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A Comparison of the Mental Health of Police Officers and Correctional Officers in Rural Appalachia

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by

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ABSTRACT

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The purpose of this study was to explore perceptions of mental health among police officers and correctional officers within rural Appalachia. The main goal of this research was to better understand how the occupational demands of working in the criminal justice field can impact one's mental health over time. Several research questions were explored, including the prevalence of various mental health problems, associated stressors, the structure of support among officers, and the perceptions of mental health treatment services. Data were gathered through semi-structured interviews with 21 police and correctional officers located in rural Appalachia. Results provided a better understanding of the mental health of rural officers as well as the associated stressors and protective factors. Findings also further explored the perceptions and utilization of the available treatment services.

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Chapter 1. Introduction

Mental health is a universal issue that affects millions of people in the United States and across the world (Substance Abuse and Mental Health Services Administration "SAMHSA", 2021). There are many types of mental disorders that range in prevalence across the population. Regardless of type, mental illness can negatively impact an individual's personal life and family, as well as their community (National Alliance on Mental Health "NAMI," 2020). A variety of factors can impact mental health including both biological and environmental factors (World Health Organization "WHO," 2018). An individual's work environment can significantly impact their mental health as well, which is particularly of concern for those working within the criminal justice field (Deschamps et al., 2003; Finney et al., 2013; Purba & Demou, 2019). In light of this knowledge, the current study aims to add to the existing literature by investigating the mental health of rural law enforcement and correctional officers.

There are two broad categories of mental illness: Any Mental Illness (AMI) and Severe Mental Illness (SMI). Any Mental Illness is simply defined as any mental, emotional, or behavioral disorder that can vary in its impact, whereas SMI is a disorder which impacts one's daily activities and results in severe impairments (SAMHSA, 2021). Approximately 52.9 million, or one in five, adults have an AMI in the United States. These rates are highest among young adults (30.6%) and get progressively lower with age. Race has also been shown to have an impact (SAMHSA, 2021). Specifically, the rate of AMIs among those identifying as White is 22.6%, while Blacks and Hispanics have rates around 18%, and Asians around 14%. Individuals that report two or more races, alternatively, have the highest rates at 35.8% (SAMHSA, 2021).

SMI's are less common, with only 5.6% of the adult population being impacted. However, despite the lower prevalence they still impact over 14 million people within the U.S.

The rates of SMI follow the same patterns as AMI regarding age and race. It is important to note that variations have also been observed in terms of gender identity, as females have higher rates of both AMI (25.8%) and SMI (7%) than males (15.8% and 4.2% respectively) (SAMHSA, 2021). Additionally, these rates are likely underestimations of the true prevalence of mental illness in the United States, as data collection typically excludes homeless individuals, active military personnel, or those in institutions such as nursing homes or correctional facilities.

Despite the high rates of mental illness in the United States, the majority of individuals with AMI do not receive mental health services (SAMHSA, 2021). This lack of treatment is most often explained by lack of both insurance coverage and providers. For example, the National Alliance on Mental Health (NAMI, 2020) reports that 11% of adults with AMI did not have insurance that covered mental health care in 2020. Furthermore, 55% of counties across the country do not have a practicing psychiatrist and over 134 million people live in areas designated as a Mental Health Professional Shortage Area (NAMI, 2022). Of those with a severe mental illness, over 60% received treatment in 2020, which is indicative of the severity of the impairments experienced by those individuals (SAMHSA, 2021). Additionally, many individuals with a SMI require antipsychotic drugs to manage their disorder and to function in society (WHO, 2018).

The sheer prevalence of both SMI and AMI is partially attributable to the number of mental health disorders that have been identified to date. For example, the Diagnostic and Statistical Manual of Mental Disorders (DSM), which serves as the primary tool for providers when assessing patients and diagnosing conditions, lists nearly 300 identifiable conditions in its most recent update. The most prevalent conditions, and the most relevant for the current study, are anxiety disorders, post-traumatic stress disorder (PTSD), and major depression (WHO,

2019). There are several types of anxiety disorders, but they all share the same core symptom of excessive anxiety and related behavioral changes (WHO, 2019). Individuals with an anxiety disorder may avoid situations or specific places that trigger their feelings of fear and panic (Mayo Clinic, 2018a). The most common form is generalized anxiety disorder wherein the individual feels almost constant anxiety about their daily activities. Another common form is panic disorder, which is characterized by episodes of anxiety and terror that are both sudden and intense (Mayo Clinic, 2018a). Other forms of anxiety disorders are classified by what triggers the anxiety; for example, social anxiety disorder or specific phobias (Mayo Clinic, 2018a). In 2019, nearly one-fifth of all adults had a diagnosable anxiety disorder, but research has found that the lifetime prevalence is closer to 30% (Harvard Medical School, 2007).

Post-traumatic stress disorder develops in response to a traumatic event and can cause panic, sleep disruption, and emotional distress, all of which varies in severity (U.S. Department of Health and Human Services, 2017). This disorder is likely caused by a combination of inherited mental health risks, the specific way in which one's brain regulates hormones, and a traumatic event (Mayo Clinic, 2018c). There are many types of traumas that can lead to PTSD including exposure to combat, sexual assault, natural disasters, or any other distressing event (Mayo Clinic, 2018c). Most people exhibit signs of acute stress disorder (ASD) after experiencing a traumatic event, however some do not recover naturally and are therefore diagnosed with PTSD (Mayo Clinic, 2018c). This disorder is technically an anxiety disorder; however, it is much less prevalent with a lifetime rate of around seven percent (7%) (SAMHSA, 2021).

