Police Officers' Attitudes Toward Personal Utilization of Mental Health Services: A Mixed-Methods Study Conducted in the Rural South

Annie Morris
jiur@southern.edu

Police Officers' Attitudes Toward Personal Utilization of Mental Health Services: A Mixed-

Methods Study Conducted in the Rural South

Annie V. Morris

Southern Adventist University

Abstract

This study explores the attitudes of police officers toward personal utilization of mental health services. It is a mixed-methods, descriptive study which incorporated qualitative interviews and quantitative data collected from local police officers. The Attitudes Toward Seeking Professional Psychological Help-SF scale (ATSPPH-SF) was used to measure officer attitudes toward utilizing mental health services. Qualitative interview questions were used to further investigate their attitudes regarding mental health. The scores from the ATSPPH-SF scale reflected that the police officers in this study were moderately accepting of counseling services. Participants stated that officers would primarily be deterred from counseling due to prideful personalities often found among law enforcement officers, as well as a fear of not being understood by a mental health professional. Police officers primarily rely on physical exercise to deal with any psychological struggles they may face. Participants stated that providing mental health professionals who have been immersed in police culture/experiences would encourage more receptiveness of mental health services among police officers.

Police Officers' Attitudes Toward Personal Utilization of Mental Health Services: A

Mixed-Methods Study Conducted in the Rural South

Police officers exhibit bravery by placing themselves in harm's way to protect others. Despite their bravery, however, daily exposure to high stress work environments and traumatic events can take a toll on their minds and bodies. Although police officers are the protectors of our communities, they are not invincible, and may be greatly impacted by their time as law enforcement officers. Police officers endure high levels of stress on the job, unpredictable working hours, constant pressure to perform, and burnout (Allen, Clark, Jones, & Douglas, 2014). As a result, police officers experience high rates of family disruption, alcohol abuse, domestic violence, and physical and psychological problems such as higher rates of depression and suicide. Even the best police officers need career-long, proactive maintenance work to maintain psychological health. The high rates of physical and mental health conditions among law enforcement officers reflect a need for mental health services among this special population (Allen et al., 2014).

Statement of the Problem and Hypotheses

Law enforcement officers have one of the most mentally taxing careers, but not the easiest means of staying mentally fit. Police officers experience high levels of job-related stress, frequently linked to shift work, exposure to violent events, and organizational pressure (Chen et al., 2006). It is critical that officers be mentally fit to carry a gun and to hold the position of power that they have (Olsen & Wasilewski, 2016). However, when job stressors pile up, officers may be fearful to seek mental health intervention because of a fear of losing their job or being reported unfit. Therefore, officers are often unlikely to seek help even privately, doubting their treatment will remain confidential or be understood.

Research Questions

The purpose of this study is to assess the attitudes of police officers in the South toward utilizing mental health services. Four research questions were addressed in this study.

1. What are the attitudes of police officers in the rural South towards personally utilizing mental health services?

2. What would deter police officers from seeking mental health services?

3. What could be done to make police officers more open to utilizing mental health services?

4. What coping mechanisms do police officers currently find effective?

Subproblems

Three distinct dimensions of the ATSPPH-SF derived from Picco et al. (2016) were examined in this study: Openness to seeking professional help, reflected in questions 1, 5, 6, and 7; value in seeking professional help, reflected in questions 2, 3, and 8; preference to cope on one's own, reflected in questions 4, 9, and 10.

Hypothesis

Based on previous research, this study hypothesized that the majority of police officers would be resistant to obtaining mental health services (Redman, 2018). The study relied on the Attitudes Toward Seeking Professional Psychological Help-Short Form scale to highlight the attitudes police officers have about utilizing mental health services.

Importance of the Study

Police officers play a major role in society; therefore, their mental wellness plays an important role for the entire community (Dunham & Alpert, 2015). Effective psychological interventions will hopefully reduce on-the-job aggression, burnout, and issues in their personal

lives. This study expands on previous research of stressors police officers face and reasons they may not seek mental health services.

Definition of Terms

The following terms are operationally defined in this study.

Psychological interventions. Mental health services ranging from psychotherapy, counseling, or psychiatric treatment.

Stigma. Broadly defined as the negative self-perception one might hold if they exhibit a personal or physical characteristic that is regarded as socially unacceptable (Wester, Arndt, Sedivy, & Arndt, 2010).

Assumptions

Beliefs foundational to this study are that police officers are a population in need of psychological intervention due to the recurrent stressors they face on a day-to-day basis. Police officers are a tight-knit group who share similar outlooks due to the shared experiences they face on the job. This strong bond between police officers could potentially impact their willingness to seek mental health services. The Attitudes Toward Seeking Professional Psychological Help scale or (ATSPPH) is able to assess officers' overall attitudes toward receiving mental health services, as well as to focus on the participating officers' willingness to seek professional help, value in seeking professional help, and preference to cope on one's own. In an effort to better accommodate police officers' mental health needs, qualitative interviews will clarify any deterrents for seeking psychological interventions, examine current self-care practices of police officers, and identify potential needs for professional psychological services.

Literature Review

Police officers are at high risk for stress and psychological hardships. Therefore, this literature identifies the lifestyles specific to this population that may impact their mental health, whether positively or negatively.

