

TO TELL OR NOT TO TELL: SYSTEMIC AND ORGANIZATIONAL STIGMA OF POLICE OFFICERS SEEKING MENTALHEALTH SUPPORT

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Abstract: *Police officers engage in dangerous and potentially highly traumatizing circumstances. It is common for officers to experience PTSD, depression, anxiety, and other mental health issues that affect their work performance and family life. Often seeking support from their institution or organization is stigmatized and experienced as a significant drawback to their work environment. The number of variables that affect an officer's mental health are numerous and cannot be undermined. For example, a negative world view, lack of family support, traumatic events, suppression of emotions, self-medicating, toxic work environment, unsupportive organization, and lack of peer support all intertwine to create a whirlwind of adverse mental health outcomes.*

The organization has made some attempts to support police officers with their mental health needs, such as a post-critical incident seminar by the Federal Bureau of Investigation. Unfortunately, this is just one element that has been put in place, but there remains an enormous gap in providing the needed support. In this paper, we highlight and inform on practices to prevent and cope with job demands that can be implemented in the organization and individually, such as mental detachment, reframing, refrain from personalization, permeance, and catastrophizing.

Some strategies that can decrease organizational stress are meditation, showering and bathing practices, exercise, peer and group support, quality sleep, good nutrition, listening to music, and organization of the work environment. This paper highlights how crucial peer and organizational support is in the lives of police officers. The need for normalizing their experience by sharing with

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others who have had similar experiences and been given the tools to cope are an essential part of the efforts put forward to assist police officers and their families.

Key Words: *Mental Health, Policing, Support, Resilience, Organization, Stigma*

Introduction

Anxiety is the most common mental health condition among the general public in the United States (NAMI, 2017), with approximately one in five people in a given year experiencing anxiety symptoms. To further complicate matters, law enforcement officers can experience severe trauma and compared to the general public; they face an increased risk of distress, worry, sleep issues, difficulties in concentrating, adverse effects on personal relationships, increases in substance use, and depression (Benedek et al., 2007; Rees & Smith, 2008).

The Effect of Reaching Out

Impact on Officers

For a police officer faced with the paradoxical choice of deciding whether or not to reach out to their agency for mental health support, numerous factors, and consequences, must be considered. But, first, it must be acknowledged that aside from whatever the current mental health condition the officer is experiencing, being faced with this decision surely creates added stress and anxiety.

Anxiety symptoms can interfere with rational decision-making (Hartley & Phelps, 2012). For example, if an officer is already experiencing anxiety symptoms such as social anxiety, which includes the fear of not being accepted by his peers (Khazan, 2015), having to seek agency support can only exacerbate their symptoms. Continuing with this example, it could worsen if the officer does not seek help and then decides to either ignore it or self-medicate which would most likely involve alcohol due the high alcohol and substance abuse rate among law enforcement officers (Leino et al., 2011; Violanti et al., 2013). To conclude this example of how this can become increasingly

tragic, alcohol use (note, not “abuse”) can increase anxiety as well as depressive symptoms (Anxiety and Depression Association of America, n.d.).

As officers contemplate their decision regarding seeking agency help or not, a deeper examination must be considered of what they could be experiencing while having to make a decision. Unfortunately, the negative consequences of working in law enforcement include officers experiencing burnout (Asmundson & Stapleton, 2008), sleep disorders (Fekedulegn et al., 2016), cardiovascular diseases such as obesity and hypertension (Violanti et al., 2013), post-traumatic stress disorder (Martin et al., 2009), neurological disorders (Covey et al., 2013), substance abuse (Benedek et al., 2007) depression (Hartley et al., 2007) and dying by suicide (Violanti, 2004).

Data collected by the Fraternal Order of Police (FOP, 2019) reveals the toll police work can have on an officer’s mental health. Of the nearly 8,000 respondents, 79% percent of the officers reported at some point in their career experiencing “critical stress.” In contrast, 69% stated that it had left enduring, negative emotional issues on them due to it being unresolved.

These emotional issues are connected to other negative ripple effects including sleep, relationships, and suicidal thoughts. Police officers who are repeatedly faced with traumatic situations (Chopko et al., 2015; Violanti et al., 2018) reported that, on average, for one agency, a police officer experiences approximately 188 traumatic incidents during their career.

Concerning seeking help from their agency, numerous concerns exist for the officer (Papazoglou & Tuttle, 2018). An officer first has to decide if they trust their agency to help them contrast to what is described as not being person-centered but

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instead protecting the agency. Often, this can leave the officer not utilizing agency services despite it being available (Berg et al., 2006; FOP, 2019). Further, an officer must consider the consequences of seeking agency support. This includes potential loss of overtime, a change in their work status, not being able to work off-duty, a change in assignment, and having their firearm and badge taken away while they seek help. Each on their own can be traumatizing, while collectively, it can more than *nudge* an officer to not seek help; instead, it can *jolt* them towards not seeking agency support.