Major depression is often an episodic disorder, meaning that an individual will have depressive episodes sandwiched between periods of regular affect. A depressive episode is

characterized by intense feelings of sadness, hopelessness, loss of pleasure in daily activities, sleep disturbances, and suicidal thoughts (Mayo Clinic, 2018b). Furthermore, adults with major depressive disorder can experience memory difficulties, loss of appetite, and physical aches or fatigue. Some adults may experience only one depressive episode in their lifetime, although most people will have multiple episodes (Mayo Clinic, 2018b). Around 19 million adults had a major depressive episode in 2019, while around 13 million had a severely impairing episode (SAMHSA, 2021). It is notable that over half of those with major depression received treatment and nearly three-quarters of those with severe impairment received help (in the form of counseling or treatment) of some type (U.S. Department of Health and Human Services, 2021).

Suicidality is not a defined disorder within the DSM, but it is a common symptom of the above disorders and worthy of discussion. According to the Centers for Disease Control and Prevention (CDC), suicide was the tenth leading cause of death in the United States for the year 2019, with over 47,000 individuals taking their own life (CDC, 2021). Furthermore, suicide is the second leading cause of death among those aged 10 to 34. These figures do not consider the number of suicide attempts or the number of people with suicidal thoughts. For example, in 2019, available data indicate that nearly 5% of adults had serious thoughts of committing suicide (Hedegaard et al., 2021).

In addition to suicidality, mental health problems impact the individual, their family, and their community (NAMI, 2022). Mental illness can have significant ramifications on one's physical health. The National Alliance on Mental Illness (2022) found that individuals with depression are 40% more likely to develop metabolic and cardiovascular diseases than those without depression; moreover, those with a SMI are at nearly twice the risk of developing one of these disorders. Furthermore, approximately one-third of adults with a mental illness are also

addicted to drugs or alcohol, which can severely impact their physical health (NAMI, 2022). Adults with mental health issues also have higher rates of unemployment than the general public (NAMI, 2022; SAMHSA, 2021). Evans and colleagues (2007) found that the overall quality of life was lower for individuals with SMI when compared to those with AMI and those without a mental illness, with quality of life measures including personal relationships, family connections, and overall life satisfaction.

Beyond the individual effects, mental illness also impacts one's family members (NAMI, 2022). Data from 2016 revealed that over 8.4 million individuals across the United States were responsible for the care of an adult with a mental illness; additionally, it was found that these individuals typically spent 32 hours a week providing care (NAMI, 2022). At the community level, mood disorders account for the majority of hospitalizations of people under the age of 45. Moreover, one out of every eight emergency room visits involve a substance use disorder or a mental disorder (NAMI, 2022; Owens et al., 2010). Approximately one-fifth of the homeless population in the United States have a serious mental illness and around 15% of U.S veterans have experienced mental health problems (NAMI, 2022). On an international scale, depression is the number one cause of disability worldwide (NAMI, 2022; World Health Organization, 2021).

Given the high prevalence of mental illness, it is important to understand the various factors that can impact one's mental health. The World Health Organization (WHO) states that mental health is a combination of biological, social, economic, and environmental factors and is not simply the absence of a mental disorder (WHO, 2018). Since humans are unique, there is no exact combination of factors that will equal poor mental health in everyone. However, some factors can make individual's more vulnerable to developing a mental illness. Broadly, poor mental health has been connected to stressful work conditions, rapid social change, and social

exclusion (WHO, 2018). In addition to these environmental and social factors, nutrition, genetics, and exposure to biological or environmental hazards can also impact an individual's mental wellbeing (Danylova, 2019; WHO, 2018).

It is commonly accepted that some individuals are more vulnerable to developing mental disorders, due largely to genetics and/or chemical imbalances in the brain, and therefore only need to be triggered by an outside factor (WHO, 2019). Such triggers can include unexpected socio-economic pressures or more severe traumas, such as sexual violence (WHO, 2018). Additionally, once an individual has developed or exhibited symptoms of one disorder, their risk for more severe mental illnesses increases (Johns Hopkins Medicine, 2022). The World Health Organization (2018) describes this as a reciprocal relationship. For example, adverse life experiences can lead to the development of depression, and the resulting impairments can worsen depression.

Due to the varying risk factors, mental health should be addressed with a holistic approach that addresses social, environmental, and biological factors. Dependent on the severity of the mental illness, there are a range of treatment options. Counseling, especially *Cognitive Behavioral Therapy*, and prescription medications are the most common treatments implemented (SAMHSA, 2021; WHO, 2018). However, individuals with more severe mental illness may require either short-term or long-term inpatient care which typically includes counseling and antipsychotic medicines (WHO, 2018). Some conditions can be treated at a relatively low cost; however, not everyone has equal access to care (WHO, 2018). Nearly 25% of adults with a mental illness are unable to receive adequate treatment (Mental Health America "MHA," 2022). The most commonly reported reasons for lack of treatment are no insurance, insufficient finances to cover cost of services or copays, and lack of available treatment (MHA, 2022). Geography has

also been found to play a role, as the organization Mental Health America (MHA) found that states in the South and Midwest ranked significantly lower than other states (MHA, 2022). These regions typically have higher rates of poverty, which limits the resources available to provide adequate mental health care (MHA, 2022).