Police Culture

There is a widely shared set of values, attitudes, and norms among police officers. These values are encouraged by their common experiences and ways of coping with their unique work environments (Paoline, 2004). These common experiences are characterized by uncertainty, danger, and coercive authority. Such shared experiences separate officers from others who don't "understand" what they go through and deal with on a daily basis. The job of a police officer is often unpredictable and may entail authority, power, persuasion, and force. The role of a police officer continually changes to fit the needs of the surrounding social environment. Law enforcement officers have sworn to serve and protect, which encompasses different duties at different times and locations (Dunham & Alpert, 2015). Separation between the police and the public presents a "we vs. they" attitude. This is largely because of a necessary distrust and suspiciousness of civilians in order to assess potential threats and appropriate actions. This "we vs. they" attitude contributes to a strengthening of the bond between police officers and aids group loyalty.

Police in the Public Eye

A major element of the job of a law enforcement officer is the power they possess over the public. Police officers are legally granted the ability to use coercion or "license to threaten drastic harm to others." Although officers must adhere to guidelines, and the law, at times the officers' responses rely heavily at their own discretion. Where there is power and discretion

given to a group of individuals there is also a possibility for abuse of power (Paoline, 2004). In the past few decades, the news has featured officers that have abused their power with the use of excessive force, police brutality, and at times deadly force in unwarranted situations (Cesario, Johnson, & Terrill, 2018). According to Donner, Maskaly, Piquero, and Jennings (2017), police shootings are a common topic for news media coverage. Although police officers are expected to use force as necessary, it is often a controversial element of a police officer's role in society. Recent media attention to the killings of civilians by police has encouraged a national conversation on the conduct of law enforcement. Police officers have since been under scrutiny by the public and the media (Donner et al., 2017).

With this increased pressure on police officers there is also an increased stress and impact on their mental and physical well-being. Chiefs of some of the nation's largest police departments say officers in American cities have become hesitant and have pulled back from policing as aggressively as they used to. This is because of fears that they could be the next officer to be featured in a career-ending viral video. According to the Federal Bureau of Investigation (FBI), the number of police officers killed in the United States in the line of duty nearly doubled from 27 to 51 between 2013 and 2014. In 2016, there were 159 officer deaths, and in 2018, the number of police officer deaths in the line of duty was 144 according to a report by the National Law Enforcement Officers Memorial Fund (2018). Davis (2015) proposes the question as to whether or not there could be a relationship between increased media coverage and increased number of officer deaths. In recent years, police body-worn cameras have been implemented as a means of documenting police conduct and encouraging moral conduct.

Job Stressors

Due to job-related stressors such as shiftwork, long hours, physical demands, unpredictable schedules, and frequent criticism from the public, police officers experience coexisting medical and behavioral health issues. In the United States, estimates of officer suicides each year range from 150 to nearly 500 (Olson & Wasilewski, 2016).

Redman (2018) describes the relationship between law enforcement officers and mental health services. Police officers are mandated to maintain good physical and mental health in spite of performing a job with recurrent physical and emotional demands. Police departments are legally obligated to ensure that their officers are mentally stable. Therefore, any signs of questionable behavior are subject to review. An unintended consequence of these job requirements is the fear that seeking psychological services, for any reason, could result in an officer losing their job if discovered by their superiors. It is clear that efforts should be made to reduce the stigma related to mental health services and to minimize fears about seeking psychological intervention. This stigma against mental health services is often propelled by misconceptions such as the following: Police officers do not have legal rights to privacy; police departments have access to private medical information; psychological services will be no more effective than dealing with issues on one's own; anyone who receives psychological treatment is not fit for duty (Redman, 2018).

Common Symptoms Among Police Officers

According to a landmark study published by researcher John Violanti et al. with the University at Buffalo in 2012, high blood pressure, heart disease, cancer, diabetes, obesity, insomnia, anxiety, substance abuse, relational distress, depression, post-traumatic stress disorder, and suicide are experienced at a higher rate in police officers than the general public. In 2002, the

American Psychological Association recognized the acknowledgement of police officers as a special population. They also disclosed the intention to define guidelines for forensic psychology, to ensure the safety of the public by reinforcing the necessity that officers be physically, emotionally, and mentally fit for duty (Violanti et al., 2012).

One major issue police officers face is emotional dissonance, which according to Bakker and Heuven (2006) is the discrepancy between authentic felt emotions and displayed emotions. Officers are repeatedly confronted with violent acts, confrontational interactions with the public, and emotionally charged encounters with victims of crimes and accidents. This line of work often requires an officer to suppress their feelings in order to deal with the situation at hand and keep a composed demeanor, but they are also asked to show compassion when deemed appropriate (Bakker & Heuven, 2006). Empirical evidence supports that emotional dissonance can have significant negative effects on health and well-being. Burnout is also an issue frequently experienced by police officers, and emotional exhaustion and depersonalization are the two major components associated with burnout among human service providers.

Attitudes Toward Counseling

An earlier study by Wester et al. (2010) found that the majority of male officers felt that admitting they might need counseling or other forms of psychological help suggested weakness and failure. This study found that knowing the benefits one may receive from counseling did not outweigh the stigma associated with counseling, the self-stigma or failure one would feel for seeking counseling, and the potential costs to job status as a law enforcement officer. Resistance to seeking help from others was directly related to gender role expectations. This was a male-specific study; attitudes of female officers were not examined. A later study by Karaffa and Koch (2015) reported that officers in their study, utilizing the ATSPPH scale, showed more positive

attitudes toward seeking professional psychological help compared to previous studies. This study also reported that over half of the participants in the study had previously utilized mental health services. Participation in the study was voluntarily with no incentive, which may have led to participant bias. Karaffa and Koch (2015) indicated that self-stigma and public-stigma were negatively associated with attitude toward seeking psychological help. The study also confirmed that awareness of public reactions regarding mental health concerns influenced officers' attitudes toward seeking psychological help. In this case, negative attitudes toward mental health concerns increased the stigma against utilizing mental health services among police officers (Karaffa & Koch, 2015).