When exploring the impact of stigma on an officer deciding on seeking agency assistance regarding their mental health, it certainly is prevalent as seeking help can be seen as a sign of weakness (Toch, 2002). According to the FOP report (2019), most police officers believe that there is a stigma with seeking mental health issues in law enforcement. Because of that, it is creating a barrier to those seeking support (FOP, 2019). Further, stigma shapes the perceptions of officers too, regardless of rank. For example, Stuart's work (2017) shows the majority of officers (85%) would not disclose a mental health condition to a supervisor or co-worker. If they did, the majority (62%) would expect to be discriminated against, and most (62%) would not want to work for a supervisor who had a mental illness. However, research on anti-stigma outreach has shown promising results (Hansson & Markstrom, 2014).

Another critical issue impacting the individual officer seeking agency support is their knowledge of mental health conditions. If an officer is not familiar with various conditions, their corresponding warning signs, nor the available treatment (let alone that treatment is available), they can be reluctant to seek agency assistance or any assistance for that matter. The FOP report stated that only a third of respondents received any behavioral health training during their careers. At the same time, 63%

felt that recognizing the importance of behavioral health services for officers is inadequate. The same percentage felt the services available to them were insufficient.

With respect to stigma and specifically its toll on an officer seeking support from their agency, it is essential to address "self-stigma" (Johnson, 2016). Self-stigma refers to prejudices, stereotypes, and discrimination regarding mental health conditions that are turned inwards (Corrigan & Watson, 2002). As Johnson (2016) explains, for law enforcement officers, this is particularly important because self-stigma can result in them not seeking support because it can be seen as a sign of personal weakness and failure.

The personal impact of not seeking help from their agency or other service providers can negatively impact an officer in various ways not limited to just their well-being. This includes when an officer does not seek help for a mental health condition, it can have an adverse impact on their work performance and risk of injury (Dollard et al., 2019). Aside from work-related issues, and as discussed in a later section, not seeking help can impact an officer's personal life, including creating family stress (Miller, 2006). These two examples demonstrate the negative ripple effect and impact a mental health condition, combined with the paradox of seeking or not seeking help from their agency, can affect an officer and exceeds just the individual.

Impact on Families

Growing up either as a child of a police officer or a police officer's spouse comes with positives and negatives. On the positive side, it is admirable to be a family member to someone who holds a position with honour, respect, and authority. In contrast, on the negative side, it is a profession that can be filled with emotional and physical stress, which can negatively affect members of a police family. A career that attracts people in the beginning because of the excitement and

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the desire to help others could result in the breakdown of the family. Issues can include missing important family functions by putting the profession first, bringing the stressors of work home and the overall lack of communication. (Brodie & Eppler, 2012). This happens because the “distinct characteristics of law enforcement work make it difficult for police officers to share their work experiences with family members” (Tsai et al., 2018). In other words, police officers do not want to come home and speak about their day. As a result, officers may look to other ways to cope with the job, including, suppressing their feelings, turning to other police officers for emotional and other supports, being overprotective with family members, and having an overall cynical view of the world. These factors can potentially lead to unhealthy coping behaviours that can manifest into mental health issues and eventually marital breakdown.

Lack of Communication

As much as the family is seen as a significant source of support for police officers, the last thing an officer wants to do is come home and tell their family about the awful things they have seen and the unpleasant people they have had to deal with (Fullerton et al., 1992). There is a shift in how a police officer sees the world when they first get on the job compared to a seasoned officer. From the author’s experience as a serving police officer, recruits would often use their experiences on the job as a topic of conversation. As a new recruit, expressing the types of calls attended, the people one would converse with, and the general nature of the job was astonishing. It was like being in a movie at times because police officers are exposed to situations that most people will never have to see in the course of their lives. Therefore, expressing these unimaginable events was healthy and a way to process the inhumanity that some people have to deal

with. However, after a few years on the job, coupled with the cumulative stress, these stories that once provided dinner table conversation are now off-limits. Especially if the police officer is now married and has a family. Divulging details about calls that once provided entertainment are now only a constant reminder of the negative side of policing.

One reason for this is that the longer a police officer serves in law enforcement, the greater the likelihood of emotional exhaustion. Particularly, officers with 6 – 10 years of service experience more stress than those with 1 – 5 years of service (Violanti & Aron, 1995). Therefore, it is not uncommon for officers to carry stressors home that they do not want to discuss with their spouses. By not verbally communicating, family members feel closed off and may start to believe through the police officers’ non-verbal indicators that they are the problem. The officers closing off their feelings or not talking about their day with their spouse can cause the spouse to feel as if they are excluded from the officer’s life and cause feelings of resentment in the spouse (Karaffa et al., 2015).