Another key factor impacting mental health is an individual's employment. Studies show that job loss can negatively impact one's mental health, both immediately following the loss and in the period that follows (Olesen et al., 2013). Furthermore, unemployment can be a consequence of poor mental health or the development of a mental illness. As stated above, individuals can become entrapped in a cycle wherein their job status worsens their mental health, which in turn makes it more difficult to improve their work environment. Research has shown that individuals who have stable jobs can still be negatively impacted by their work environment (Dalgard et al., 2009; Shigemi et al., 2000). However, jobs with a high degree of demands typically lead to an increase in psychological distress (Dalgard et al., 2009). High demands can be in the form of physical or mental exertion, among other factors. Notably, individuals in positions with a high level of control do not experience the same negative impacts on their mental health. The impact of job demands on psychological distress has been found to be consistent overtime, with some individuals never adjusting to the strain (Dalgard et al., 2009). However, it is important to consider that individuals with poor mental health may be more likely to interpret their work as overdemanding due to the influence of their mental illness.

The impact of job stress can be mediated through education, training, and strong support systems (Shigemi et al., 2000). Specifically, employees who have cooperative relationships with their coworkers and their superiors are less likely to experience detrimental effects on their mental health caused by their work demands. Moreover, a lack of social support at work can

increase one's chances of mental health problems. Recent research has highlighted the importance of high-quality leadership for the mental health of employees (Montano et al., 2017). Leadership that inspires feelings of trust and invokes positive motivations toward personal and organizational goals can have a positive impact on the mental health of their employees (Montano et al., 2017). Additionally, leaders that provide clear task assignments and exhibit concern for their employees can assist in lowering rates of burnout and mental health problems within their workplace (Montano et al., 2017). Therefore, it appears that having social support and strong leadership at work is imperative to maintain a healthy mental state (Dalgard et al., 2009; Montano et al., 2017; Shigemi et al., 2000).

Research indicates that the most stressful occupations include teaching, healthcare and social work, to name a few (Johnson et al., 2005; Kolmar, 2017). These rankings are based on typical organizational structure, workload, deadlines, and other working conditions (Johnson et al., 2005; Kolmar, 2017). Another field where high levels of stress are common is the criminal justice realm. Law enforcement officers have been shown to be at an increased risk for mental health problems (Deschamps et al., 2003; Finney et al., 2013; Purba & Demou, 2019). Police officers are consistently exposed to dangerous situations, people in distress, and threats to their safety. Additionally, they are affected by organizational stressors such as long hours, inadequate support from superiors, and high physical and mental demands (Purba & Demou, 2019). Correctional officers face similar stressors, with the addition of maintaining the safety and security of large populations of inmates; moreover, these officers are significantly outnumbered by inmates (Finney et al., 2013). These factors have been associated with high rates of mental illness, job stress, and burnout.

Much like the general population, law enforcement and correctional officers with strong social support from coworkers and superiors do not have the same level of negative impact on their mental health compared to those without support (Finney et al., 2013; Lambert et al., 2010; Purba & Demou, 2019). However, strong support systems can be difficult to find and maintain due to high turnover rates, which leaves officers vulnerable to the development of mental illness. Police and correctional officers with poor mental health have been found to be at higher likelihood of experiencing on-the-job accidents, exhibiting counter-productive behaviors and attitudes, and experiencing a decrease in overall safety and job performance (Cullen et al., 1985; Lambert et al., 2010; Purba & Demou, 2019).

Given the importance of mental health, as well as the role of law enforcement and correctional officers in maintaining public safety, it is important to continue to research this topic. As stated above, police and correctional officers are at high risk for experiencing mental health problems along with the negative outcomes associated with them (Deschamps et al., 2003; Finney et al., 2013; Purba & Demou, 2019). Much of the available research focuses on officers in large urban areas; however, it is important to look at officers in rural areas as well. The current study will attempt to fill that gap by exploring mental health among rural police and correctional officers. The main goal of this research is to better understand how the occupational demands of working in the criminal justice field can impact one's mental health over time.

Chapter Summary

This chapter provided an overview of mental illness in the United States and how it is connected to one's occupation. Approximately one in five adults in the U.S. have a mental illness, most commonly major depression or an anxiety disorder (SAMHSA, 2021). Rates of treatment vary, but research indicates that a large portion of adults with a mental illness have not

received adequate mental health care (MHA, 2022; WHO, 2018). Mental health is impacted by many factors including biological, environmental, social, and economic concerns (WHO, 2018). Occupation plays an important role in mental health as well, as high levels of job-related stress can increase one's risk for developing a mental disorder, although these risks can be mitigated by strong support systems (Dalgard et al., 2009; Montano et al., 2017; Shigemi et al., 2000). Jobs within the criminal justice field are especially stressful; therefore, police and correctional officers are particularly vulnerable to mental health problems (Deschamps et al., 2003; Finney et al., 2013; Purba & Demou, 2019). The following chapter will explore the available literature on the mental health of law enforcement and correctional officers. Chapter three will discuss the methodology of the current study, including data collection and analysis. Chapter four will summarize the results of the study and chapter five will provide a discussion of the findings in addition to the study's limitations and potential policy implications.

Chapter 2. Literature Review

Prevalence of Mental Illness

As previously discussed, mental health problems are highly prevalent across the United States (CDC, 2021; Harvard Medical School, 2007; NAMI, 2022; SAMHSA, 2021; WHO, 2018). Recent data suggest that approximately one in five adults have a diagnosable mental illness and that over 5% of adults have been diagnosed with a severe mental illness in their lifetime (SAMHSA, 2021). Further, studies have found that rates of mental health problems can be tied to the field in which one is employed. Of relevance to the current study, there are high rates of mental health problems among police and correctional officers that often exceed the rates found in the general population (Jaeger et al., 2019; Jetalina et al., 2020; Lerman et al., 2021; Ricciardelli et al., 2021; van der Velden et al., 2010).

