

## Mental Illness and Risks for Law Enforcement

Olivia Johnson, DM\* & Scott Barthelmass

“In my mind, there’s nothing our generation should be more ashamed of than people with severe mental illness being punished for a disease they can’t do anything about.”

~Fran Quigley

Mental illness is an interruption in behavior, thought, and perception, ranging from mild to severe (Mayo Clinic, 2010). The National Institute of Mental Health [NIMH], estimated one-quarter of Americans (18 and older) suffer from at least one mental disorder during any given year, equating to nearly 60 million Americans (2009). Mental illness does not discriminate; rather, the effects are far reaching – affecting all genders, ages, races, and socio-economic statuses (Mayo Clinic, 2010).

Cause(s) behind mental illness, though not fully understood, are addressed in the following four ways: inherited traits, biological factors, life experiences, and brain chemistry (Mayo Clinic, 2010). Inherited traits and biological factors predispose certain individuals to mental illness. However, life experiences and brain chemistry are areas in which one’s life experiences can actually influence and alter the chemistry of the brain.

What type of life experiences contribute to alterations in the brain’s chemistry? “Challenging situations in your life, such as the loss of a loved one, financial problems and high stress... upbringing leading to poor self-esteem or a history of sexual or physical abuse” (Mayo Clinic, 2010). Heim et al. (2009) explained prolonged exposure to traumatic events contributes to declining mental function. Law enforcement officers experience prolonged exposure to trauma, making them just as vulnerable to the effects of mental illness.

However, law enforcement officers frequently view mental illness as a weakness (Waters & Ussery, 2007). Often, law enforcement training concerning mental illness mainly focuses on identifying defects and deficiencies of the mentally ill individual, contributing to the increased stigmatization attached to mental illness. With the high number of yearly law enforcement suicides, many officers are forced to suffer silently for fear of being labeled by their communities, and more importantly, their peers.

If prolonged exposure to trauma and traumatic events contribute to declining mental function, why is it so difficult to fathom law enforcement officers suffering from issues of mental health? Do officers' fear treatment by peers and the stigmatization attached to mental illness? Do they fear that such stigma will affect the culture as a whole? Or have officers' become so accustomed to labeling the mentally ill, that realizing they have become one in the same is too much to bear.

The largest deterrent preventing mentally ill individuals from seeking assistance, whether real or perceived, is stigmatization (Department of Mental Health, 2006). Law enforcement personnel fear losing their jobs, police identity, and credibility with fellow officers; all of which can be perceived as career-enders (Douglas, 1997). It is imperative to remember that no one is immune from mental illness. And of course, no one would choose to be mentally ill, just as no one would choose to have cancer or a heart attack.

Knowing that the risk of developing mental illness increases with prolonged exposure to trauma and traumatic events open the door for departmental liability. Expecting officers to suffer in silence for fear of rejection and labeling contributes to negative impacts on officers, families, departments, and communities. Stigma attached to issues of mental illness is rooted so deeply, that the responsibility to acknowledge, train, and educate must be placed on administrators and training organizations, making this training mandatory for all personnel. If ignorance of the law is not excuse, neither is ignorance of the issues which are consuming the men and women in blue.

#### **About the authors:**

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 P.O.L.I.C.E. 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 and currently collaborates with The Journal of Law Enforcement and The Journal of Global Health Care Systems as an author and editor. Dr. Johnson is the President of the Blue Wall of Silence, a brand new venture which will train, educate, and provide valuable resources to law enforcement agencies, agency personnel, and police families – regarding issues of officer wellness. Blue Wall of Silence will provide vital information to agencies, agency personnel and families - in the form of training, education, and resources necessary to assist officers in maintaining optimum mental health and wellness.

Scott Barthelmass is a veteran police officer having served the last 15 of his 17 years of service with the Overland (Missouri) Police Department. He has long been active in efforts to honor fallen officers as well as protect those currently serving. Scott is the founder of the Missouri Law Enforcement Funeral Assistance Team, a Guardian for the National Law Enforcement Officers Memorial Fund, and the St Louis metropolitan area representative for the National P.O.L.I.C.E. Suicide Foundation.

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