Summary of Literature

Research indicates that documented symptoms of police occupational stress include: digestive disorders, cardiovascular disease, alcoholism, domestic violence, post-traumatic stress disorder, depression, anxiety, and higher instances of suicide (Waters & Ussery, 2007; Gershon, Lin, & Li, 2002). Mental health services could be greatly beneficial for this population, on and off the job. Unfortunately, there seems to be resistance to mental health services throughout the law enforcement community. To understand this disconnect and the measures needed to rectify it, further research must be done to understand not only the stressors officers face, but their understanding of mental health and their attitudes toward mental health services.

Further research could expand on the work of Wester et al. (2010), whose research explored male gender role conflict and the stigma associated with counseling in male police officers and found that knowing the benefits one may receive from counseling did not outweigh the perceived detriments.

Although there is substantial research on the stressors that police officers face, and though some research indicates reasons why police officers may have a stigma toward counseling services, there is a gap in the research in terms of what their values are regarding mental health. Further research on the attitudes of police officers toward utilizing mental health services will highlight the deterrents for seeking mental health services as well as help gain a better understanding of ways that mental health services could be made more approachable for individuals in the law enforcement field.

Methods and Procedures

Research Design

This study utilized a mixed-methods, descriptive design. This design was chosen to ensure that not only general attitudes toward counseling were considered, but also the reasoning behind these attitudes.

Qualitative interview questions were based upon relevant information found in the literature in order to gain an understanding of how mental health is viewed from the standpoint of a police officer. Although the quantitative scale used in this study explored attitudes toward mental health services, qualitative questions allowed the study to obtain a more in-depth understanding of what may have contributed to these attitudes. These qualitative questions were used to grasp specific issues that may arise in regard to police officers utilizing mental health services, and also helped the researcher to gain a better understanding of how mental health services could be catered to this specific population.

Population and Sample

The population for this study consisted of local police officers from a rural town in the South. This study utilized convenience samples from the local County Sheriff's Office and the

City Police Department. These two police departments make up the entire local police force. By using both police departments, this study was able to gain a better representation of officer attitudes toward mental health services in this rural city with a population of over 43,000 people (Data U.S.A, 2018). The desired number of participants for the quantitative scale was 50 police officers. This study obtained a total of 68 responses to the ATSPPH- SF scale. Five qualitative interviews were conducted with five officers using convenience sampling. The five interviewees were selected in order to provide as diverse demographics as possible. The goal of this study was to obtain a qualitative interview with at least one female officer, an officer in their 20s–30s, an officer in their 40s–50s, and an ethnic minority officer. Interviewees obtained included one white female officer age 33, one black male officer age 27, a white male officer age 25, a white male officer age 37, and a white male officer age 53. No other interviews were conducted.

Variables

This study utilized a non-experimental, mixed-methods design. All results of this study are descriptive in nature. There was no manipulation of variables in the study, as all results are descriptive in nature. The study was intended to gather and summarize data only.

Instrumentation

The materials used for this study were the Attitudes Toward Seeking Professional Psychological Help-Short Form scale or ATSPPH-SF (See Appendix C), a Demographics Questionnaire (See Appendix F), and Qualitative Semi-Structured Interview questions (See Appendix E). The ATSPPH-SF scale's purpose was to highlight the participating officers' attitudes toward receiving mental health services (Fischer & Farina, 1995). The ATSPPH-SF was developed from Fischer and Turner's (1970) original 29-item measure. Picco et al. (2016) reported the ATSPPH as the most widely used contemporary assessment of help-seeking

attitudes. This research expanded into the utilization of the modified ATSPPH-SF. Through factor analysis, Picco et al. (2016) revealed that the ATSPPH-SF scale formed three distinct dimensions: "Openness to seeking professional help," "Value in seeking professional help," and "Preference to cope on one's own." The current study utilized these three distinct dimensions founded by Picco et al. to obtain a detailed description of police officer attitudes toward receiving mental health services.

The ATSPPH-SF scale has been used in multiple reputable studies assessing attitudes toward seeking professional psychological help. In a 2003 study conducted by Kim and Omizo, the 10-question ATSPPH-SF (Fischer & Farina, 1995) was used to assess participants' attitudes toward seeking psychological intervention. The authors reported evidence of criterion-related validity (correlations with previous help-seeking experience and respondent gender) and convergent validity (correlation of .87 with the original measure). In terms of reliability, the ATSPPH-SF has a coefficient alpha equal to .84 and a 1-month test-retest reliability coefficient of .80; the current data yielded a coefficient alpha of .85 (Kim & Omizo, 2003).

The research by Karaffa and Koch (2015) shows that this scale has been successfully used with police officers in the past. This study also provides a comparison for demographic factors, such as how gender and previous use of mental health services may impact attitudes toward seeking professional psychological help. A limitation of this 2015 study was the underrepresentation of smaller departments in their sample. The current study focuses on two smaller police departments and will be able to contribute where the previous study may have been lacking in terms of data collected among smaller, rural police departments.

The ATSPPH-SF was distributed with a demographics questionnaire that assessed the following: age, gender, ethnicity, total years of service as a police officer, total years of service at current police department, previous utilization of counseling services.

Semi-structured qualitative interviews were conducted with five participants and transcribed. Each of the five participants were identified solely by their demographic information consisting of: age, gender, ethnicity, total years of service as a police officer, total years of service at current police department, and previous utilization of counseling services. Five qualitative research questions were utilized for each interview.

