, it is just as important to understand the equally important number of failed suicide attempts made by officers. This rate is even more difficult to track than successful suicides, but one such attempt suggests that "for every one suicide that is carried out successfully, there are as many as 25 attempts" (International Association of Chiefs of Police, 2014, p. 8). The fact that officers make the attempt suggests there are deep problems and without help they may try again, and be successful.

Until recently, this area of concern has not been in the forefront of research. Officers have historically kept these matters within the department and, more often, to themselves. This thought process has been commonly referred to as "law enforcement personality" or the "cop culture" (Miller, 2005). Likewise, the literature has not yet shown areas where officer suicide is

most prevalent. Violanti (2010) finds the problem to be dispersed amongst rural, urban, large and small departments, leaving this topic an ongoing nationwide concern.

Though presumptions can be made as to why officers choose to take their lives, accurately identifying stressors leading up to it, recognizing symptoms of officer distress, and why law enforcement officers may turn down potentially preventive services is a vital step toward creating and implementing a program and policies where officers are not afraid to seek help. Given that there is such a deeply rooted culture among law enforcement officers, this is a difficult task.

## **Literature Review**

### **Risk Factors**

Little controversy exists when discussing the stressful, rigorous jobs that law enforcement officers undertake. Suicide risk factors, however, can be found not only within law enforcement, but also within the general population. Miller (2005) visits risk factors of the general population and summarizes a narrow list concluding older Caucasian males as the most likely to commit suicide, as well as individuals who have a family history of suicide, anyone who has made a suicide attempt, someone who has had significant changes in their mood, who is currently depressed, experienced a recent loss, or has a “current intent and/or plan” (p. 104). Moreover, the CDC (2017) identifies several additional risk factors of suicide as someone who has had a history of mental disorders, has or previously had alcohol or substance abuse, feelings of hopelessness, isolation, physical illness, or someone who is unwilling to seek mental health services due to stigmas.

Although law enforcement may exhibit any of the above risk factors, they may also be susceptible to other risk factors of suicide due strictly to their occupation. Violanti (2010),

conducted a study focused on police and detectives, fire fighters, fire prevention occupations, and military personnel, and concludes that out of these occupations, police had the highest proportionate mortality ratio (PMR) for suicide.

While the occupation itself may be a risk factor, additional literature has focused on other factors that are associated specifically with law enforcement suicide. For example, shift-workers may experience sleep disorders, which may result as a risk factor (Stanley et al., 2015). Furthermore, Violanti (1995) suggests that having immediate access to firearms, nonstop images of death, injury, and child maltreatment, while also working for their community who may have negative views of them, can only add to the list of risk factors law enforcement personnel could face.

Another risk factor often noted is posttraumatic stress disorder (PTSD). The U.S. Department of Veteran Affairs, National Center for PTSD (n.d.), defines the disorder as “a mental health problem that some people develop after experiencing or witnessing a life-threatening event” (para. 1). It is not an uncommon phenomenon for police officers to develop PTSD after responding to a traumatic call. If an officer develops PTSD, they are likely to display symptoms. An officer may “relive the traumatic experience, display avoidance of stimuli associated with the trauma or psychic numbing, and hyperarousal and physiological reactivity to events resembling the trauma” (Violanti, 2004, p. 278). When there is a potentially repetitive nature for police officers to encounter traumatic events, the triggering for PTSD is only likely to increase. Thus, their risk for suicide would naturally increase as well.

An additional factor noted for law enforcement officers who have committed suicide is alcohol use. According to one study, excessive alcohol use was found in 48% of males and 40% of females (Richmond et al., 1999). Alcohol use can also create a predicament for officers

suffering from depression and enhance the risk for suicide by two ways (Miller, 2004). When an officer is under the influence of alcohol, his or her judgment is impaired and the possibility for making impulsive decisions is heightened. Moreover, when an officer suffers from a history of alcohol abuse, it may oftentimes resemble mood disorders, spontaneous behaviors, or even violent tendencies.

