Occupational Hazard: Depression on the Force

Olivia N. Johnson, DM*

Diseases of the soul are more dangerous and more numerous than those of the body.

~Cicero

The National Institute of Mental Health (2009) estimated at any given time, one-quarter of American adults (over 18) experienced at least one psychological disorder. In fact, research suggests the United States is on the verge of becoming the global leader of mental disorders (Weiss, 2005). One of the most common and concerning mental disorders in the U.S. is depression.

Depression is “a medical illness that involves the mind and body… it affects how you feel, think, and behave” (Mayo Clinic, 2011, p. 1). Described by bouts of sadness, numbness, sleep disturbances, weight loss or gain, altered moods, feelings of emptiness, irritability, fatigue, worthlessness, anxiety, hopelessness, helplessness, and an overall loss of interest in once pleasurable activities; this often debilitating illness is categorized by levels of severity ranging from mild to severe.

Nearly 35 million Americans will suffer from some type of depression in their lifetime (Kessler, Chiu, Demler, & Walters, 2005), with depression as the leading cause of disability and suicide worldwide (World Health Organization [WHO], 2011). Nationwide, 60-90% of individuals completing suicide are diagnosed with depression (“Treating depression”, 2009, p. 580). Based on the World Health Organization’s “Disability Adjusted Life Year” [DALY] scale, projections indicate by 2020, depression will be the second leading cause of death for all ages and sexes worldwide (2011). The DALY scale equates “life lost to premature mortality” and “years of productive life lost due to disability” (WHO, 2011). DePaulo & Horvitz (2002) suggested:

One of the most disabling aspects of depression is that often you don’t know that you have it at all. That doesn’t happen with most other painful diseases that are usually quick to announce their presence and location. But depression can sneak up so insidiously that you literally don’t know what it is, sometimes until years later. (p. 10)
Depression sufferers should remain optimistic, as depression is highly treatable. However, less than one-third of depressed individuals ever seek treatment (Washington University School of Medicine, n.d.). The large numbers of individuals refusing to seek treatment is a direct result of stigmatization of mental health issues (Department of Mental Health, 2006). “Atypical manifestations of depression often mask the underlying disease” (Johnson, 2010). Self-medication contributes to difficulties in a proper diagnosis and treatment of depression.

Depression alone does not have a single origin, but rather, has been linked to an assortment of causes (i.e., genetic predispositions, learned behaviors, biochemical changes, prescription drugs, a life changing event, psychological issues, and can be present in conjunction with other illnesses) (All Family Resources, 2005; U.S. Department of Health and Human Services, 2010). Besides the multiple origins of depression; certain occupations are at greater risk for acquiring this debilitating illness.

According to Christopher Willard, Psy.D., Tufts University, Clinical Psychologist, occupations experiencing the worst of society (i.e., police officers, judges, and lawyers) are at increased risk for depression, due in part, to the repetitive and negative nature of the job and changes in world perspectives (Worth, 2010). Diamond (2003) explained there was “no reason to expect law enforcement officer possess any special immunity from this disease [clinical depression], or its fatal consequence” (p. 55).

[C]ertain jobs, like law enforcement … have the paradoxical effect of the fact that to be good at them, a pessimism bias is adaptive…that becomes problematic in other areas of life. Law enforcement is also an unfortunate combination unpredictable, boring, sometimes dangerous, and often without room for much autonomy, and often interactions with people at their worst (either perpetrators of crimes, or people who have just been victimized by crimes) all of which are known contributors to unhappiness. (C. Willard, personal communication, June 20, 2011)

Occupational hazards for law enforcement personnel are far reaching. The appearance of physical ailments, injuries, and accidents are much easier to detect. However, occupational hazards resulting from trauma, exposure to death and violence, and grotesque forms of death, often result in emotional and psychological injuries - much more difficult to identify. Mental functioning and decline are influenced by extended exposure to stress and trauma (Heim et. al., 2009).

As a result of trauma and exposure, law enforcement personnel also experience “… repetitive adrenaline dumps in the body where the fight-or-flight response is triggered” (Wasilewski & Olson, 2010). This automatic response is the body’s internal defense against real or perceived threats of harm (Siddle, 1995). Nevertheless, frequent releases of these stress hormones (i.e.,
adrenaline, nor-adrenaline, and cortisol) contribute to numerous physical, emotional, and psychological ailments, including depression.

Initially, adrenaline produces a natural painkilling effect, resulting in feelings of almost super-human strength, power, and ability. Subsequently, numerous adrenaline dumps can be catastrophic. As alluded to by Wasilewski & Olson (2010), (e.g., Einstein’s Theory of Relativity and Newton’s Law of Gravity), “what goes up must come down” (p. 3). Individuals are left dealing with the adrenaline high and ultimate crash. Adrenaline dumps occur hundreds, maybe thousands of times in the average law enforcement career. Residual affects resulting from these ups and downs leave dangerous chemical deposits in the body, contributing to illness, susceptibility to injury, increased pain, stress, and burnout (Benjamin & Werner, n.d; Smith et al., 2011).

Prevention limits exposure, while bringing attention to such occupational hazards. Smith et al. (2011), provided three key factors for the prevention of stress and burnout (i.e., recognize, reverse, and resilience), which can and do contribute to depression and other mental disorders.

- Recognize: signs and symptoms of stress and burnout
- Reverse: understand the effects of stress and burnout and seek assistance
- Resilience: being accountable for your personal health and well-being.

Depression is a debilitating illness, affecting millions of Americans every year. The largest detriment for individuals seeking treatment for depression is stigmatization. In addition, manifestations of atypical symptoms replicating other illnesses and self-medication with drugs and alcohol make diagnosing depression difficult. However, those suffering from depression should remain optimistic; as this devastating illness is highly treatable. The debilitating effects of depression are far reaching and can affect anyone at anytime in life. Occupations, which experience “the worst in people and circumstances,” such as law enforcement, seem to have higher than normal rates of depression. The nature of police work places officers in danger of many occupational hazards, including physical injury, depression, stress, and burnout. Law enforcement personnel possess no extraordinary resistance to depression or the effects of this deadly disease. Acknowledging and understanding the occupational hazards faced by law enforcement personnel will better prepare them for the immediate and residual effects of stress, trauma, and burnout on their bodies and their minds.

**About the author:** During her research on police safety issues, Dr. Olivia Johnson discovered the leading cause of officer death was not accidents or homicide, but rather suicide. This compelled her to refocus in the area of officer suicide and through her research was named the Illinois State Representative for the National Police Suicide Foundation. In March 2010, she received her doctorate degree in Organizational Leadership Management, from the University of Phoenix. In June 2010, she was invited to speak at the Beyond Survival Toward Officer Wellness [BeSTOW] Symposium sponsored by the FBI Behavioral Science Unit. Dr. Johnson currently collaborates with The Journal of Law Enforcement and The Journal of Global Health Care Systems as an advisory board member, author and editor and is a current member of the International Law Enforcement Educators and Trainers Association (ILEETA).
References


