



BADGE OF LIFE

POLICE MENTAL HEALTH Quarterly Newsletter January 2017

THE SOBERING TRUTH:

Police Officers died as the result of suicide in **2016: 108**
Police Officers died as the result of gunfire in **2016: 63**
Police officers (est.) in US with symptoms of PTSD: **100,000**

*For every police suicide, almost **1,000 officers** continue to work while suffering the painful symptoms of PTSD.*



FOR THE SECOND TIME, the number of police suicides took a dramatic drop, this time from 126 in 2012 (our last full study) to 108 deaths in 2016.

While one, of course, is always too many, this represents a paradigm shift in trends. In 2009, law enforcement deaths from suicide were at their high—143. We can ascribe this repeated decline as, quite likely, due to the implementation and support of programs like peer support, CISM and chaplaincy programs. Awareness is now high. We see, in a new generation of police officers, a greater willingness to make “mental health checks” a routine part of their annual care. The latter is critical for young and old to maintain a healthy level of mental wellness in this toxic, caustic career field.

Our confidence in these figures is high. We used the same monitoring and search criteria as in the past years of our study, making the comparisons all the more valid. Hundreds of hours during the year were invested in keeping track of alerts, in internet searches, and in direct contacts with departments, personnel, contributors, and even social media. No stone was left unturned. “Hidden” suicides were robustly accounted for and included by statistical adjustment based on experience and research.

Any further success is contingent upon the strong support of mental health programs by departments, organizations and individual leaders. Let’s hope it continues for the benefit of everyone in police work.

--Ron Clark, RN, MS, Chairman of the Board



Therapy is an excellent exercise but brings along with it certain obligations to make it succeed. Merely “showing up” is not enough. We can’t emphasize enough, however, that going in to see a therapist for an “annual mental health check” (just like seeing the dentist once a year) is vital to survival in this toxic world of law enforcement. Here are a [few “tools”](#) to help you in that journey to wellness in law enforcement.

If your friend or partner wants to spend the day watching football and you’d rather spend it on a hike, choosing the solo path will probably end up being a lot more fun for you. Similarly, if you decide to take an entire day for yourself, you get to spend that day doing exactly what you want to do. Doesn’t sound too shabby, does it? Still we tend to confuse “me time” with isolation. [There are some differences](#), and we need to be able to distinguish what’s healthy for us and what’s not.

Officers are trained in guns, self-defense, driving and investigative tactics, but they also need some psychological tools, starting with the awareness that there are mental health consequences to what they see on the job. Not only is trauma—and posttraumatic stress disorder—sustained in a “critical incident” such as a shooting, it can be incurred over time from a series of “cumulative” occurrences. These are what we call the “bumblebee stings” that accumulate over the months and years. One sting can be bearable but, as they accumulate, they become more and more of a problem. Both critical and cumulative trauma can be [intercepted and treated](#), often before they become a career-ending crisis.

Who are the first responders at your agency? First responders on the scene include police, fire and EMS. But what about those first responders who deal with the situation before it gets dispatched--the dispatchers and call takers? Historically, dispatchers and call takers were not seen as first responders. They were not included in any critical incident stress debriefing. Consider the [following scenarios](#).



The job of the police officer is one of the most stressful occupations in the world. Research has shown time and time again that police officer occupational stress is directly related to higher rates of heart disease, divorce, sick days taken, alcohol abuse, and major psychological illnesses such as Acute Stress Disorder, Post Traumatic Stress Disorder, Depression, and Anxiety Disorders. [In this article](#), Dr. Richard Levenson explores some of the emotional challenges facing police officers involved in shootings and other “critical incidents” and offers a number of remedies to the problems.



With the lessening stigma surrounding mental disorders and the growing understanding of the financial burden on those living with a mental disorder, both individually and collectively, a vast amount of research has been undertaken over the last few decades into not only the origins (what the scientific community terms *etiology*) of these disorders, but treatments and their effectiveness. Truthfully, how can we treat diseases we don't know anything about? Beyond that, how do we know if a [treatment](#) like cognitive behavioral therapy (CBT) even works?

Many who suffer PTSD tend to capture a self-esteem problem that goes with it; through withdrawal from society or simply just not wanting to deal with daily pressures, self-esteem and confidence seem to withdraw. People tend to have self-esteem and confidence from daily interaction, dealings and knowledge of a particular thing. You can have the most confident person in the world, give them PTSD, and then watch as they retreat to a person unknown from themselves. Placid, quiet, withdrawn - all of which are attributable to self-esteem and confidence issues. This can happen to the most self-confident person, [including in law enforcement](#).

Let's look at substance abuse. The stigma and shame of addiction has much to do with the perception that people with substance use disorders are weak, immoral, or simply out for a good time at society's expense. Understanding that addiction impairs the brain in many important ways may reduce such stigma. What's more, the specific type of brain dysfunction may help identify a range of effective interventions and preventions, including rehabilitation

and programs like Alcoholics Anonymous. For example, during adolescence, the brain is at its most plastic — and vulnerable. This is a time when caution and intervention may prove most valuable. The earlier the drug exposure or trauma to the brain, the [greater the damage](#).

There's an old expression that “there are some things you just cannot unsee.”

While that may be true, there is clear evidence that with the assistance of a practitioner of Eye Movement Desensitization and Reprocessing ([EMDR](#)) — an integrative therapeutic approach for dealing with distressing memories — cops can put much of that trauma behind them. While there are many “bogus” treatments out there for posttraumatic stress disorder, EMDR is not one of them and is practiced widely—with success, particularly in conjunction with Cognitive Behavioral Therapy (CBT).



There is one certainty in being the spouse of an officer; if you go on vacation with your spouse, you're taking a cop with you. You can take the LEO out of the uniform, but removing the LEO mentality is a whole other ball game. I personally enjoy taking a cop with me on vacation, but the experience is not without some humorous things that'll leave me shaking my head with a smile. [Here's a sampling](#).



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