Studies from the past few years indicate that a large percentage of correctional officers display symptoms of a mental disorder (Jaeger et al., 2019; Lerman et al., 2021; Ricciardelli et al., 2021). For example, Lerman and colleagues (2021) surveyed a sample of over 8,000 correctional officers. Their results revealed that approximately 50% of officers often dealt with anxiety and that 80% of officers reported difficulties in sleeping. Furthermore, approximately 28% had symptoms of major depressive disorder and 35% experienced symptoms of PTSD (Lerman et al., 2021). Similarly, Jaeger and colleagues (2019) surveyed 320 jail officers and found that 53% of their sample screened positively for PTSD. Notably, this sample included correctional officers from both urban and rural facilities; however, 85% of the sample lived within the city limits which negated the opportunity for valid comparisons between the populations (Jaegers et al., 2019).

Ricciardelli and associates (2021) administered a survey to 845 individuals employed in various correctional roles; they screened for PTSD, major depression, generalized anxiety, and panic disorder. Over 55% of the sample scored positively for one or more disorders; additionally, officers in supervisory roles had significantly higher rates of mental illness compared to other officers (Ricciardelli et al., 2021). Related, Abeyta (2021) surveyed 243 officers from eight correctional facilities across the northeast and revealed that occupational strains significantly increased both psychological distress and substance use among officers.

The current research on mental illness among police officers indicates that they have lower rates of mental health problems compared to correctional officers (American Police Officer Alliance, 2019; Asmundson & Stapleton, 2008; Jetalina et al., 2020; van der Velden et al., 2010). However, rates are still high enough to be of concern. Research utilizing survey data has typically found that 26-35% of police officers screen positively for mental health disorders (Asmundson & Stapleton, 2008; Jetalina et al., 2020; van der Velden et al., 2010). These rates are comparable to those found in the general public. With that said, suicide rates among police officers are significantly higher (American Police Officer Alliance, 2019). Specifically, police officers are 60% more likely to commit suicide than members of the general population; moreover, police officers are more likely to die by suicide than to die in the line of duty (American Police Officer Alliance, 2019). Furthermore, data indicate that there are disproportionately high rates of depression among law enforcement officers (American Police Officer Alliance, 2019; Asmundson & Stapleton, 2008).

Further studies have investigated the prevalence of PTSD among police officers. Asmundson and Stapleton (2008) found that every participant in their sample of 138 active-duty police officers had experienced at least one traumatic event in the line of duty. In addition, 32%

of those surveyed had screened positively for PTSD. This rate is significantly higher than the rate of PTSD found among U.S. adults across all professions (7%) (SAMHSA, 2021). Komarovskaya and colleagues (2011) conducted a longitudinal study of 400 officers from four urban police departments. In the three-year follow up, it was revealed that nearly 70% of the sample had experienced at least one traumatic event and 10% of the officers had killed or seriously injured someone while on duty. Consequently, the officers who fell within the 10% had significantly higher symptoms of PTSD and depression than officers who did not (Komarovskaya et al., 2011). A similar longitudinal study conducted by Maguen and colleagues (2009) surveyed 180 urban police officers while enrolled in the academy and again one year after graduating. This study found that the officer's work environment was the most significant predictor of PTSD symptoms, even among officers who had experienced negative events in their personal lives.

Associated Outcomes

Scholars have identified several negative outcomes associated with poor mental health, including substance abuse, sleep disturbances, physical health problems, and suicidality (Heavey et al., 2015; Lerman et al., 2021; Neylan et al., 2002; Price, 2017; Useche et al., 2019; Violanti, 2007). Surveys of both police and correctional officers reveal high rates of alcohol consumption. Violanti and colleagues (2011) sampled 105 New York police officers, approximately two-thirds of whom reported that they exceeded the recommended amount of alcohol (a maximum of 20 grams, per the World Health Organization). Additionally, 17% of respondents indicated that they frequently consumed six or more drinks at one time, which is considered hazardous, or risky, drinking by the WHO, as an average American drink contains 14 grams of alcohol (Violanti et al., 2011). Similarly, Heavey and colleagues (2015) surveyed 99 New Orleans police officers in the wake of Hurricane Katrina and found that officers with increased exposure to the disaster had

higher levels of hazardous drinking. While such disastrous events heighten emotions, police officers experience varying levels of trauma each time they go to work, which can contribute to increased alcohol consumption on a regular basis (Deschamps et al., 2003; Finney et al., 2013; Heavey et al., 2015; Purba & Demou, 2019).

Scholars have also identified high rates of alcohol misuse among correctional officers. A survey of 4,300 California correctional officers found that 28% regularly consumed six or more drinks in one sitting; notably, alcohol consumption was significantly correlated with exposure to violence while at work (Lerman et al., 2021). Exposure to violence was measured as an index based on four items regarding the individual experiences of the officer: being injured on the job, fearing being injured on the job, witnessing someone being killed or severely injured while at work, and seeing or handling dead bodies while at the prison (Lerman et al., 2021). A higher exposure to violence overtime was significantly related to higher scores on measures of anxiety, depression, and alcohol misuse (Lerman et al. 2021). Further, Shepherd and colleagues (2019) sampled 1,039 officers from fourteen state correctional facilities and found elevated levels of alcohol consumption in conjunction with increased rates of burnout.