All of the aforementioned occupational factors enhance an officer's chance of developing a risk of committing or attempting suicide. Law enforcement officers generally work by themselves as opposed to other shift workers such as fire fighters or EMTs, and are continuously working in stressful environments. A long-term response of stress is often referred to as burnout. Burnout is a "psychological syndrome in response to chronic interpersonal stressors on the job" (Maslach et al., 2001, p. 399). The authors break down burnout into three categories: overwhelming exhaustion, depersonalization, and a feeling of being ineffective (Maslach et al., 2001). With this explanation in mind, it is not difficult to imagine that some officers may experience burnout and, coupled with previously mentioned factors, potentially spiral downward resulting in a suicide outcome.

### **Warning Signs**

In addition to acknowledging risk factors in law enforcement officers, warning signs are important indicators that could signal suicidal ideation. These signs can be attributed to any individual, not only law enforcement officers. Increasing the awareness of suicidal warning signs could lead to early findings and interventions, resulting in better outcomes (Gould et al., 2003). Likewise, recognizing warning signs is the first step to being able to provide an at-risk officer with help (Baker & Baker, 1996).

The American Foundation for Suicide Prevention (2017) categorizes warning signs as either new or changed talk, behavior, or mood. Talking is referred to as verbal clues that may include statements such as, “I wish I were dead” or, “I’m a burden on my family.” Behavioral clues, however, are generally nonverbal and may include alcohol or substance abuse, over sleeping, isolating themselves from others or events, or saying goodbye. Likewise, indications of depression, anxiety, anger, or rage are mood changes that someone may notice. Approximately 70-75% of individuals who have attempted suicide have tried speaking out to someone around them in one fashion or another, as most of the individuals are hoping to be saved (Grollman, 1988). Many times these warning signs are ignored, or passed off as temporary mood swings. With proper training, officers can be better positioned to see them as the at-risk indicators they represent. Even if they end up being simply a temporary mood swing, or situational depression, it is better to err on the side of caution if it means saving even one life.

Rudd et al. (2006) explain that critical warning signs might not be consistently found in books and Internet articles. They claim that this is due to all individuals having differing responses to suicidal ideations. Additionally, if you are relying on warning signs that were presented in a similar situation or from examples that may be found in pamphlets, warning signs of the current situation may be overlooked. Likewise, Mandrusiak et al. (2006) assert that with all the information available on the Internet and in pamphlets, specific examples are generally not mentioned. Since most behaviors could be classified as a warning sign, a majority of cues will result in false positives (Mandrusiak et al., 2006).

### **Police Culture**

Police culture, often referred to as “cop culture,” is an undeniable aspect of law enforcement agencies throughout the country (Paoline, 2003). Researchers debate whether the

deeply imbedded culture produces positive or negative outcomes. Dean (1995) and Goldsmith (1990) argue that cop culture is one of the major obstacles to reforming a department. For example, it may hinder the implementation of community policing programs. Conversely, Brown (1988) argues that the culture assists officers in abusing their power and can also help support officers' destructive actions. While there are many additional positive and negative components to cop culture, for purposes of this paper, the focus will only be on the ways it may pertain to the stigma of police suicide.

To begin implementing any change within a department, understanding the culture is essential. Organizational cultures "are the values, beliefs, assumptions, perceptions, norms, artifacts, and patterns of behavior" (Ott, 1989, p. 1). Once the culture is understood, it can be a vital component of executing change.

Paoline (2003) contends that officers work within two different environments - occupational and organizational. The occupational environment consists of the danger an officer encounters as well as the authority they are given. Alternatively, the organizational environment encompasses the formal aspects of an officer's job as well as the management. Paoline further contends the relationship between an officer and their supervisor has been deemed as one of uncertainty. With this level of doubt in their superiors comes hesitation of their work and unwillingness to share information. Leaders oftentimes only recognize officers when they have made mistakes rather than when they have done something right. While this same leadership behavior can take place in any organization, it can still be problematic.