1. What are the most mentally taxing elements of your job as a police officer?

2. Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. What do you do for self-care?

3. For what reasons would you foresee yourself or other police officers needing counseling services?

4. In your opinion, what are the main reasons a police officer would choose not to utilize mental health services?

5. In order to provide optimal service for members of the law enforcement community, what suggestions would you offer a mental health professional working with police officers?

Data Collection

This study obtained approval from the IRB before any surveys, interviews, or data analysis was conducted. The researcher obtained a signed consent letter from the police captains at each police department. These consent letters stated that the researcher had permission to distribute surveys to officers during roll call meetings. Each officer was also given an individual

consent form before completing the survey. Officers had the right to refuse to participate in this study on an individual basis. The ATSPPH-SF scale and demographic questions were given to officers at the County Sheriff's Office and City Police Department during roll call at the beginning of their shift. The researcher gave out surveys once for each roll call, on dates of convenience. Any officer that was not present during these determined roll call dates did not participate in the study. Each roll call ranged from 8–12 officers. The officers were given at least 15 minutes to complete the 10-question scale. The scale took on average about four minutes for the officers to complete. The ATSPPH-SF scale was completed on SurveyMonkey.com, on tablets provided by the researcher.

Data Analysis

  Quantitative Analysis. Quantitative results from the ATSPPH-SF were collected and tabulated using SurveyMonkey.com. Survey items 2, 4, 8, 9, and 10 were reverse scored. All scores were then summed together to reflect an overall score. Higher scores reflect more positive attitudes toward seeking professional psychological help, with the highest possible score being 40. The lowest possible score is 10, which reflects less accepting attitudes toward seeking professional psychological help. Additional attention was given to subcategories that were analyzed through scores derived from specific questions on the ATSPPH-SF (Fischer & Farina, 1995).

   1. "Openness to seeking professional help" reflected in questions 1, 5, 6, and 7.

   2. "Value in seeking professional help" reflected in questions 2, 3, and 8.

   3. "Preference to cope on one's own" reflected in questions 4, 9, and 10.

After the data was tabulated it was then entered into SPSS to observe trends between scores and demographic information. SPSS was also used to examine the responses as positive or negative attitudes toward mental health services.

Qualitative Analysis. For the qualitative analysis in this study, the researcher looked for themes that appeared in participants' answers to the five interview questions. The qualitative questions were selected to expand upon the ATSPPH-SF and to answer research questions.

Coding. Transcripts to semi-structured interviews were printed and coded by hand. This study utilized open coding, which indicates that the researcher did not have any pre-set codes, but developed and modified the codes while working through the coding process. Coding was done by identifying key words and concepts that were stated by the participants, and using these words or phrases to label sections of text. The researcher established relevance for all of the responses to the interview questions; this was possible because of the short nature of the interviews.

Themes. Key quotes were highlighted, coded, and sorted into themes. The researcher carefully read and re-read transcripts to avoid overlooking or omitting any information from interviews that could possibly skew results. After analyzing all of the codes, the researcher established importance to the codes that were recurring in the police officers' responses. These recurring categories were considered most relevant in this study and converted into themes.

Ethical Considerations

The main ethical concern for this study was that confidentiality was not breached during completion of the study. Therefore, participants who agreed to participate were asked to fill out an informed consent stating that they were willing to release the results of the ATSPPH-SF. The

consent made it clear that no individual participant would be identified by their scores at any point in the research process.

Timeline and Budget

This study was conducted during the fall semester of 2018. The desired number of participants for this study was 50 officers to complete the Attitudes Toward Seeking Professional Psychological Help scale, and 5 of those officers to complete personal interviews for qualitative analysis. The month of November was used for all transcription and data analysis. There were no notable expenses in conducting this research. The experiment was conducted without incentives for the 50 officers completing the scale.

Results

The current study obtained a sample size of n=68 participants, 88% were male and 12% were female. The participants' ages ranged from 18 to 59 years old. The average age of participants was in the 30–39 age range. Ethnicities represented in this sample were: White (91%), Black (4%), Native Hawaiian/Pacific Islander (2%), other (3%). The average years of service for all participants was 11.11 years.

Qualitative Interviews

Semi-structured interviews were conducted with five police officers. The officers were identified only by demographic questions. Thematic analysis was conducted to identify patterns or themes within qualitative data. The interviews were fully transcribed for the researcher to assess any themes that occurred. The interview participants consisted of a white female officer age 33, identified as (WF33), a black male officer age 27, identified as (BM27), a white male

officer age 25, identified as (WM25), a white male officer age 37, identified as (WM37), and a

white male officer age 53, identified as (WM53) (See Table 1).

Table 1

Demographics for Qualitative Interview Participants

Participants	Prev. Counseling	Years of Service	Years at Current Dept.
WF33	Yes	7 ½	7 ½
BM27	No	4 ½	4 ½
WM25	No	5	2 ½
WM37	Yes	11	3 ½
WM53	No	31	31

There were 14 themes that emerged within the five interview questions:

1. What are the most mentally taxing elements of your job as a police officer?

    WF33: Long hours. Children. People lying/trusting others.

    WM25: Dishonest drug users/criminals. Children—neglected by parents/abused.

    BM27: Balancing work and home life. "There isn't too much that bothers me."

    WM37: Schedule change, lack of sleep. Dealing with constant problems results in being

    tired. "Could I have done more?"

    WM53: Traumatic Situations. Small Children. "It doesn't really bother me."