Similar results have been found in other nations, suggesting that this issue is not unique to the United States. For example, Useche and colleagues (2019) conducted a study on a sample of 219 correctional officers in Columbia which revealed that risky levels of alcohol consumption were more common among officers experiencing burnout as well as those that had been diagnosed with a personality disorder. Comparable correlations between burnout and alcohol misuse were found among a sample of 201 Bulgarian correctional officers (Stoyanova & Harizanova, 2016).

As previously discussed, alcohol misuse is correlated with experiences of trauma such as exposure to violence (Lerman et al., 2021) or natural disasters (Heavey et al., 2015). Past scholars have hypothesized that officers utilize alcohol to cope with the trauma they experience on the job (Heavey et al., 2015; Lerman et al., 2021; Shepherd et al., 2019; Stoyanova & Harizanova, 2016). For example, Shepherd and colleagues (2019) found that correctional officers who were able to emotionally detach from work while at home had a lower risk of drinking. The researchers stated that this correlation indicated that officers who were unable to detach from work experienced higher levels of emotional exhaustion and strain; therefore, their elevated levels of alcohol consumption were a coping mechanism (Shepherd et al., 2019). During the course of Stoyanova and Harizanova's (2019) study, the number of inmates had significantly increased which placed greater demand on their sample of correctional officers (n=201). Their findings revealed that as work demands increased, so did the amount of alcohol consumed, which suggested that officers were using alcohol to cope (Stoyanova & Harizanova, 2016).

Notably, alcohol is the most abused substance within the two occupations; however, some individuals use drugs, such as marijuana, in place of or in conjunction with alcohol (Heavey et al., 2015). American Addiction Centers (2022) states that approximately 30% of first responders struggle with substance abuse including alcohol, marijuana, and painkillers. Many police officers are prescribed opioids for injuries obtained in the line of duty which can trigger an addiction; further, marijuana can boost the brains production of pleasure chemicals that will block out feelings of anxiety (American Addiction Centers, 2022).

Another common outcome associated with mental health problems is sleep disturbances. This outcome has been found in samples of both police and correctional officers (Neylan et al., 2002; Price, 2017; Useche et al., 2019). Broadly, sleep disturbances and chronic fatigue are core

symptoms of PTSD and have been empirically linked to burnout (U.S. Department of Health and Human Services, 2017; Price, 2017; Useche et al., 2019). Lerman and colleagues (2021) found that anxiety and sleep disorders were the most reported mental health issues in their sample of 4,300 correctional officers from across California. Specifically, nearly 80% of officers reported sleep disturbances, most commonly feeling chronically fatigued regardless of how much they slept (Lerman et al., 2021). Neylan and colleagues (2002) found similar results in their survey of 733 urban police officers. A significant portion of the sample reported experiencing frequent sleep disturbances and an overall poor quality of sleep (Neylan et al., 2002). Furthermore, officers spent significantly less time sleeping compared to the control sample of non-police officers. There were also significant correlations between measures of PTSD and poor sleep quality; however, the results suggested that the main cause of sleep disturbances were routine stressors of policework (Neylan et al., 2002).

Chronic sleep disturbances, or insomnia, have been found to be correlated with a weakened quality of life, poor psychomotor skills, and diminished immune function (Neylan et al., 2002). Reduced psychomotor skills and cognitive functioning is especially problematic for police officers as they need to be able to quickly evaluate and respond to extremely dangerous situations; any hesitation could have deadly consequences for the officer or the community (Neylan et al., 2002; Price, 2017). Similar issues are at play with correctional officers as they are often outnumbered by inmates, therefore they must be able to react quickly to prevent harm to themselves or others.

In addition to sleep disturbances, mental health problems can increase the likelihood of physical health problems (Finney et al., 2013; Jaegers et al., 2021; Price, 2017; Salvagioni et al., 2017; Useche et al., 2019). Salvagioni and colleagues (2017) conducted a systematic review of

61 articles relating to outcomes associated with occupational burnout. It was revealed that burnout is significantly associated with cardiovascular diseases, musculoskeletal disorders, impaired immune function, and chronic pain. Scholars suggest that chronic stress exhausts the autonomic nervous system and the hypothalamic-pituitary-adrenal axis (Salvagioni et al., 2017). These biological mechanisms are responsible for regulating the body's vital functions, notably the cardiovascular system and the immune system, which can become damaged due to overactivity. Furthermore, a weakened immune system leaves the individual vulnerable to infectious diseases such as the flu or Covid-19 (Salvagioni et al., 2017).

The impact of poor mental health on one's physical health has also been researched among police and correctional officers. Price (2017) explored disabilities among law enforcement officers, finding that poor mental health is associated with an increased risk of heart disease and premature retirement. Moreover, burnout has been associated with chronic headaches, hypertension, and gastrointestinal issues (Jaegers et al., 2021; Useche et al., 2019). Such findings are not restricted to those employed in policing, as these negative physical health outcomes have also been seen among samples of correctional workers, especially among those that screened positively for a mental disorder (Finney et al., 3013; Jaegers et al., 2021; Useche et al., 2019). Finney and colleagues (2013) conducted a review of the literature on the topic, which found that stress and burnout among correctional officers was associated with decreased physical health and an increased use of sick days.

As discussed previously, rates of suicide are significantly higher among law enforcement officers compared to the general population (American Police Officer Alliance, 2019; Miller, 2005). Of added concern, the reported suicide rate may be a low estimate as some police officer suicides may not be reported accurately (Miller, 2005; Violanti, 2010). Violanti (2010) analyzed

death certificates for police personnel from 28 states and found that the risk of an undetermined death classification was 17% higher than expected for the occupation. Further, the number of undetermined deaths was nearly equal to the number of suicides among police officers (Violanti, 2010). Given that law enforcement deaths are typically thoroughly investigated, it was hypothesized that the investigating officers may choose to avoid an official classification of suicide in order to protect the officer's family and prevent stigmatization (Miller, 2005; Violanti, 2010).