Another element of cop culture is the coping mechanism it gives to officers who share the same stress of the job. As Paoline (2003) states, "coping mechanisms help officers regulate their occupational world" (p. 202). In an environment where emotional strength is required and

presumed, officers are likely unwilling to discuss mental health concerns with superiors whom they are already uncertain of. However, when the culture assumes that one maintains emotional regularity, it may be difficult for an officer to openly discuss mental health struggles without the fear of retaliation. Cop culture, while acting as a coping mechanism for others also struggling from the effects of occupational stress, would suggest officers are a close-knit group. However, many are still unable to discuss their internal feelings, much less if those internal feelings give rise to suicidal ideation. It is, therefore, imperative to find a way to change the deeply entrenched cop culture so that it removes the stigma of weakness attached to the basic act of sharing internal feelings of struggling mentally. There should be no shame or fear in asking for help, but the current culture in place still makes this a pervasive barrier to helping those in need.

### **Existing Programs**

There has been a push in recent years to address the issue of police suicide by instituting various training and programs focused on preventive measures. Jablonski-Kaye et al. (n.d.) suggests creating prevention programs modeled after public health programs which, as they state, “relies heavily on mass communication and education while remaining sensitive to law enforcement culture” (p. 1). They attempt to focus on identifying contributory stressors as a means to prevent officers from changing from being low risk on the outset to high risk, though it also focuses on specific high-risk individuals as well. Their thoughts are not without merit, but it appears to lack a focus on changing the ingrained police culture that prevents officers from reaching out for help.

*The Badge of Life* (2017) is a non-profit organization that has a “mission of lessening the impacts of both stress and trauma upon police officers and retirees” (para. 1) as a means of lessening the negative outcomes of both PTSD and suicide from that stress and trauma. They

provide training programs that emphasize “emotional self-care (ESC)” that should be promoted starting in police academies and continuing throughout police agencies on a regular basis (The Badge of Life, 2017, para. 1). They suggest all levels of the organization should be involved, from the chief down to the front line, with the inclusion of a “peer support officer” (The Badge of Life, 2017, para. 1). In keeping with most traditional leadership programs, they encourage the chief to lead by example by even going through his/her own mental health check annually and openly talking about it to the rest of the department. This is intended to help break down the stigma of attending to mental health and changing the mindset to see it as just as important as attending to physical health through preventive measures. In addition to their preventive approaches, they also focus on preventing actual suicides by identifying high-risk individuals (The Badge of Life, 2017).

The Badge of Life program is admirable and attempts to address the issue at all levels, correctly identifying the need for strong leadership and ongoing training at every opportunity – academy, in-service, annual, field training officers, etc. They also emphasize the need for training cadets at the academy to create receptivity for mental health management, especially through their ESC training. Their approach is pragmatic and covers many areas. What appears to be missing in their overall discussion, however, is the identification of the police culture being a tremendous challenge to the institution of any program. It may appear to be implicitly addressed in that by creating an ongoing training program the department may be inherently breaking down those cultural barriers, but it is not addressed specifically, at least in what is presented. An acknowledgement of the need for a true cultural paradigm shift should be a part of any such program, rather than leaving it as the white elephant in the room that no one wants to really talk about or address.

Similar to *The Badge of Life*, Deal (2014) emphasizes the importance of focusing on both suicide prevention as well as mental health wellness. Additionally, Deal (2014) acknowledges that it is imperative to address the cultural barriers that hinder officers from seeking help. Deal (2014) lists several resources for departments to incorporate into their arsenal including the *National Strategy for Suicide Prevention*, which is a national strategy from the National Action Alliance for Suicide Prevention (NAASP) in cooperation with the U.S. Surgeon General's office to address nationwide suicide prevention as a whole, with a specific training video addressing the police suicide issue (*National Strategy for Suicide Prevention*, 2012). Yet again, though, the emphasis on the resources provided focus on identifying high-risk officers, with little attention paid to the necessary cultural changes needed.