According to Dr. Kevin Gilmartin (2002), this constant state of awareness exhibited by officers can lead to up and down variances of hormones, which he refers to as a “biological roller-coaster” and having a profound negative effect on officers’ moods, particularly when they are at home (Kirschman et al., 2013) These variances in hormone levels can make officers feel “tired, detached, isolated, and apathetic” (Kirschman et al., 2013). It is hard for family members to understand that this biological roller-coaster that has a negative effect on officers’ moods stems from the side effects of the job and that these behaviours and attitudes portrayed by the police officer are not the person they know and love.

The other reason why police officers may not open up to their spouse is that they

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have the mentality that their spouse does not understand the nature of their job and therefore will not understand what they deal with regularly. Many police services are now offering a variety of peer support-type programs for police officers to disclose or talk about their experiences with other police officers or their police family. The police family is described as “the collective identity that exists between officers as a result of shared experiences that create a common understanding that police are the only people who understand police” (Brough et al., 2016).

Having police officers sharing their experiences as a form of peer support or within other support networks is accepted and encouraged. However, problems arise when police officers can only find solace with other police officers and their relationship changes from peer support to an amorous relationship which could eventually lead to marital infidelity and family breakdown.

Role of Protector

Another reason why a police officer may not want to discuss the profound details of a domestic violence incident, a suicide, or an arrest made during an online investigation regarding child exploitation is their role as a protector. In the officers' minds having discussions about intimate details of a case with a spouse is often taboo because they are trying to protect their family members from the evils in the world. The author experienced this growing up with a father who was a police officer. Sitting down for family dinner, I have very little memory of my father speaking about his job due to the possibility of secondary trauma. However, in his role to protect his family, he was ultimately suppressing his own emotions and feelings. As a result, this type of behaviour makes it difficult for police officers to connect with their spouses and even their children as their behaviour does not come off as a way of protecting family members.

Instead, it is seen that the officer is aloof and uncaring.

Another way a police officer acts as the protector is by being cynical both on the job and at home. According to Kirshman (2007), being cynical means you do not expect anything good from people, so you are not disappointed. This plays out at home when police officers use cynicism as a defense mechanism to protect themselves and the people they love, which includes always being negative and seeing the glass half empty. It could also mean living in a world plagued by negative thinking traps and always jumping to the worst-case scenarios.

Cynicism can result from many different areas in the police profession. It can start with day-to-day responding to traumatic calls, dealing with victims of crime, arresting people who have done things that result in moral injury, having unfavourable results in court, and the politics of the job itself. For example, organizational stress seems to play a big part in how police officers behave. In other words, police officers know what they are signing up for when they choose the policing profession; however, they are not prepared for the internal injustices that play out. As a result, police officers become jaded and act cynical in order to deal with these organizational stressors including obtaining a particular position in the organization, promotion, dealing with unsupportive supervisors, or toxic work environments.

The unfortunate part is that if cynicism is part of the workplace, it is more likely to be transferred to loved ones at home, making it seem that the issue is the family and not work. For example, the officer communicates with their spouse and children through sarcasm, negative self-talk, and discourages them from trying new things. The cynical police officer would not look at their child's failure as a learning lesson to try harder next time; they would respond with, “why bother even trying as you are just going to fail anyway.” Kirschman (2007) reports that spouses are

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vicariously affected by organizational stress through the discouragement of office politics on their spouse's career and are resentful of the degree to which the organization intrudes into their family life.

Failing to communicate with a spouse and family members may also lead the police officer to turn to other unhealthy coping methods. One of the biggest ways that police officers cope is through self-medication and addictive type behaviours. It is not uncommon for police officers to self-medicate with alcohol as it is easily accessible and socially acceptable. Alcohol and other forms of medication are used to mask or numb feelings, suppress images of the past, and avoid the more significant issues that the police officer has not resolved. Police officers are also known to engage in addictive type behaviours as a form of escape which can include gambling, online porn, shopping, or exercise, to name a few.

The Role of the Organization, Peers, and Training

How police officers respond to the traumas they experience is a complex issue with many variables. Everything from the type of trauma, the severity of the trauma, and even the number of traumatic experiences the officer has already experienced. Other aspects of how officers process trauma is their perceptions of support from the organization, other officers or peers, and their levels of resiliency. These perceptions can also influence their willingness to share their thoughts and feelings about the incident with their loved ones or even seek mental health assistance after a critical incident.

The organization's role in helping the officer deal with operational trauma has been well documented and cannot be understated. This point is clearly stated by Cohen et al. (2019) when they talk about how leaders within the organization fail to create an atmosphere where officers feel it is

acceptable to seek help. There is still a cultural stigma that if an officer seeks help, they are damaged or even unfit to do the job as a police officer. Unfortunately, this attitude is not uncommon, and the following real-world example demonstrates missteps by the organization that negatively influenced the officers involved.