    In reference to the first qualitative interview question, one of the themes that emerged

was that of *incidents on the job involving small children*. The theme was referenced by three of

the five participants. Three out of the five participants referenced themes of *work parameters*,

which address things such as shift change, long hours, balancing work and home. Two out of the

five participants addressed themes in reference to *issues of trust* that arise in their line of work. And finally, two out of the five participants referred to *being essentially unaffected or unbothered by difficult things that occur on the job*.

2. Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. What do you do for self-care?

    WF33: Work out. Ride horses. Drink wine. Spend time with friends.

    WM25: Work out. Always thinking positive. "It's easy for me to forget the bad stuff."

    BM27: Hang out with family/shift. Watch sports. Have drinks.

    WM37: Workout. Church. Volunteer. Relax.

    WM53: Workout. Play sports.

In reference to the second qualitative interview question, the researcher established a theme based on four out of the five officers reporting *working out* as a major practice of self-care. Additionally, working out was also the first self-care activity mentioned by the four officers. The second theme established for this interview question was *having drinks and hanging out with friends*, which was listed by two out of the five participants.

3. For what reasons would you foresee yourself or other police officers needing counseling services?

    WF33: Jaded. Personal life. Traumatic events. Ignoring problems. "You're supposed to be tough as a cop." "In this job you see so many things that humans aren't really equipped to understand and deal with on our own."

    WM25: Taking stress home/out on family. Built up anger.

    BM27: Witnessing violence. Traumatic events.

WM37: Traumatic events. Jaded. Loss of faith in humanity. "We see things people aren't supposed to see."

WM53: Traumatic event. Death or shooting. Loss of a loved one.

For the third qualitative interview question, the first theme established was in reference to four out of the five participants listing *witnessing traumatic events* as being a major factor for officers needing counseling services. The second theme—*jaded*—emerged as two out of the five participants used the word "jaded" to describe how an officer may become after being exposed to elements of the job. The same two participants identified the third theme that *officers see things that the general public does not, and acknowledge that it is not something they as officers even consider to be "normal."*

4. In your opinion, what are the main reasons a police officer would choose not to utilize mental health services?

WF33: Looking weak. EAP—job finding out. Expense.

WM25: Pride. "I don't need help." Act like things don't bother us.

BM27: Pride/Ego. "If there's a problem, there isn't really a problem."

WM37: Fear of judgement. Jaded sense of humor/afraid people won't understand. Hard to relate to individuals outside this profession.

WM53: Pride. Embarrassment. Officers are private people.

In reference to the fourth qualitative interview question, the first theme was established by four out of five participants, who made statements referencing *pridefulness*. The last theme, present in the statements of two out of the five participants, was officers *denying the existence of a problem entirely*.

5. In order to provide optimal service for members of the law enforcement community, what suggestions would you offer a mental health professional working with police officers?

WF33: Find something in common. "The biggest issue would be getting them in the door. I think they would talk once they got there."

WM25: Officers need to be able to relate to them. People who have seen traumatic events/similar backgrounds officers would feel more comfortable and that they understand. "I trust psychiatrists/doctors not to judge me, but I doubt they really understand officers."

BM27: Do ride-alongs. Get an actual sense of what they see to be more understanding.

WM37: Do ride-alongs. Spend time in their shoes. Reassure officers of confidentiality (EAP—job could find out). Don't show judgement.

WM53: Be open and honest. Show you care. Help them be comfortable speaking freely. Find commonalities in professions (law enforcement and helping professions).

Two themes that emerged from the statements of five out of five participants were the importance of finding *commonalities between police officers and mental health professionals and of understanding by experiencing the same or similar events*. An additional theme referenced by two out of the five participants was making sure police officers are *feeling comfortable in session*.

Research Question One

To answer this research question—What are the attitudes of police officers in the rural South towards personally utilizing mental health services?—descriptive statistics were gathered from the quantitative instrument: the ATSPPH-SF scale, with a highest possible score of 40 and lowest possible score of 10. The highest attained ATSPPH-SF score was 36 and the lowest score

was 15. The most frequently reported score was 24, with a mean score of 25.71. The average score represents that police officers in this study were moderately accepting of professional psychological help (See Table 2).

Table 2

Descriptive Statistics for the ATSPPH-SF

	n	Minimum	Maximum	Mean	SD
Instrument total	68	15.00	36.00	25.7059	4.96272
Valid N (listwise)	68				

An independent samples t-test was run to examine the difference in overall score in regard to gender. Average male scores were 25.35 with a SD of 4.89, while females averaged a score of 28.37 with a SD of 4.95. While women did score higher than men overall, there was no statistically significant difference between gender (See Table 3).

Table 3

Independent Samples T-Test of Overall Score Differences as a Function of Gender

	Gender	*N*	*M*	*SD*	*SEM*	*t*	*df*	*p*
Instrument total	Male	60	25.35	4.89	.63	-1.64	66	.106
	Female	8	28.38	4.96	1.79			

A Pearson's correlation was conducted to assess the relationship between years of service and overall attitudes toward counseling. There were no significant trends found between years of service and receptiveness to counseling. In fact, officers that had been on the police force from half a year to upwards of 30 years displayed no distinct trends.

An independent samples t-test was run to examine the impact that previous counseling may have had on overall instrument scores. There was a statistically significant difference in the

scores for police officers that had previously received counseling services (M=27.57, SD=4.29) and police officers who had not received counseling in the past (M=24.75, SD=5.11) (See Table 4).