The St. Petersburg College Regional Community Policing Institute has created a toolkit of resources, provides workshops and seminars, and published a train-the-trainer video, *In Harm's Way: Law Enforcement Suicide Prevention*, as a means of addressing the police suicide issue. While it touches on reducing the stigma attached to seeking help, it is primarily focused on the recognition and response to high-risk individuals ([policesuicide.spcollege.edu](http://policesuicide.spcollege.edu)).

With a new awakening of the importance of addressing law enforcement suicide there has been a wide variety of resources produced and provided to the law enforcement community. Some of the many common themes include the identification of stressors, high-risk individuals, and overall mental health awareness initiatives. What appears to be lacking is an explicit focus on changing the police culture. Officers are trained to control their emotions so it is little wonder it may be difficult to spot a high-risk officer. There may not be any outward signs that signal a need for help. The emphasis should be, in addition to spotting signs of distress, changing the mindset of the officers themselves and eliminating the stigma around seeking help. The first

point of training contact to instill this new mental framework is in the academy. The cadets need to be the beginning of the cultural shift. By creating a program to empower them to step forward and seek help if needed, they will bring that empowerment to any department they work for, creating the building blocks for a cultural shift that has been over a century in the making. This does not minimize the need for ongoing departmental training for existing officers, but changing the training in a hardcore way of future officers will slowly shift the deeply entrenched cultural road blocks that seeking assistance for mental health issues is not a sign of weakness. It is a show of strength and an acknowledgement that mental health is just as important as physical health.

### **Similar Organizations**

Because law enforcement organizations are a paramilitary organizational structure, it is advantageous to look at similar organizations and review what is currently being done to address suicide. It is not a fallacy that suicide statistics within the military are astronomical. While rates remain high, each branch has taken their own stance and has developed suicide prevention strategies.

The Army's primary approach to suicide prevention is for "soldiers to take care of soldiers" (Ramchand et al., 2011). The Army delivers this message through campaigns, training, and education that is offered to all service members. In addition, the Army employs an Ask, Care, Escort (ACE) program that encompasses up-to-date prevention techniques and has a program for all soldiers before deployment and upon returning from deployment (Ramchand et al., 2011). The Army is also promoting campaigns in an effort to eliminate the stigma that also exists within the military that make it difficult to reach out for treatment.

Comparable to the Army's approach, the Navy's suicide prevention approach is directed by a stress model (Ramchand et al., 2011). The Navy views stress as an inevitable part of the job

and that suicide is the ultimate ending point. Through campaigns and training programs, the Navy's model focuses on early intervention to assist in managing stress levels. Furthermore, healthcare providers are also strategically put in a multitude of settings that are readily available for soldiers (Ramchand et al., 2011).

On the other hand, the Air Force's suicide prevention approach centers on making cultural changes, beginning with the highest ranks (Ramchand et al., 2011). These officials are guided by 11 tenets that include policies, procedures, training, and education and then are responsible for instilling them in their men and women. Airmen receiving behavioral services are afforded confidentiality through these tenets located in the Air Force pamphlet (Ramchand et al., 2011). According to a study conducted by Knox et al. (2003), a 33% decrease in suicide rates occurred as a result of the Air Force Suicide Prevention Program (AFSPP).

Lastly, the Marine Corps tackles suicide prevention with programs led by trained members in identifying soldiers at risk and encouraging them to receive help. All marines receive annual suicide prevention training during their martial arts training, and additional training is given to all incoming marines, no matter their rank. The United States Marine Corp (USMC) has been attempting to break the suicide stigma through videos, posters, and by handing out brochures. Additionally, like the Army, the USMC provides training to deploying marines and upon return back home (Ramchand et al., 2011).