On Christmas Eve, a police officer stopped a suspected drunk driver. During the stop, the suspect stole the police car, and a vehicle pursuit began. As the pursuit entered another jurisdiction, an officer from the second agency took over as the lead vehicle. At the end of the pursuit, the man pulled a gun on officers as they approached the vehicle and was shot and killed by officers. There were many missteps by the organization in handling the aftermath of this incident. The officers were made to feel like they were criminals and had done something wrong by the organization. Their firearms were taken from them, and they were then placed in the back of a patrol car and left on the scene for an extended period. Although the taking of firearms is standard practice, best practice is that the firearms are immediately replaced, and the officers involved are removed from the scene as soon as possible. When they were finally taken to the police department, they were further made to feel they had done something wrong as they were not allowed to call their family without someone being with them or even being allowed to go to the bathroom by themselves.

This initial handling of the situation already set a tone by the organization that the officers did not have the organization's support and had done something wrong. According to one of the officers involved, it was difficult for them to share with their spouse what had happened. The officer was then sent to see a psychologist for a "fit for duty" examination. Although this is common practice in the United States after an officer-involved shooting, the stigma of calling it "fit

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for duty” implies that if they share that they are struggling with anything, they are no longer *fit* or able to be a police officer. The organization further created a perception that the officer was wrong by sending them to a mental health professional that had no experience dealing with trauma and trauma victims, or experience in “fit for duty” exams to be cleared to return to work. When the officer asked to see someone else, they were told if they were having issues, maybe they needed to just quit. The unfortunate reality is that this is a common happening in many police departments. This officer was left to feel that if they shared that they felt they were wrong, it was best not to share with anyone. Now, the typical concept of Christmas, being a fun time with family was marred by the feelings of wrongdoing and the reminder that this was the day they had taken someone’s life. At the same time, the officer was seeking help, and the mental issues started to manifest themselves physically.

Contrast this with another officer-involved shooting where the officers pursued with a vehicle that crossed state lines before their vehicle was wrecked and the shooting occurred. The officers were not only out of their jurisdiction but were not even in their state. The Sheriff from the state where the shooting occurred personally came up to the officers to see if they were hurt or needed anything. He then explained that he would need to take their firearms per protocol. Due to the officers’ departments being so far away, he already had a deputy bringing them replacement firearms, and he would not take them until the replacements had arrived. The sheriff further talked with the officers about the next steps, what to expect, and even made sure that they were able to tell their family they were ok. The chief of these officers also drove to the scene to make sure the officers were ok and drive them home. The chief also set up a debriefing with peers to make sure the officers were ok. These positive interactions from the organizations made it

easier for the officers to process what had happened and feel more comfortable sharing with their loved ones what had happened.

In any culture, members also take their cues on what is acceptable from other members in that culture. This is no different in the police culture. There is still a cultural perception in police work that officers need to be tough, and nothing bothers them. If they show emotions or compassion, they are somehow not a real officer. However, the reality is far different, and officers often share their emotions and feelings with other officers. One clear example of this is the growing number of states in the United States that started Post Critical Incident Seminars (PCIS). According to the Kentucky Department of Criminal Justice Training (2021), this training was actually started by the Federal Bureau of Investigation in the 1980s and developed further in South Carolina (DOCJT, 2021). Currently, this training is a three-day training that utilizes peer officers and mental health professionals to help officers who have experienced a critical incident and are still having problems dealing mentally and emotionally with the trauma from the incident. One unique aspect of this training is that spouses and significant others are asked to attend, to support their officers, and share how this traumatic incident impacted them.

On the first day of the seminar, three assessments are completed by the participants. Two of the assessments are for PTSD symptoms (IES-R and PCL-5) and for general anxiety and depression (BSI-18). Talking with the clinical psychologist for DOCJT, Lindsay Lepage (personal communication May 27, 2020), these same assessments are given again at the three-month, six-month, and one-year marks. As of May 27, 2020, 116 participants have been scored, and the average day-one scores were: IES-R = 32.62, PCL-5 = 28.00, and the BSI-18 = 57.10. The cut-off scores for probable PTSD for the IES-R and PCL-5 are 24-32 and

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31-80, respectively. The numbers indicate an average probable PTSD score surrounding the critical incident, but not for general symptoms. As the assessments were completed at the three other phases after the training, the scores continue to drop. The scores at the twelve-month mark were: IES-R = 13.52, PCL-5 = 9.26, and the BSI-18 = 45.86.

The drastic changes over time on the IES-R and PCL-5 would indicate that the participants benefited from this training, not just short-term but long-term as well. One possible reason for these benefits is peer support. This support is provided not just by the team members but the other participants as well. After the assessments are completed on day one, all of the participating officers and spouses or significant others sit around a table, and one by one, share their story.

