

OFFICER WELLNESS: A FOCUS ON MENTAL HEALTH

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I. INTRODUCTION

If a male child is born today, he will have a life expectancy of approximately 76 years.¹ If, however, he decides to become a law enforcement officer, his life expectancy will be approximately 21.9 years shorter.² There are many reasons for this life expectancy gap. First, law enforcement is a high injury occupation. About 100,000 officers are injured each year, mostly in vehicle accidents. Moreover, the toll of poor nutrition, lack of exercise, sleep deprivation, and the added risk of homicide and suicide, produce a major impact on the life expectancy of law enforcement officers.³

Officers are frequently at risk of being harmed by others when they are dealing with crisis situations. The occupational homicide rate for law enforcement officers is 9.3 officers killed per 100,000 every year. The rate of suicide, however, is 2.4 times greater than the homicide rate in law enforcement officers, according to the National Occupational Mortality Survey.⁴

There are many important areas related to the mental health of law enforcement officers, but one particularly relevant is the failure to recognize and treat officers with Post-Traumatic Stress Disorder (PTSD). The incidence of PTSD in policing varies depending on the study from 4% to 14%.⁵ In addition, 34% of law enforcement officers may have some sub-

* Professor and Chairman, Southern Illinois University School of Medicine, Department of Psychiatry. SIU School of Law conference (The President's Task Force on 21st Century Policing) Springfield, IL. Presented November 13, 2015.

1. Larry Copeland, *Life Expectancy in the USA Hits a Record High*, USA TODAY (Oct. 9, 2014, 3:54 AM), <http://www.usatoday.com/story/news/nation/2014/10/08/us-life-expectancy-hits-record-high/16874039/>.
2. John M. Violanti, et al., *Life Expectancy in Police Officers: A Comparison with the US General Population*, INT'L J. EMERGENCY MENTAL HEALTH, 217, 228 (2013).
3. PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING, WASHINGTON DC OFFICE OF COMMUNITY ORIENTED POLICING SERVICES, FINAL REPORT OF THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING, (2015), http://www.cops.usdoj.gov/pdf/taskforce/taskforce_finalreport.pdf [hereinafter PRESIDENT'S TASK FORCE FINAL REPORT].
4. *Id.*
5. Pamela Kulbarsh, *2015 Police Suicide Statistics*, OFFICER.COM (Jan. 13, 2016), <http://www.officer.com/article/12156622/2015-police-suicide-statistics>.

syndromal PTSD symptoms.⁶ If left untreated, PTSD is associated with an increased risk of suicide and depression.⁷

In order to develop PTSD, an individual first has to be exposed to serious injury, sexual violence, or the threat of death.⁸ Law enforcement officers are often exposed to dangerous situations. For example, a survey of police officers from rural and small town settings reported that 42.6% of police officers have been threatened with a gun at least once and 45.5% have been threatened with other weapons.⁹ Moreover, 29.7% have felt like they were trapped in a life-threatening situation, 29.8% had been shot at, and 26.4% had been seriously injured intentionally.¹⁰ The most common life-threatening situation was the high-speed chase, with 48.1% of police officers reporting being involved in at least one dangerous chase.¹¹

Potential danger to themselves is not the only traumatizing event that officers are exposed to in their line of work. Among the other events law enforcement officers struggle to cope with is dealing with sexually assaulted children, which 42.4% reported dealing with such situations.¹² In addition, 42.2% reported witnessing someone die in the line of duty.¹³ Finally, 15.5% of officers have killed or injured a person in the line of duty.¹⁴ While these events do not result in physical harm to the officer, many officers experience trauma from being involved in the situation.