### **Theory**

While the concept of police culture is well established, it is important to understand how such a "culture" frames the actions of members of a law enforcement agency, why it can be difficult to change, but more importantly how it *can* be changed. The belief in an organizational culture as an established theory is still fairly young, having just arrived on the literature scene in

recent years. The concept of organizational members adopting group norms, however, can easily be traced back to the famous Hawthorne Studies in the 1920s (Roethlisberger, 1941). Yet the idea of framing what occurs within organizations as a distinct culture goes beyond the simple adherence to group norms. Using a culture framework is not without problems, though. What may seem to be a simple task of simply defining “culture” has been a somewhat arduous task. Many definitions abound as the basic premise of “culture” from an anthropological perspective has been around for well over a century and Kroeber and Kluckhohn (1952) cataloged over 100 different definitions of the word over 60 years ago. For purposes of this paper, however, the definition of culture created by Schein (1988) will be used. Schein’s definition of culture is:

1) a pattern of basic assumptions, 2) invented, discovered, or developed by a given group, 3) as it learns to cope with its problems of external adaptation and internal integration, 4) that has worked well enough to be considered valid and, therefore 5) is to be taught to new members as the 6) correct way to perceive, think, and feel in relation to those problems. (p.7)

Schein (1988) further maintains there are differences in both strength and degree within organizational cultures, and much of that depends in large part on the overall group stability. Police agencies as a whole have been around since their founding in Boston in 1838 (Potter, 2013), and their tight knit cultures have remained stable since their establishment. Thus, it becomes easy to understand how the long-standing stability gives rise to a strong culture within police agencies.

Because of the enduring strength of the police culture it is not easy to change, though it must in order to break down the very cultural walls that are often preventing officers from reaching out for help when encountering suicidal ideation. For that it may be of benefit to utilize

some of the premises of an open systems theory for organizations. Katz and Kahn (1966) propose the idea of organizations as open systems, as opposed to closed systems, because of their adaptation to environmental influences. Schein (1988) suggests that because organizations are open systems they can be influenced, at least to some degree, by new members who bring new beliefs and assumptions into the organization that can influence established beliefs and assumptions. When we look at where new police department members come from, the immediate thought is the most basic – from police academies. Thus, it might be possible to target police academy cadets with a strong, new set of beliefs regarding the necessity and “normalness” of reaching out for help once working for a police department. The goal would be to follow Schein’s theory in changing the organizational culture with new members. As an open system, police departments are capable of evolving and growing, though it will not be easy. Schein (1988) reminds us, “groups do not easily give up some of their basic underlying assumptions merely because external events disconfirm them” (p. 23).

### **Analyzing the Problem**

Based on the literature, attention is beginning to be paid to the importance of mental health of law enforcement officers as a whole, and some efforts have been made to bring that awareness into the departments through the use of prevention and training programs. For example, emotional self-care training, peer support officers, recognizing at-risk individuals, and ways to reduce the stigma are some of the ways that departments are bringing the awareness to light.

However, there appears to be a gap in the literature in terms of efforts being made to change the police culture from the mindset of its newest members - police academy cadets. The campaign of mental health awareness, according to the literature, is making headway into the

departments, but that narrowly focuses efforts primarily on those who have already adopted the cop culture mindset where reaching out for mental health help is routinely viewed as being a weakness. This gap in addressing the cultural shift from the newest members of law enforcement presents itself as an obvious focus for training in order to carry the newly learned philosophy of mental health care being equally important as physical health care into the departments themselves. By making changes to the prevailing culture mindset in the profession's newest members, a police academy at a time, the carriers of these new philosophies will infiltrate the old regimes over time to, hopefully, completely turn around this particular segment of detrimental police culture. Doing this, in conjunction with ongoing training within departments to reinforce this philosophy, simply makes sense from a practical standpoint.

The literature thus far only shows that one organization attempts to instill mental health awareness at the academy level of new officers. This is through *The Badge of Life* program. However, the information available does not shed light on the extent of these efforts in terms of how the academy curriculum is designed to reflect this addition. Though different learning theories abound, even Aristotle stated, "it is frequent repetition that produces a natural tendency" (Aristotle, 330 B.C./1906, p. 113). Ausubel (2000) feels the idea of learning through repetition has been "unwarrantedly ignored or downgraded" (p. 181) by modern learning theorists and it is beneficial for long-term learning efficacy. Ausubel further contends that repetition increases both stability and clarity of what is being learned. The learning benefits of repetition, which is also not reflected in the literature review, suggests any police academy curriculum design utilize this approach in presenting mental health awareness training to break down existing stigmas. The objective would be to attempt to ensure academy cadets get exposed to the new mindset beyond a single hour-long training segment, for example, so as to further ingrain the new belief that

attending to one's mental health is just as important as their physical health, and seeking help when problems arise is not a weakness or cause for concern. Rather, getting mental health treatment is no different than seeking medical assistance for the flu.