“Watching all of the officers sharing their incident and their feeling made it seem safer to share my most difficult trauma. For the first time, in over a decade, I described the incidents that haunted me, causing my insomnia and nightmares. For the first time my wife heard the story of how I had to watch as a seven-month-old child burned to death in a motor vehicle crash. One of the reasons I had never shared this story before with anyone, other than with the officers who had experienced it with me, was simply an inability to understand my feelings and emotions. In this forum, with other officers who had felt similar pains, I learned that what I was thinking and feeling was normal. I was not weak for waking up in the middle of the night shaking and crying. I was not less of an officer for being overcome with emotion trying to describe the impossible. I also learned I was not the only officer to experience that kind of trauma. Being with other officers, my peers, made it in some way more acceptable for me to share”.

Although officers are continually exposed to traumatic events, there are also things they can do to build resiliency and

better process those traumas in a more positive way. As officers begin to experience job-related traumas, a positive response by the organization and positive peer mentoring is one way for new officers to learn how to be more resilient (Seligman et al., 2000; Seligman et al., 2005). Several different training classes are available to help officers learn positive coping skills, from Critical Incident Stress Management courses to Master Resiliency Training and even regular visits with mental health professionals. Training resiliency is mental; however, officers must understand that their physical health and spiritual health are also crucial to their emotional health. Although training does not stop the trauma from happening, it does give the officer more tools to deal more positively with the trauma when it does occur.

How to Switch-off After Your Shift

Law Enforcement Officers (LEOs) can suffer high levels of stress, anxiety, and depression, resulting in strained and difficult relationships within their families during their off time (Wasilewski & Olsen, 2010). Departments and mental health professionals are trying to find integrated solutions to provide better preventative solutions, support, and care in response to the growing number of members suffering from mental health issues and the risk of suicide (Cummings, 1996). The great costs and losses are borne by the departments, the LEOs, and their families in a magnitude of ways.

The journey begins right from the beginning of a LEO's career for both the member and their family. This is when the LEO's focus and ambitions to fit in with their new law enforcement family start to take precedence, and they may experience “abrupt resocialization” (Paton et al., 2009) where the nuclear family starts to assume their position on the periphery. The high demanding job, the immersive culture and excitement for the

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new career can become a magnetic force for the young LEOs as they are eager to conform with the culture (Koch, 2010), essentially assuming a new identity, not just a new job (Kirschman et al., 2015). Eventually, the LEOs are unable to distinguish themselves from their career and become a full-time 24/7 cop. This makes it very difficult for them to transition from work to home seamlessly, potentially causing strained domestic relationships. Hence, it is imperative that departments and mental health professionals encourage LEOs, even at the earliest stages of their career, to learn how to *psychologically detach* from work. “Psychological detachment from work during leisure time refers to a state in which people mentally disconnect from work and do not think about job-related issues when they are away from their job” (Sonnetag, 2012, p. 114). Law enforcement is a highly stressful profession, sometimes with very little time between the various demands. The nature of the law enforcement culture and job permeates into the personal life and identity of the LEO. This can result in low levels of detachment, if any, as the police officer role becomes a more significant part of the LEO sense of self (Kühnel et al., 2009; Sonnetag & Fritz, 2007).

Over time, LEOs can find it very difficult to find ways to decompress and find modes of relaxation, leading to maladaptive coping mechanisms like alcoholism, which is associated with increased risk of mental health issues and suicides (Violanti, 2004). These factors also directly impact the LEO’s quality of life both professionally and personally, resulting in difficulties in relationships at work and at home (Bellon, 2017), with heightened domestic and parenting issues (Wester et al., 2010). The inability to disengage from work results in blurred lines between the LEO’s personal and professional identities, influencing the overall quality of life and daily living.

It is imperative that LEOs establish practices and routines that help them to psychologically detach or *switch off* from work during off-hours. For example, this means not checking on work-related communications, like emails or messages or thinking about cases or calls they have attended to (Sonnetag, 2012). This can be very difficult for some members depending on their personalities, workloads, and current mental states. Others transition better by having meaningful social connections and activities outside of the law enforcement community. One can enhance their ability to psychologically detach by exercising both mental and physical detachment strategies.

Mental Detachment: Reframing & Perspective

Seligman (1998) describes optimism as a learned skill and one that can be developed by practicing *reframing* of situations and one’s perceptions about the situation. For example, to mentally disengage after a shift, one can gain perspective by reflecting and re-evaluating, essentially reframing some cognitive distortions, like personalization, permanence and the pervasiveness about their day, the calls they have attended to, or perhaps the interactions they have had. This practice can help LEOs to process their experiences better, open up their minds, broaden their tolerance levels and increase opportunities for optimism for their forthcoming leisure time with friends and family.