After being exposed to life-threatening situations, individuals that develop PTSD experience a cluster of symptoms. The first symptom is intrusion.¹⁵ Individuals begin to have recurrent, involuntary, and intrusive memories of the event.¹⁶ At night, they experience recurrent distressing nightmares; during the day, they may have flashbacks and feel like the event is reoccurring.¹⁷ These flashbacks are often provoked by exposure to cues that remind the individual of the event and cause the individual to experience

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6. Charles R. Marmar, et al., *Predictors of Posttraumatic Stress in Police and Other First Responders*, 1071 ANNALS N.Y. ACAD. SCI. 1, 18 (2006).
 7. Karolina Krysinaka & David Lester, *Post-traumatic Stress Disorder and Suicide Risk: A Systematic Review*, 14 ARCHIVES SUICIDE RES., 1, 23 (2010).
 8. AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 217–280 (American Psychiatric Association eds., 5th ed. 2013).
 9. Brian A. Chopko, et al., *Critical Incident History Questionnaire Replication: Frequency and Severity of Trauma Exposure Among Officer from Small and Midsize Police Agencies*, 28 J. TRAUMATIC STRESS, 157–61 (2015).
 10. *Id.*
 11. *Id.*
 12. *Id.*
 13. *Id.*
 14. *Id.*
 15. AMERICAN PSYCHIATRIC ASSOCIATION, *supra* note 8.
 16. *Id.*
 17. *Id.*

the intense psychological distress and physiological reaction seen in flashbacks.¹⁸

The second set of symptoms is a negative alteration of cognition or mood.¹⁹ Individuals may have the inability to remember important aspects of the traumatic event.²⁰ Some studies indicate that this peritraumatic disassociation of memory is a strong marker that someone will develop PTSD.²¹ In addition, individuals begin to have persistent, exaggerated negative beliefs about life in general and distorted thinking about the cause or consequences of the event. In other situations, they experience a persistent, negative emotion along with a diminished interest in activities that they used to enjoy. They will often complain of the inability to experience positive emotions and become detached from others.

The third symptom is alteration in arousal and reactivity.²² An individual suffering from PTSD will have generally irritable behavior, angry outbursts, and can be impulsively reckless and self-destructive. They are hypervigilant in most situations and have an exaggerated, startled response. This hyperarousal results in problems with concentration and often disturbs the individual's sleep.

The final symptom is avoidance.²³ Officers may work to avoid external reminders: people, places, conversations, activities, objects, and situations that arouse distressing memories, thoughts, or feelings about traumatic events. This makes it very difficult to convince individuals to seek psychiatric help. Initially, when seeking psychiatric help, distressing memories may be given attention that makes the individual uncomfortable. Often, an individual's first reaction is to run from a situation where they are focusing on the traumatic event, including therapy.

II. PREVENTION AND TREATMENT

It is important to emphasize to individuals with PTSD that they are not weak or deficient. PTSD occurs in individuals because of an exaggeration of what normally happens in the brain. Life-threatening situations result in adrenergic activation in the brain, resulting in the release of brain chemicals involved with heighten arousal, awareness, and activation of the fight or flight response.²⁴ Some individuals have a tendency for hyperarousal when

18. *Id.*

19. *Id.*

20. *Id.*

21. Marmar, et al., *supra* note 6.

22. AMERICAN PSYCHIATRIC ASSOCIATION, *supra* note 8.

23. *Id.*

24. ROGER K. PITMAN, ET AL., THE NEW COGNITIVE NEUROSCIENCES, 1133 (Michael S. Gazzaniga, et al. eds., 2nd ed. 2000).

a situation triggers the fight or flight response. If hyperarousal persists, PTSD can be the end result.²⁵

Some factors can moderate PTSD. If the officer has a high degree of social supports, he or she will do better.²⁶ Individuals who have a work environment where there is less stress will do better than those working in a stressful environment. Formal training on coping with traumatic incidents prior to the event may help. Studies of the Loma Prieta earthquake response found that law enforcement officers had lower rates of PTSD when involved in victim recovery than the Department of Highway workers who were also involved in the body recovering efforts after the earthquake. The difference being that the law enforcement officers had prior training.²⁷ Fewer trauma exposures and more experience can also reduce the risk of developing PTSD. It is important to note that substance abuse clouds recovery, including alcohol, marijuana, and other recreational drugs.