There still needs to be work done at the departmental level as well since not every department has a mental health program currently in place. Because the concept of changing police culture for the purpose of de-stigmatizing the act of seeking help for mental health issues is still in its infancy on a national scale, getting departments to adopt these changes will be a challenge. To that end, the learning method of repetition will continue to be a useful approach as departmental management must continually (i.e., repetitively) enforce departmental support for those needing mental health care assistance in order to further erode the opposing and pervasive police culture. With a sustained and continuous effort, a cultural paradigm shift is more likely to occur.

One of the biggest challenges for departments will be funding resources, in the event a change to existing health insurance plans is required. Additional coverage generally comes at a financial cost and, in a current fiscal climate of stagnate and even sometimes decreasing resources, the cost could create an additional barrier not easily overcome.

As noted, the seemingly obvious place to begin a nationwide cultural change of the detrimental effects of the police culture as it relates to mental wellbeing is at the police academy level. This will allow for changes at the cadet officer level, rather than casting a wide net and focusing any change efforts in the departments as a whole. Logically, there are fewer academies nationwide than there are police departments, and the minds of officers would be shaped before they begin their career.

### **Goals and Objectives**

The goals and objectives for the proposed program in this paper are seemingly simple. Yet beyond the simplistic surface, the impact is potentially profound. Should the goals and objectives be successfully achieved, over a century worth of cultural beliefs will be changed.

#### **Objective**

Change existing police culture to remove the stigma associated with asking for mental health assistance through ongoing awareness training.

#### **Goal One**

Include a mental health awareness training component in the police academy curriculum. This goal is intended to change the cultural mindset of police officers at the cadet level and it is important to incorporate this in a repetitive fashion throughout the academy curriculum as opposed to simply including a single training module.

#### **Goal Two**

Implement an annual mental healthcare checkup program within police departments. This goal is intended to enhance and enforce what is taught about mental health awareness at the academy level as well as enforce the need for ongoing mental health checkups for veteran officers that did not receive the awareness training at the academy level. It would also serve to demonstrate management's support for the importance of mental wellbeing among officers.

### **Program Design and Implementation**

It is important to define a target population for purposes of a new program in order to clearly articulate who is anticipated to be affected. The program being proposed will target cadet police officers (at the academy level) as well as veteran police officers already working within any police department. Incoming recruits bring clear minds and do not possess any preconceived

cultural norms that may bias their thinking. By normalizing the idea that mental health is as important as physical health with these new recruits, they may not be as susceptible to the existing stigma associated with mental health awareness. Senior officers already working within departments, however, retain potential power for program success or failure as they are officers who are looked upon by new recruits for guidance and cultural norms. Thus, it is important to focus efforts on the fresh minds of recruits as well as the potential opposing forces of entrenched senior officers.

Unfortunately, because this is an attempt to change long standing cultural values and beliefs, there is little in the way of other programs upon which to model this one. However, there are other areas that can be examined for possible similarities, one being the de-stigmatizing of alcoholics. Though the example of de-stigmatizing alcoholics can be looked at as a possible model, the effort was nationwide in scope. The scope of this program focuses efforts at the local police department and academy level. While not intended to address police suicide and mental health awareness nationwide, the reality is that by addressing it at the local level it could potentially have a positive nationwide impact in the long term.