Personalization is when the LEO thinks of themselves as part of the problem. “Why didn’t I stop it?” or “Why did I let that happen?” Intrusive thoughts about how they personally could have or should have done more or done things differently. It can sound like a self-blaming or a self-critical narrative where they attribute the outcome or cause to themselves and their action or lack thereof. Their perspective is focused on the internal

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factors, which can be burdensome, rather than the actual external contributing factors.

Permanence describes the LEO perspective when they see the situation to be everlasting, unchangeable, or having a permanent impact. This may impede one's ability to acknowledge, accept, and adapt to what is a temporary event. A question to consider to reframe the permanence perspective is, "Will this issue matter a week from now? A month from now? A year from now?" This can help to see the situation as temporary or changeable, relieving some of the pressure or stress.

Pervasiveness is when the LEO applies their thoughts or concerns across all their life domains: home, work, social, etc. Clinically, this can be referred to as catastrophizing and sound like "I am a bad person" when maybe one has made an error in judgement. Or where something not going right at work is now perceived in making the person an imperfect parent. Reframing or limiting this universal perspective to a single factor, specific incident, or arena of consequence, can ease the overwhelming of it influencing all aspects of life.

Being aware of how cognitive distortions influence thinking, moods, and ultimately behaviours open the door for LEOs to challenge these distortions by recalibrating, reframing, and replacing them with more affirmative and adaptive perspectives. Establishing a sense of control over one's ability to think more positively is a simple strategy that any LEO can apply to boost their optimism or mood (Saelid & Nordahl, 2017). In contrast, those LEOs who find themselves ruminating or worrying about the events or experiences while on tour during their off-hours may find themselves subject to more negative effects or increased reactivity during their personal time (Kühnel et al., 2009; Sonnentag & Fritz, 2007). By learning how to see things as they truly are objectively, by processing and reframing the experiences after a difficult shift, LEOs can

enhance their understanding, regain perspective, and increase their feelings of optimism, enabling a smoother transition between work and home life.

Physical Detachment

Coming off shift can be a difficult transition for many LEOs, especially after a difficult or traumatic tour. It is very important that LEOs establish a physical ritual that they practice after each and every shift early on in their career. By having a closing routine, the LEO is both physically and psychologically signaling the brain that they are preparing to *switch off* and their workday is complete. This also supports maintaining the LEO's identity and sense of self prior to becoming a cop.

Strategies for Decreasing Organizational Stress of Police Officers

Law enforcement agencies such as police organizations are considered pillars of morality and codes of conduct in societies. The police work environment is regarded as one of the most stressful environments in the occupational sector, ranking top three in the (ODIN) Occupational Disease Intelligence Network system for Surveillance of Occupational Stress and Mental Illness (Purba & Demou, 2019). Consequently, their physical and mental abilities are often pushed to their limits. Despite the dangerous environments they work in, they must always respond effectively with professionalism while keeping the public safe (Purba & Demou, 2019). Since their daily tasks are under public scrutiny to political or social pressures, police officers require coping mechanisms to reduce their stress levels and keep them within professional conduct that is noteworthy to the public. Occupational stress can be mitigated in several ways, and some of them are discussed below.

Practicing Meditation

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Work stress has been linked to worsening cases of mental and physical health. Cases of depression, cardiovascular diseases, and anxiety are on the rise, and it is estimated that 5 – 8% of annual healthcare costs result from stress in workplaces in the United States (Bostock et al., 2019).

Consequently, a study was done in which participants were asked to practice meditation once a day to see if it would alleviate their health (Grover et al., 2016). The results showed that meditation improved work stress and wellbeing and had positive lasting effects on individuals. In addition to this, mindfulness was also linked to stress reduction (Grover et al., 2016; Lambert, 2007). Being mindful is thought of as being aware of what one is doing to maintain control over their environment. It prevents someone from losing control of circumstances when unnecessary thoughts cross their minds.

While meditation and mindfulness are often used interchangeably, they are different. Meditation is a form of mindfulness that aims to train one's attention to something without judgment (Behan, 2020). These practices both reduce perceptions of job demands, influence psychological stress, and moderate impact of demands on stress. In line with meditation and mindfulness, self-affirmations have been linked to improved performance while reducing stress.

To further expand on the discussion on mindfulness, listening to preferred music can serve as a form of music-based mindfulness (Goldberg, 2015; Kemper & Danhauer, 2005). In addition, listening to music to reduce stress on the drive to and from work has been anecdotally expressed to the first author of this manuscript by police officers. One of the most common places to listen to music is while driving.