Providing effective treatment for PTSD is key to preventing bad outcomes with a law enforcement officer.²⁸ Exposure-based cognitive behavioral therapy is an effective psychotherapy treatment that gradually exposes individuals to situations that remind them of the traumatic event and trains the individuals to decrease their sense of arousal. Eye-movement desensitization and reprocessing cognitive behavioral therapy also work well. Other psychotherapies, however, do not have strong evidence for effectiveness. Most notably, psychological debriefing has been shown to be ineffective in impacting PTSD.

There are a number of medications that can effectively impact PTSD.²⁹ Serotonin reuptake inhibitors, like fluoxetine, citalopram, and sertraline are first line medications, followed by serotonin norepinephrine reuptake inhibitor, medicines like venlafaxine. For some, use of atypical neuroleptics as an adjunct treatment is beneficial. An example of these medications is aripiprazole and risperidone. Research indicates that beta blockers do not prevent PTSD. However, the medicine prazosin is effective for reduction in

25. Ingrid V.E. Carlier, et al., *Risk Factors for the Post-traumatic Stress Symptomatology in Police Officers: A Prospective Analysis*, 185 J. NERVOUS MENTAL DISEASE 498, 506 (1997).

T.L. Schell, G.N. Marshall & L.H. Jaycox, *All Symptoms are not Created Equal: The Prominent Role of Hyperarousal in the Natural Course of Posttraumatic Psychological Distress*, 113 J. ABNORMAL PSYCHOL. 1115, 1119 (2004).

26. N. Oginska-Bulik, *Social Supports and Negative and Positive Outcomes of Experienced Traumatic Events in a Group of Male Emergency Service Workers*, 21 INT'L. J. OCCUPATIONAL SAFETY ERGONOMICS, 119–12 (2015).

27. C. R. Marmar, et al., *Stress Responses of Emergency Services Personnel to the Loma Prieta Earthquake Interstate 880 Freeway Collapse and Control Traumatic Incidents*, 9 J. TRAUMA STRESS, 63–85 (1996).

28. David M. Benedek, et al., *Practice Guideline for the Treatment of Patients with Acute Stress*, AM. PSYCHIATRIC ASS'N (2009).

29. *Id.*

nightmares and improving sleep. There is not a role for benzodiazepines, (lorazepam, alprazolam) in treating PTSD.

III. WHY IS IDENTIFYING PTSD IN LAW ENFORCEMENT OFFICERS IMPORTANT?

Imagine a law enforcement officer who has developed PTSD from his involvement in three or four life threatening situations. Imagine he is currently involved in a situation, and the race of the possible perpetrator reminds him of the first traumatic situation he was involved in. The perpetrator's clothing reminds him of the second traumatic event, and this interaction is occurring in the neighborhood where the third traumatic event took place. Surrounded by multiple triggers, a law enforcement officer with PTSD may start having flashbacks and respond to the situation based on the past traumatic events, rather than the reality of the current situation.

Unfortunately, people often mischaracterize law enforcement officers who overreact to a situation as being racists, fascists, or bullies. Instead, one of the first questions that should be assessed when evaluating an officer's reaction to a situation is whether the law enforcement officer could have untreated PTSD and whether his over response could be a result of an untreated psychiatric disorder.

In order to get officers to effectively cooperate with the screening for PTSD, some changes need to occur in the system. In some locations, the annual Fitness for Duty Evaluation (FDE) may result in a determination that the officer is not fit for duty. Yet, in those same jurisdictions, that FDE may not qualify the officer for disability benefits. These jurisdictions must change policy so that failure of the annual fitness for duty evaluation for mental health reasons is automatically deemed to serve as definitive evidence of a valid disability.³⁰

IV. CONCLUSION

Many things need to occur to encourage community policing that is sensitive to the needs of the public. If we ignore the presence of PTSD and fail to create a climate where law enforcement officers can receive effective treatment, our efforts will, to a degree, fail. The mental health of our public servants needs to be a priority in any change that involves policing in the 21st century.

30. PRESIDENT'S TASK FORCE FINAL REPORT, *supra* note 3.