Alcoholics Anonymous (AA) is the largest worldwide organization that deals with addiction (Lembke, 2013). Since its inception in the United States in 1935, this widely known program has impacted the lives of millions (aa.org). In an era when alcohol and addiction were highly stigmatized, AA did not start off the same way it is known today. One of the ways in which this organization and others alike seek to de-stigmatize addiction is by sending a message that addiction is a chronic illness equating to any other behavioral illness (McLellan, 2009). This way of de-stigmatizing addiction could also be used to begin efforts of de-stigmatizing suicide and mental illness in law enforcement. Creating a cultural shift in law enforcement in the way

mental illness is perceived could begin by equating mental illness to any other illness. With the success of AA in de-stigmatizing alcoholism, it is conceivable that similar success can be achieved in de-stigmatizing mental health awareness and suicide in law enforcement. It can also be looked at as a model demonstrating the need for long term, sustained efforts to achieve that success. Thus, similar long term, sustained effort will be needed within the law enforcement community as well.

At the police academy level, for purposes of achieving the first goal, it is necessary to modify existing academy curriculums so as to include specific training for two important purposes. First, cadets must be trained about the importance of attending to their mental health. Second, cadets must be trained to acknowledge when outside intervention is warranted and necessary in an attempt to stave off more serious outcomes. This simply means officers will know how and where to ask for help when needed. Such training components of the academy should be worked in at different intervals in order to adhere to a repetitive training strategy. Doing so may achieve greater success with ingraining the importance of this into the developing cultural mindset of the cadets. The *National Strategy for Suicide Prevention's* video resources should be included in this training in addition to any future training resources that become available. Unfortunately, after several attempts were made to obtain current training curriculums from multiple police academies and met with no response, it is difficult to provide specific details for curriculum changes as to where these repetitive mental health training components should be incorporated to reinforce the concepts. Ideally, it should be instituted at the beginning, in the middle, and again at the end of the academy. There are a lot of resources currently available for no charge, as illustrated previously, and with an increased emphasis in this area these resources are sure to grow. Because these resources are available, the focus should be how

best to utilize them rather than creating new programs to supplant them. Academy trainers, as part of their own professional development to stay up to date, need to include a concerted effort to stay aware of additional resources geared toward mental health awareness that may become available so they can be incorporated accordingly. How this is done will vary depending on professional development protocols within individual academies and police departments.

To achieve the second goal of incorporating an annual mental health care check up within police departments, *The Badge of Life's* resources for incorporating an emotional self-care program would be advised, to include an annual mental healthcare checkup. This would likely require resources from a department's health insurance program, as that is generally where mental health programs stem from, and this would vary from department to department. Some departments may already have mental health coverage in their organizational benefits whereas others may need to review their coverage to add it as an additional benefit. Often preventive services are encouraged by health insurance providers as they typically cost significantly less than reactive services.

Some law enforcement employers are provided with reports that identify how many employees utilize organizational benefits, and this information would be critical in determining the focus of future efforts. Specific names are not provided for privacy reasons, but by reviewing such reports regularly police management will know if officers are using these services, and if the number is increasing, decreasing, or staying the same. Officers are assured anonymity through this process as well. If few employees are utilizing the benefits, this would demonstrate a need for greater emphasis from police management to encourage them to do so. Due to individual privacy issues, tracking use of benefits is inherently difficult and the generic reporting mechanisms provided by benefit providers are the only realistic option available. Additionally,

because the use of benefits is voluntary in nature, failing to use them should not result in any negative repercussions against the employees. The ideal result would be to see a high rate of use reflected in the benefit usage reports. Some benefit providers encourage the use of preventive services by reducing the premium costs to both employers and employees if they are used. Thus, the employer may see a tangible financial benefit by encouraging their use. This may positively impact employees as well, if they are required to pay for a portion of their premiums.

Additionally, all supervisory officers in a department should be required to complete annual training regarding identification of high-risk employees. The St. Petersburg College Regional Community Policing Institute's train-the-trainer video, *In Harm's Way: Law Enforcement Suicide Prevention*, or something similar should be included. By requiring this annually, it will not only emphasize the importance of such training, but it will serve to reinforce the concepts by its repetitive nature.