People listen to music while driving in order to be entertained or to feel involved when driving alone (DeNora, 2000; Walsh 2010) While driving, music can be

advantageous since the mood-arousal hypothesis predicts that in circumstances of boredom and tiredness, music can lead to a more appropriate arousal state, which can improve driving performance. (North & Hargreaves 2008; Schafer et al., 2013; Shek & Schubert 2009). Wiesenthal et al. (2000), when comparing no music to favorite music during high congestion drives revealed that one's favorite music relieves tension and reported higher stress levels when comparing no music to favorite music during high congestion drives. Furthermore, it has been demonstrated that in high-demand rides, driver hostility can be reduced with favorite music rather than no music (Wiesenthal et al., 2003).

Mindful Showering and Bathing

Taking a long, refreshing shower or bath has been shown to balance serotonin, the feel-good neurotransmitter (Marazziti et al., 2007). Coldwater exposure activates the sympathetic nervous system, increases beta-endorphin and noradrenaline hormones, and increases the synaptic release of noradrenaline in the brain (Shevchuk, 2008). Additionally, due to the high density of cold receptors in the skin, a cold shower is expected to send numerous electrical impulses from peripheral nerve endings to the brain, bringing about an anti-depressive effect (Shevchuk, 2008). Practical testing on a small number of subjects, with little to no symptoms that could be diagnosed as depression, showed that cold hydrotherapy could mitigate depressive symptoms very well. It was also said to have a significant analgesic effect, and it did not contain any noticeable side effects or cause dependence. However, broader, and more rigorous studies are needed to test the validity of the hypothesis (Shevchuk, 2008).

Another study (Goto et al., 2018) highlighted the benefits of immersion bathing. Hot water immersion bathing, which is different from showering, applies a

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hyperthermic action that triggers an increased blood flow and eliminates metabolic waste, which brings about physical refreshment (Goto et al., 2018). Thus, immersion bathing improves physical as well as emotional aspects of life quality. In an investigation of immersion bathing in 40°C water for 10 minutes bathing vs showering, subjects were placed in groups, and the results of bathing and showering for two weeks were compared by a cross-over method (Goto et al., 2018). The results showed that immersion bathing was more rewarding when compared to showering. In addition, health improvements were recorded in both ways. However, immersion bathing had higher subjective happiness and lower stress levels.

Exercise

Aerobic exercises such as jogging and running produce neurochemical reactions in the body (Mikkelsen et al., 2017). They stimulate the production of endorphins. These hormones are linked to positive feelings in the body, which lift the mood. Exercise also reduces the stress hormones such as adrenaline and cortisol, resulting in happiness and relaxation. Aside from aerobics, autoregulation exercises such as breathing exercises help alleviate stress. The common breath in and out exercises help the body to relax. Relaxed bodies send signals to the body that reduce signs of tension and stress.

Paolucci et al. (2018) studied the relation between the intensity of exercises and the relief brought to the body. The results showed that exercise helped mitigate depression, stress, and anxiety in individuals. However, the results also highlighted that moderate exercises helped alleviate the health conditions while intense exercises increased stress on the body. Intense exercises were shown to produce more physical stress on the body leading to undesirable effects. In another study by

Goldstein et al. (2018), mindfulness and exercise were shown to have similar mechanisms in improving health and stress levels in participants. While the idea is to get busy physically, exercise is not the only activity to alleviate stress. Walking in nature at a comfortable pace has also been shown to release endorphins and ease the body into relaxation. Another advantage is that walks, and exercise also guard against lifestyle diseases such as diabetes, cancer, and other cardiovascular diseases.

Peer and Support Groups

Mental maneuvers such as talking to someone or writing down thoughts in a journal are also beneficial in reducing stress. Friendships in the workplace can serve as buffers to mental stress in a lot of challenging environments. It is highly advisable to connect with others physically rather than through the phone. As much as having a support network at work is essential, it is also beneficial to have another network of friends outside work and family members. Isolation exposes an individual to more stress (Segal et al., 2018). Numerous epidemiological studies have shown poor social support leads to the onset or relapse of depression (Ozbay et al., 2007). Staying connected to others has been beneficial to several groups of people, such as war veterans, LGBTQ communities, and sexual or physical abuse victims.

Isolation is linked to low self-esteem, poor mental health, emotional distress, lower cardiovascular immunity, and poor lifestyle choices. The Sympathetic Nervous System (SNS) in the body can show different levels of resilience to stress depending on its activities (Ozbay et al., 2007). If one is isolated for long periods, they are exposed to stress and stress hormones are secreted in larger quantities. When stress becomes chronic, the stress hormones diminish one's immunities, leading to symptoms such as those of PTSD being evident in individuals with high levels of cortisol and

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dehydroepiandrosterone (DHEA) (Ozbay et al., 2007). Having a trusted physician, religious leader, or even joining volunteering groups can be the first step towards extending one's social circle.