A national study revealed that law enforcement officers had an 82% higher risk for suicide compared to the public (Violanti et al., 2013). Police officers are oftentimes personally invested in their role; therefore, they react strongly if they feel that role is threatened (Miller, 2005). In other words, officers often operate under the belief that they are meant to be a pinnacle of strength for the community and that they should be able to manage all situations with minimal help. Therefore, officers may feel ashamed to reach out for help, even while experiencing immense psychological distress. Threats, such as personal and organizational stressors, can accumulate over time which can lead to a higher risk of suicidality among officers (American Police Officer Alliance, 2019; Miller, 2005).

Correctional officers have an estimated 40% higher suicide risk than the general population (Lerman et al., 2021; Violanti et al., 2013). This rate is significantly lower than that of police officers, as outlined above. However, the added risk (over the general population) merits concern. Consistent with previously discussed outcomes, Lerman and colleagues (2021) found that suicidality among their sample of Californian correctional officers was significantly related to prior mental health concerns and exposure to violence while at work. Similarly, Frost (2020) interviewed the families of 17 Massachusetts correctional officers who had committed

suicide. The interviews revealed that most of the officers had prior mental health issues and had been experiencing ongoing crises such as demotions, child custody disputes, or chronic pain from injuries received while on duty (Frost, 2020). These crises are examples of factors that can increase one's risk of developing mental health problems.

Risk Factors

There are multiple factors that impact the mental health of police and correctional officers, including both professional and personal stressors. Two categories of professional stressors have been identified in the research literature: organizational and operational (Velasquez & Hernandez, 2019). Operational stressors are those that are inherent to the job. The primary example for police and correctional officers is exposure to violence (Ghaddar et al., 2008; Lerman et al., 2021; Purba & Demou, 2019; Velasquez & Hernandez, 2019). Police officers have a near constant exposure to individuals in pain and distress, as well as frequent threats to their personal safety (Purba & Demou, 2019). Similarly, correctional officers experience personal threats, while having the added stress of managing large populations of inmates (Finney et al., 2013; Ghaddar et al., 2008). Bourbonnais and colleagues (2007) found that correctional officers were frequently harassed by inmates; moreover, intimidation from inmates was the main source of psychological distress for nearly 80% of officers. Lerman and colleagues (2021) found that the greater exposure to violence was significantly related to elevated levels of depression, PTSD, and anxiety among correctional officers.

Though operational stressors play a part in one's wellbeing, research indicates that organizational stressors are more impactful for police and correctional officers (Bezerra et al., 2016; Ghaddar et al., 2008; Finney et al., 2013; Purba & Demou, 2019; Velasquez & Hernandez, 2019). Organizational stressors are factors specific to the structure and organization of an

officers' department or facility (Finney et al., 2013; Purba & Demou, 2019). Police officers have reported organizational stressors such as heavy workload, lack of support, insufficient resources, and lack of control (Purba & Demou, 2019; Velasquez & Hernandez, 2019). Furthermore, police officers view organizational stressors as unnecessary, uncontrollable, and therefore unavoidable; this viewpoint likely attributes to the significant stress caused by these factors (Purba & Demou, 2019). If these stressors remain unaddressed, officers may develop burnout or other mental health issues (Velasquez & Hernandez, 2019). Purba and Demou (2019) conducted a meta-analysis of 15 studies published between 1995 and 2016, revealing that organizational stressors are significantly correlated with emotional exhaustion and depersonalization, both of which are indicators of more severe mental health problems.

Research on correctional officers has identified similar organizational stressors, specifically work overload and lack of control (Ghaddar et al., 2008; Finney et al., 2013). However, correctional officers have additional stressors unique to their field such as overcrowding in prisons and level of contact with inmates (Bezerra et al., 2016). Correctional officers that are outnumbered and inadequately equipped to effectively do their job experience elevated levels of stress and burnout (Bezerra et al., 2016). Ghaddar and colleagues (2008) found that their sample of correctional officers (N=164) were most impacted by their lack of influence, and they further emphasized the importance of adequate staffing with clear job tasks. Lerman and colleagues (2021) found that officers who identified their risk of mental health problems had difficulty addressing them due to organizational factors. Specifically, correctional officers often work long hours which leaves little time to address their mental health needs (Lerman et al., 2021).

Velasquez and Hernandez (2019) conducted a meta-analysis of 77 research articles published from 2008 to 2018, identifying a similar trend among police officers. Stigma was found to be one of the primary reasons as to why police officers did not seek out mental health services (Velasquez & Hernandez, 2019). Hakik and Langlois (2020) also found through a content analysis of 41 newspaper articles and four government reports that the stigmatization of mental health was a significant contributor to the mental stress of police officers across Canada.

Studies from the past several years have consistently found that a lack of social support plays a large role in the development of mental health issues in police and correctional officers (Bezerra et al., 2016; Finney et al., 2013; Ghaddar et al., 2008; Purba & Demou, 2019; van der Velden et al., 2010). This trend was highlighted by Purba and Demou (2019) in a meta-analysis of 15 articles, with a combined sample of 15,150 police officers. Likewise, an identical trend was identified in Finney and colleagues (2013) meta-analysis of eight articles with a total sample of 9,505 correctional officers. Specifically, officers who did not feel supported by their superiors were not likely to reach out for help or guidance, which in turn increased their risk for negative mental health outcomes (Finney et al., 2013; Purba & Demou, 2019).