To determine the impact of the training at both the police academy level as well as the department level, a time series design should be incorporated from the outset and tracked and reviewed annually to measure progress. In accordance with a standard time series measurement design, success would be achieved if, over time, more officers are utilizing mental health services and the overall suicide rate declines from current numbers. Should any suicide occur, it would be important to determine if that officer not only received training regarding mental health, but whether he/she utilized the resources provided by the department. This can help shape revisions to the department's approach going forward. One failure is one too many.

Incorporating such programs are not going to solve the problem over night and it will take time to determine overall success with a more concerted effort. But just as AA took several

decades to achieve de-stigmatizing success, so too could efforts focused at law enforcement professionals.

### **Budget and Limitations**

When it comes to changing the police culture mindset regarding the need to ask for mental health assistance or attending to overall mental well-being within departments there should be little financial limitations involved as this needs to be an ongoing push from the chief down to the front line officers as a management effort. The existing resources that can be incorporated into this effort are free of charge to law enforcement agencies. The limitations to this include law enforcement and/or academy management's unwillingness to incorporate the ongoing effort.

If a law enforcement department's current health insurance includes mental health coverage, there will be little if any financial change for the organization. Conversely, if a department does not currently have mental health coverage in their health insurance coverage, there could be an added cost to include it. In some cases, this could be cost prohibitive for small departments with limited budgets. Rather than accept it as simply not an option from a financial perspective, it would behoove them to search for outside resources to assist officers through such organizations as The Badge of Life, National Strategy for Suicide Prevention, or the St. Petersburg College Regional Community Policing Institute. With freely available resources already available, there is no reason a department would be unable to provide some form of mental health assistance for its officers. It may also be possible for a department to work with a county or state health department or private nonprofit organization to provide mental health assistance.

Should a collective bargaining unit be involved for officers and an increased cost incurred for adding mental health coverage to existing health coverage, it is possible old school veteran officers may exert their influence not to support an increase that may be passed along to the employees. While unfortunate should it occur, it could become an issue at the bargaining table. Management needs to collaborate with union representatives to ensure any increase in cost is fairly absorbed by both sides. A suicide within the department is detrimental to both officers and management. As such, the burden to help prevent it should be borne by both.

At the academy level, there should be no financial impact as it only requires a change to existing curriculums with readily available resources preventing the need to recreate the wheel. The change needs to be required at the academy management level, from whatever overseeing body makes those curriculum and policy changes.

### **Conclusion**

The stigmatization of mental health problems in law enforcement is a long-standing problem. It has also become somewhat of the white elephant in the room over the years that no one wanted to talk about. Fortunately, the profession is realizing this issue cannot be ignored any longer and sustained efforts are needed to change the course of over a century of ingrained beliefs. The act of seeking mental health assistance is still viewed by many in the profession as a weakness, and it will take a long time of ongoing and sustained effort to change that belief. But just as other organizations have been successful in changing ingrained mindsets, such as Alcoholics Anonymous (AA), it can be changed in law enforcement as well. In looking at AA as a successful model, it becomes evident that it did not achieve a successful result quickly. Rather, it took many years of effort before a change was realized. The change in law enforcement could become just as successful and just as permanent, with the same concerted effort. Simply

providing mental health coverage as part of existing health care insurance is not enough. Officers need to be encouraged to actually use it.

Approaching the needed police culture change from the academy level, academy professionals need to be impressed with the importance of what may seem to be an unimportant addition to the curriculum. This may be especially important when stressing the need for a repetitive approach in the training. Indoctrination of these newest law enforcement officers must start at the very beginning of their training for any hope of it being carried into the departments. This creates a twofold approach in tackling the police suicide problem by addressing it at the cadet level as well as at the veteran career level within departments. Over time, it is hoped law enforcement will achieve the same success as AA in normalizing the belief that reaching out for help is not only okay, but actually expected. This is not to suggest the recommendations within this paper will eliminate all police suicide, but every life that is saved because of these efforts can be counted as a success.

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