Table 4

Group Statistics for Previous Counseling

	Counseling	N	M	SD	SEM	t	df	p
Instrument	No	44	24.75	5.11	.77	-2.26	65	.027
Total	Yes	23	27.57	4.29	.90			

The current study analyzed the three distinct dimensions founded by Picco et al. (2016) to obtain a detailed description of attitudes police officers have toward receiving mental health services. The average scores in this study depicted a slightly positive response for openness to receiving counseling, a slightly positive response to value in counseling services, and a slightly negative response for preference to cope on one's own (See Table 5).

Table 5

Descriptive Statistics

	n	Minimum	Maximum	Mean	SD
Openness	68	4.00	16.00	10.2794	2.68687
Value Overall	68	3.00	12.00	8.2206	1.87557
Cope Alone	68	3.00	12.00	7.1912	1.91816

Research Question Two

The second research question—What would deter police officers from seeking mental health services?—was answered through themes established in interview question number four: "In your opinion, what are the main reasons a police officer would choose not to utilize mental

health services?" The themes that emerged from this question were *pridefulness* and *denying the existence of a problem entirely*.

Research Question Three

Research questions three—What could be done to make police officers more open to utilizing mental health services?—was answered through interview question number five: "In order to provide optimal service for members of the law enforcement community, what suggestions would you offer a mental health professional working with police officers?" The themes that emerged from this question were: *finding commonalities between police officers and mental health professionals*, a mental health professional should exhibit an *understanding by experiencing the same or similar events*, and ensuring officers are *feeling comfortable in session*.

Research Question Four

This research question—What coping mechanisms do police officers currently find effective?—was answered through interview question number two: "Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. What do you do for self-care?" The themes that emerged from this question were *working out* and *having drinks and hanging out with friends*.

<div align="center">

Discussion

</div>

Research Question One

In reference to research question one—What are the attitudes of police officers in the rural south towards personally utilizing mental health services?—it was hypothesized that officer attitudes would be slightly negative toward the personal utilization of counseling services, while

results reported a moderate acceptance to these services. Scores for value of and openness toward

counseling services also depicted slightly positive attitudes, which suggests that the majority of

these Southern officers respect that professional psychological services can be beneficial. Scores

for preference to cope on one's own indicated that officers in this study were more likely to deal

with issues on their own rather than seek help from a mental health professional.

Results from the ATSPPH-SF scale were generally reflective of the current literature.

However, unlike the study by Karaffa and Koch (2015), in which more than half of the sample

had received some form of mental health services in the past, the current study reflected that only

23 out of 68 (34%) officers had utilized counseling services in the past. Although those

individuals scored higher overall, there was not an overabundance of officers who had received

previous counseling, therefore reducing participant bias in this study, which may have accounted

for a slight difference in overall scores.

Results of this study coincided with current literature in regard to females possessing

more accepting views toward seeking counseling services than males. These gender differences,

however, were not statistically significant amongst the very small sample size of women officers.

Identifying correlations of years of service with attitude toward counseling was not found in the

literature, and the data in the current study did not identify length of years in service as having

any noticeable impact on receptiveness to counseling services. This led to the following

question: What if police officer attitudes toward counseling were developed due to reasons other

than working in law enforcement for a specific number of years?

When asked what the most mentally taxing elements of their jobs were, several officers

made comments alluding to the fact that they are rarely bothered by things personally. This

provoked the question of whether the emphasis placed on officers needing to be strong enough to

handle the day-to-day aspects of the job could encourage an unconscious desire to ignore any aspects of the job that may be causing them mental strain? If something is taxing to you mentally does that imply that you have allowed yourself to be weak? If the majority of officers may ignore that they have a problem all together, or if a police officer is unwilling to accept that they have an issue, they would be unlikely to seek out counseling in the first place. These findings coincide with those of Wester et al. (2010), who identified a feeling of failure for seeking counseling among male officers.

Research Question Two

In reference to research question two—What would deter police officers from seeking mental health services?—the majority of interview participants stated that they believe that one of the leading reasons an officer would choose to abstain from using counseling services is due to prideful attitudes common among police officers. In the law enforcement community, it is of great importance for an officer to be seen as strong, or tougher than the average civilian. Therefore, utilizing counseling services may be seen as a weakness and an inability to cope on one's own. This idea coincides with results of the dimension of "preference to cope on one's own" in the current study, which indicated officers were more likely to cope on their own than to seek psychological help.

Research Question Three

In reference to research question three—What could be done to make police officers more open to utilizing mental health services?—the importance given in the qualitative interviews to the fear of being judged by someone that "has not gone through what officers go through" was overwhelming. Although mental health professionals are experts in mental health, officers in this study seemed to question whether or not the expertise of a mental health

professional could translate to working with their special population. Would the morbid jokes that they use to cope with witnessing traumatic things be seen as grounds for losing their job? Participants were not confident that they would be understood without judgment. These results raised the question: How far would a mental health professional need to go to be deemed an equal among officers and not seen as a threat?

Research Question Four

In reference to research question four—What coping mechanisms do police officers currently find effective?—police officers in this study reported working out as the primary self-care activity, while having drinks and hanging out with friends was also a theme. In asking this research question, the researcher found that officer responses excluded any self-care activities directly related to emotions. However, the primary response of working out is associated with proactive mental health efforts in the literature.

The themes in regard to drinking for self-care raised some questions in reference to current literature, as alcoholism has become a prevalent issue among police officers. Therefore, one would want to take into account the possible adverse effects alcohol consumption may have on this population, especially if the drinking is done specifically to cope with issues of the job. Research suggests that drinking does not actually alleviate symptoms, but often prolongs them.