This result is not unique to officers in the United States as international studies have found similar correlations between poor mental health and insufficient social support. For example, van der Velden and colleagues (2010) conducted a longitudinal study of 473 Dutch police officers which found that one's relationship with their colleagues was significant in predicting their mental state. Similarly, Ghaddar and colleagues (2008) found that psychosocial factors, including acceptance from coworkers, were significantly associated with negative mental health outcomes among their sample of 164 Spanish correctional officers (Bezerra et al., 2016; Ghaddar et al., 2008; van der Velden et al., 2010)

In addition to work-related risk factors, the mental health of police and correctional officers is influenced by personal life events. For example, van der Velden and colleagues (2010) found that outside life events negatively impacted the mental health of police officers. Life events included a wide range of incidents such as traffic accidents, divorce, and serious illness or death of a loved one (van der Velden et al., 2010). Notably, a life event such as divorce can be impacted, or even caused by occupational stressors, as many officers carry those burdens into their home life (Shepherd et al., 2019). Officers who had prior mental health problems have been found to be especially vulnerable to the negative effects of life events (van der Velden et al., 2010). Similarly, research on correctional officers indicates that work-family conflict significantly impacts their mental health (Jaegers et al., 2021). Officers experiencing high family and work demands are vulnerable to major depressive disorder and burnout; these outcomes are further exacerbated if the officer feels unsupported by their loved ones (Jaegers et al., 2021).

Although there is limited research available, scholars have found that exposure to natural disasters can also exacerbate other risk factors in police officers (Biggs et al., 2014; Heavey et al., 2015; Velasquez & Hernandez, 2019). In times of natural disasters, police officers are often expected to manage their regular duties while also aiding in rescues, searches, and other time-sensitive tasks (Biggs et al., 2014). The increase in work responsibilities combined with a reduction in resources have a significant impact on an officer's mental health (Velasquez & Hernandez, 2019).

Recent literature has expanded this concept to consider the effects of Covid-19 on law enforcement and correctional officers (Jennings & Perez, 2020; Novinsky et al., 2020; Stogner et al., 2020). Insufficient resources and poor resource management have been identified as the primary stressor for police officers during the pandemic (Jennings & Perez, 2020; Stogner et al.,

2020). Due to the magnitude of the pandemic, there was a national shortage of personal protective equipment (PPE); this was especially concerning for police as they were still required to regularly interact with the public (Jennings & Perez, 2020; Stogner et al., 2020). Furthermore, many officers were over-worked as they were required to cover for coworkers who had tested positive for the virus (Jennings & Perez, 2020). Stogner and colleagues (2020) noted that rural departments were especially disadvantaged as they often did not have connections with well-funded healthcare organizations, nor did they have sufficient PPE for their officers. Similarly, Novinsky and colleagues (2020) analyzed information from all 50 states' Department of Corrections websites, which revealed that correctional facilities had limited access to testing and insufficient PPE for staff and inmates. As previously discussed, insufficient resources are a risk factor for negative mental health outcomes and the Covid-19 pandemic has exacerbated this issue (Finney et al., 2013; Jennings & Perez, 2020; Novinsky et al., 2020; Purba & Demou, 2019; Stogner et al., 2020).

Protective Factors

As noted earlier, a strong support system and quality leadership within the workplace can protect against negative mental health outcomes among the general population (Dalgard et al., 2009; Montano et al., 2017; Shigemi et al., 2000). Empirical findings suggest that these protective factors also apply to correctional and police officers (Bezerra et al., 2016; Finney et al., 2013; Lerman et al., 2021; Purba & Demou, 2019). Effective leadership appears to be especially important in mediating organizational stressors. Specifically, officers who feel supported and heard by their supervisors have been found to experience fewer mental health problems (Finney et al., 2013; Purba & Demou, 2019). Furthermore, a meta-analysis of eight articles discovered that correctional officers who received regular feedback from their

supervisors had lower levels of job stress and burnout (Finney et al., 2013). Likewise, a meta-analysis of 15 articles found that police officers who had high levels of support from management and coworkers reported lower levels of mental health problems (Purba & Demou, 2019).

Personality has also been identified as a protective factor among police officers (Purba & Demou, 2019; Talavera-Velasco et al., 2018; van der Meulen et al., 2017; Yuan et al., 2011). For example, Talavera-Velasco et al. (2018) found that out of 223 officers, those with a "hardy" personality, or the ability to perceive stressful situations as opportunities for growth, experienced significantly lower levels of burnout than other officers. In other words, officers who are committed to their work and life activities, who feel they can influence the outcome of stressful events and believe that change is simply a part of life, will not be as severely impacted by stressors (Talavera-Velasco et al., 2018). Furthermore, a longitudinal study of 233 police officers conducted by Yuan et al. (2011) found that officers who had positive world views during training were more successful in coping with traumatic events and therefore had fewer symptoms of PTSD. However, van der Meulen and colleagues (2017) conducted a longitudinal study on 566 police officers which revealed that the protective value of resiliency decreased over time. Further, prior experiences of mental health issues were significantly more predictive of future problems than the measure of resiliency (van der Meulen et al., 2017).

In relation to correctional officers, Klinoff and colleagues (2018) conducted a survey of 201 officers from correctional facilities across Florida. The research revealed that factors related to resilience (hope, optimism, and social support) were associated with reduced burnout. Specifically, correctional officers with increased resilience, as measured by the previously mentioned factors, had reduced emotional exhaustion and were less cynical. Further, officers

with higher resilience were found to have greater problem-solving skills, self-efficacy, and increased confidence in their ability to overcome organizational and personal challenges (Klinoff et al., 2018).