Sleep Quality

The amount of sleep one gets can either make or break their susceptibility to stress. Getting inadequate sleep affects productivity, creativity, problem solving, and performance (Segal et al., 2018). Stress and sleep have a reciprocal relationship where they affect each other at the same time. The body's Hypothalamic Pituitary Adrenal axis (HPA axis) releases stress hormones when we wake up. The levels of hormones keep fluctuating as the day progresses, meaning someone can either have increased stress or reduced stress depending on their activities.

To control stress levels, one needs adequate quality sleep (Geiker et al., 2017). To get quality sleep, it is necessary to have a strict sleep schedule that will train the body to automatically switch off when it is time to sleep and wake up at the right time. In addition, quality sleep requires optimal temperatures ranging from 15° to 22° C, dim lighting, and quiet environments. Moreover, electronics should be kept away from night routines as they emit blue light, which interferes with sleep (Janků et al., 2020). Other evening stimulants that hinder sleep include caffeine, nicotine, and alcohol. Reducing such bad habits will create ideal sleep conditions, reducing stress levels in the morning and day.

Nutrition

Diets help in managing the physiological responses our bodies produce. Blood sugar levels influence our adrenal functions, which lead to either more or less production of stress hormones. Studies done have shown weak patterns when it comes to stress levels and dietary paths. Nonetheless, trends have shown that mental stress and depression have

risen significantly and proportionally to obesity (Geiker et al., 2017). Geiker et al. (2017) shows that people are often prone to reward themselves with foods that have no value, increasing stress, poor sleep, and obesity. Lifestyle changes are significant in fighting stress levels, and as seen above, several factors are interconnected. When lifestyle changes begin to elicit a positive response in one area, such as sleep quality, stress levels reduce. When stress is reduced, obesity is reduced, which increases our mental perception. One's mental perception alleviates how they feel and stimulates feel-good hormones, leading to optimal health.

Listening to Music

Music directly affects physiologic processes through the autonomic nervous system, despite considerable variances in individual preferences (Kemper & Danhauer, 2005). Music can reduce the stress hormone cortisol, modify immunological responses, and decrease heart rate (Yehuda 2011). Since music activates processes with cognitive purposes in the brain (Peretz & Zatorre, 2005), it is practical to accept that it affects stress-related cognitive functions and physiological reactions (Thoma et al., 2013). The pace of the song is an essential modifier of music-related excitation and relaxation. Slow music, like contemplative music, is associated with lower heart rates and better relaxation (Bernardi et al., 2006). Conversely, upbeat music can increase optimism and positivity in individuals.

Prioritize and Organize

Workplace conditions can be overwhelming. It then becomes effortless to lose control and spiral into unhealthy practices. To keep a handle on such issues, one must dedicate themselves to organizing and prioritizing tasks accordingly (Segal et al., 2018). Thus, time and task management

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practices become vital in the smooth running of operations. To have time for all activities, one needs to create a balanced schedule. A balanced schedule allocates time for all spheres of one's life, including work, family, friends, recreational time, and downtime (Segal et al., 2018). Another important activity is planning breaks in between intense projects to avoid burnout and less productivity. In addition, planning what to do the next time one is in the office creates an easy-to-follow program that is motivating in the workplace.

Task management tips also help alleviate stress. It is always helpful not to over-commit to tasks as it prevents adequately prioritizing what is essential and what is not. Prioritizing tasks according to high and low priority will help achieve great results and prevent a scramble to finish what needed to be done before. It is also helpful to break projects into smaller and more manageable tasks to take one step at a time (Segal et al., 2018). Doing so reduces stress since the activity seems less challenging and can be done in less time than taking on the project as a whole. Setting boundaries within workplaces will keep one within the framework they can handle. Delegating responsibilities is also essential to have a calm and composed mind while at work.

Conclusion

Workplaces can be mentally draining to everyone if not watched. Stress, especially in the police organization, can extend to family members, neighbors, and the general public. Since law enforcement is an important sector in society, officers must take the required measures to alleviate stress and pressures in their daily activities. Different factors that are easily dismissed play a massive part in everyone's lives mentally and physically. Lifestyle changes and mindfulness can help one create healthy habits that will reduce stress and improve lives generally.

In conclusion, LEO's can benefit greatly by making efforts to psychologically detach from work on a regular basis by implementing both mental and physical practices that create a boundary between their personal and professional lives. According to the findings of Rothbard and Wilk (2011), people who practice detaching from work during their off-time, tend to perform better upon their return to duties. Individual LEOs can engage in restorative activities during their leisure time, establish a closing-down routine or wind-down ritual to end their shift, and reframe their experiences or thinking to end off their day in a more affirmative mindset. Departments and organizations can also contribute by assisting in enhanced supports for high-stress tasks or time-pressured duties. Families can demonstrate their support by becoming good listeners when necessary, making themselves a source of sanctuary; enhancing social connections by participating in and encouraging non-work-related activities that are enjoyable and relaxing.

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