Delimitations

This study is centered around adult, working police officers. Officers who participated in this study are primarily patrol officers, and their sergeants and lieutenants. There were also a few patrol officers that had been promoted to detectives who participated as well. The quantitative scale was administered during the roll call meetings at the beginning of seven patrol shifts. This was the most convenient and feasible time to conduct these surveys because of the fact that this

is the only place that all officers on each shift are together at one time. Qualitative interviews were not conducted during roll call meetings due to the limited number of subjects participating in the interviews as well as time constraints. Officers who were absent on the day that the researcher was scheduled to collect data were not included in this study. The researcher's goal was to obtain a sample of 50 officers from as many shifts as possible at each department. The researcher was able to survey all but three patrol shifts at the City Police Department and County Sheriff's Office. Obtaining a sample from both of the two local police departments was done in order to ensure that the sample population gives the most accurate representation of local police officers in the rural Southern town.

Limitations

A limitation of this study is that convenience sampling was used in order to obtain the desired sample needed for this study. This limitation may have reduced diversity in age, race, and gender demographics. Limitations in gender diversity are because of the fact that the police workforce is predominantly male. Women make up only 13% of the police force, most significantly in larger departments (Crooke, 2013). Due to the fact that this study was conducted in a small rural town, the number of female officers may have been greatly reduced.

The rural Southern town surveyed in this study is comprised of only two departments, therefore a sample size of 50 was the initial goal, which was exceeded in the study. In the midst of scheduling difficulties and time constraints, the researcher only failed to survey three remaining roll calls between the two departments. With an overall sample size of 50 for the quantitative scale, the desired sample size of five officers was appropriate for qualitative interviews. However, due to the availability of a larger sample size, this study could have realistically obtained more interviews. Nevertheless, the goals for demographic criteria of

qualitative interview participants were successfully met. Due to the small number of interview participants, it was important to ensure that demographic factors were not seen as skewing the results.

A qualitative limitation of the study is that there was one sole researcher conducting the study, thus weakening code validation. The data was read and re-read in order to double check codes for consistency. Having a research team to review qualitative interview transcriptions, coding, and themes would have limited researcher bias and ethically strengthened the qualitative results in this study.

A major limitation of this study was that the researcher was unable to find specific details regarding the overall scores on the ATSPPH-SF scale in comparison with other studies. If this additional information would have been located, the results of this study could have been directly compared with previous studies to find similarities and differences, and to compare regional differences.

Recommendations for Future Research

Several questions have been raised for future research. Based on the findings of the current study, future research in assessing police officer attitudes toward seeking professional psychological help should explore in greater detail the impact that prideful attitudes of officers may have on willingness to seek counseling services.

Officers in this study expressed that they would feel more comfortable seeking out a mental health professional that has had shared or similar experiences. Future research may be able to explore ways in which mental health professionals can help facilitate comfort in seeking professional psychological help for this special population. Could roles of mental health professionals be modified—whether by including an internship spent working alongside officers,

going on ride-alongs, or even going as far as becoming a law enforcement officer themselves? Future research could then monitor whether there was a change in police officers' attitudes toward seeking counseling services from these individuals with added experience in law enforcement.

Psychoeducation could be implemented into future research to assess the impact that education on self-care practices may have on this population—to explore whether or not such education could reduce symptoms associated with this high stress career. Research implementing psychoeducation may also be able to gauge whether or not educating police officers on self-care practices could help diminish the stigma among officers that seeking counseling is a sign of weakness.

This study was able to add to current literature, which primarily focuses on large, major cities, by broadening the scope to a sample of rural Southern officers. However, this study was unable to find specific details in reference to the overall scores on the Attitudes Toward Seeking Professional Psychological Help-Short Form scale in comparison with other studies. This was largely because of the lack of detailed reports in the research data findings. Future research could implement this scale to various neighboring districts in order to identify the possibilities of statistically significant findings using the ATSPPH-SF.

Conclusion

Through a mixed-method approach, this study has analyzed attitudes toward seeking professional psychological help among police officers in the rural South. This study has also explored, in great detail, a look at what contributes to these attitudes. Some of the most mentally taxing elements of the job for these rural Southern police officers are long hours, shift changes, incidents with children, and issues of trust. A notable trend, however, was that some officers

reported being virtually unaffected by some of the most challenging aspects of their jobs. Officers in this study reported that working out was their primary way of coping with their stressful careers. Having drinks and hanging out with friends were also frequently used as coping mechanisms. Attitudes of police officers toward personally utilizing mental health services reflected a moderate acceptance. Although officers surveyed reported a slightly positive value and openness to counseling, however, they would be more likely to cope alone than to seek help from a mental health professional. The most prominent reasons officers in this study would be deterred from seeking psychological help is due to prideful attitudes and perceptions of weakness for seeking help. Police officers would be more receptive to seeking psychological help if they could speak to someone who understands what they go through and can refrain from judgement.

      For a population that is crucial to the needs of a constantly changing society, and currently in need of psychological intervention, it is very important for the mental health field to consider their specific needs. Continuing research on this topic will hopefully help give back to the law enforcement officers that give to our communities daily.

References

Allen, S., Clark, D., Jones, C., & Douglas, F. (2014). Keeping our heroes safe: A comprehensive approach to destigmatizing mental health issues in law enforcement. *The Police Chief: The Professional Voice of Law Enforcement, 81*(5).

Bakker, A. B., & Heuven, E. (2006). Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management*, *13*(4), 423. doi:10. 1037/1072-5245.13.4.423

Barber, C., Azrael, D., Cohen, A., Miller, M., Thymes, D., Wang, D. E., & Hemenway, D. (2016). Homicides by police: comparing counts from the national violent death reporting system, vital statistics, and supplementary homicide reports. *American journal of public health*, *106*(5), 922–927. doi:10. 2105/ajph.2016.303074

Cesario, J., Johnson, D., & Terrill, W. (2018). Is there evidence of racial disparity in police use of deadly force? Analyses of officer-involved fatal shootings in 2015–2016. *Social Psychological and Personality Science*. doi:10.117/1948550618775108

Chen H. C., Chou F. H. C., Chen M. C., Su, S. F., Wang, S. Y., Feng, W. W., … Wu, H. C. (2006). A survey of quality of life and depression for police officers in Kaohsiung, Taiwan. *Quality of Life Researc,15*(5), 925–932. doi:10.1007/s11136-005-4829-9

Crooke, C. (2013). Women in law enforcement. *The e-newsletter of the COPS Office, 6*(7). Retrieved from https://cops.usdoj.gov/html/dispatch/07-2013/women_in_law_enforcement.asp

Davis, A. (2015). YouTube effect has left police officers under siege, law enforcement leaders say. *The Washington Post*. Retrieved from https://www.washingtonpost.com/people/aaron-c-davis/

Donner, C. M., Maskaly, J., Piquero, A. R., & Jennings, W. G. (2017). Quick on the draw: Assessing the relationship between low self-control and officer-involved police shootings. *Police Quarterly*, *20*(2), 213–234. doi:10.1177/1098611116688066

Fischer, E., & Farina, A. (1995). Attitudes towards seeking psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*, 368–373. doi:10.1037/t05375-000

Gershon, R. R. M., Lin, S., & Li, X. (2002). Work stress in aging police officers. *Occupational and Environmental Medicine, 44*(2), 160–167. doi:10.1097/00043764-200202000-00011

Karaffa, K. M., & Koch, J. M. (2015). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior, 43*(6), 759–777. doi:10.1177/0093854815613103

Kim, B. S., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist*, *31*(3), 343–361. doi:10.1177/0011000003031003008

National Law Enforcement Officers Memorial Fund. (2018). *2018 End of Year Preliminary Law Enforcement Officer Fatalities Report*. Retrieved from https://view.joomag.com/2018-end-of-year-preliminary-law-enforcement-officers-fatality-report-2018-end-of-year-report/0160170001545883698?short

Olsen, A., & Wasilewski, M. (2016). Suffering in silence: Mental health and stigma in policing. Retrieved from https://www.policeone.com/police-products/human-resources/articles/218917006-Suffering-in-silence-Mental-health-and-stigma-in-policing/

Paoline III, E. A. (2004). Shedding light on police culture: An examination of officers' occupational attitudes. *Police quarterly*, *7*(2), 205–236. doi:10.1177/1098611103257074

Picco, L., Abdin, E., Chong, S. A., Pang, S., Shafie, S., Chua, B. Y., & Subramaniam, M. (2016). Attitudes toward seeking professional psychological help: Factor structure and socio-demographic predictors. *Frontiers in Psychology*, *7*, 547. doi:10.3389/fpsyg.2016.00547

Price, M. (2017). Psychiatric disability in law enforcement officers. *Behavioral Sciences & the Law, 35*(2), 113–123. doi:10.1002/bsl.2278

Redman, J. (2018). Why do cops avoid counseling? Eight myths about law enforcement officers and mental health treatment. *Counseling Today*. Retrieved from https://ct.counseling.org/2018/01/why-do-cops-avoid-counseling-eight-myths-about-law-enforcement-officers-and-mental-health-treatment/

Violanti, J. M., Fekedulegn, D., Andrew, M. E., Charles, L. E., Hartley, T. A., Vila, B., & Burchfiel, C. M. (2012). Shift work and the incidence of injury among police officers. *American journal of industrial medicine*, *55*(3), 217–227. doi:10.1002/ajim.22007

Waters, J. A., & Ussery, W. (2007). Police stress: history, contributing factors, symptoms, and

   interventions. *Policing: An International Journal of Police Strategies &*

   Management, *30*(2), 169–188. doi:10.1108/13639510710753199

Wester, S. R., Arndt, D., Sedivy, S. K., & Arndt, L. (2010). Male police officers and stigma

   associated with counseling: The role of anticipated risks, anticipated benefits and gender

   role conflict. *Psychology of Men & Masculinity*, *11*(4), 286. doi:10.1037/a0019108

Appendix A

Attitudes Toward Seeking Professional Psychological Help- Short Form for

Personal Counseling (Fisher & Farina, 1995)

Instructions: Below are statements pertaining to counseling. Read each statement

thoroughly and state the degree to which you agree or disagree. Please indicate

your honest view when rating the statements. It is crucial that you answer every

item.

1 = Disagree, **2** = Partly Disagree, **3** = Partly Agree, **4** = Agree

1. If I believed I was having a mental breakdown, my first inclination would be to

get professional attention.

2. The idea of talking about problems with a psychologist strikes me as poor way

to get rid of emotional conflicts.

3. If I were experiencing a serious emotional crisis at this point in my life, I would

be confident that I could find relief in psychotherapy.

4. There is something admirable in the attitude of a person who is willing to cope

with his or her conflicts and fears *without* resorting to professional help.

5. I would want to get psychological help if I were worried or upset for a long

period of time.

6. I might want to have psychological counseling in the future.

7. A person with an emotional problem is not likely to solve it alone; he or she *is*

likely to

solve it with professional help.

8. Considering the time and expense involved in psychotherapy, it would have

doubtful

value for a person like me.

9. A person should work out his or her own problems; getting psychological

counseling

would be a last resort

10. Personal and emotional troubles, like many things, tend to work out by

themselves.