Impact of Rurality

The research discussed thus far has focused primarily on officers within urban environments, as there are limited studies available that have considered how factors associated with mental illness may have differing effects in urban and rural populations. However, some work suggests that differences may exist. For example, Ricciardelli (2018) conducted focus groups with 49 rural police officers. Findings indicated that organizational risks were especially concerning for the sample. This conclusion was further supported by Page and Jacobs' (2011) survey of 85 rural police officers from across Oklahoma. This sample reported that organizational stressors were more impactful than operational ones. Researchers hypothesized that this was because police officers had accepted that operational stressors were constants; however, they often felt that organizational stressors could have been avoided (Page & Jacobs, 2011; Ricciardelli, 2018). As discussed previously, insufficient resources have been significantly associated with feelings of stress among police officers (Purba & Demou, 2019). Consequently, the impact of organizational risks is exacerbated for rural officers as their departments are typically understaffed and underfunded (Ricciardelli, 2018). Further, rural officers are often forced to use outdated or broken equipment as the department cannot afford replacements (Ricciardelli, 2018).

Page and Jacobs (2011) found that officers looked to their friends for social support and would rather speak with their coworkers about their mental health problems than an outside therapist. However, many rural officers work without a partner due to understaffing (Page &

Jacobs, 2011; Ricciardelli, 2018). As rural officers spend most of their shift completely alone, the risk of physical injury and psychological distress is heightened (Ricciardelli, 2018). This is not an issue in urban environments as they are far more condensed, allowing for backup and support to be available within minutes. Consequently, rural officers have the added stress of being forced to choose between responding to a call alone or waiting for backup to the detriment of potential victims (Ricciardelli, 2018).

Rural correctional officers face many of the same issues as their police counterparts. Ruddell and Mays (2007) surveyed 213 jail administrators from rural facilities across the United States, finding that underfunding and overcrowding were the two most significant issues faced by rural facilities. Furthermore, it was revealed that rural correctional facilities have difficulties retaining staff as employees are provided low salaries and little to no benefits (Ruddell & Mays, 2007). Consequently, rural facilities are often trapped in a cycle of hiring and training which places additional stress on the officers that remain at the facility. Furthermore, rural jails have become the default response to many reoccurring problems within their communities. Individuals who are having a mental health crisis or are battling with addictions are sent to jail rather than treatment facilities within the community (since they are less likely to be available), which places further strain on correctional officers (Ruddell & Mays, 2007).

Applegate and Sitren (2008) analyzed data from 2,638 country jails across the country, finding that many rural jails are housed in old, poorly designed buildings. Over time, researchers have developed designs that allow a small number of correctional officers to monitor many inmates; however, these older buildings cannot accommodate these innovations (Applegate & Sitren, 2008; Ruddell & Mays, 2007). As noted earlier, correctional officers are especially impacted by organizational stressors; therefore, the combination of understaffing, outdated

facilities, and large numbers of special needs inmates likely increases the risk of mental health problems among rural officers. In summary, research indicates that rural police departments and correctional facilities are often understaffed and underfunded. Accordingly, officers are often overworked, which can lead to burnout or the development of more serious mental health problems.

Current Study

As previously discussed, rates of mental health problems among police and correctional officers often exceed rates found among the general population. Post-traumatic stress disorder and depression are especially prevalent among these occupations. Mental health problems have been linked to high rates of substance abuse, sleep disorders, physical illness, and suicidality. Operational and organizational stressors, such as insufficient resources and lack of support, can negatively affect the mental health of police and correctional officers. Research has also identified factors that can limit the impact of these risk factors; specifically, strong support systems and resilient personalities. Most studies discussed in this section focused on urban populations; therefore, it is important to explore this topic within rural populations. The current study will explore mental health among, current and former, rural police and correctional officers. The main goal of this research is to better understand how the occupational demands of working in the criminal justice field can impact one's mental health over time.

Research Question 1: *Do rural police and correctional officers experience high levels of mental health problems? Are some disorders more prevalent than others?*

Previous research suggests that police and correctional officers in urban areas are at a higher risk of developing mental health problems than their fellow community members employed in other occupations. Therefore, it is likely that rural officers would experience a

similar, or even greater, elevation in risk. As discussed previously, rural police and correctional officers face additional strain due to insufficient resources and lack of support. Further, mental health services are scarce in rural areas; consequently, officers may not have access to help even if they seek it out (NAMI, 2022; Page & Jacobs, 2011). For these reasons, it is likely that rural police and correctional officers will experience a high prevalence of mental health problems. The second part of this question will explore potential differences based on disorder, specifically anxiety, depression, PTSD, and burnout.

Research Question 2: *Is there a difference between the mental health of rural police and correctional officers?*

As discussed above, past research has found similarities in the mental health of correctional and police officers. However, it is likely that there are differences, as current data indicates varying levels of mental disorders and suicidality among occupations. For example, studies on police officers have found that 26-35% have a diagnosable mental disorder (Asmundson & Stapleton, 2008; Jetalina et al., 2020; van der Velden et al., 2010). In contrast, research indicates that rates of mental illness among correctional officers range from approximately 30-55% (Jaeger et al., 2019; Lerman et al., 2021; Ricciardelli et al., 2021). As such, exploring the two fields separately may add much to our knowledge of the issue.

Research Question 3: *Do organizational stressors have a greater impact on mental health than operational stressors? Does this differ between police and correctional officers?*

The available research suggests that organizational stressors play a more significant role in the mental health of officers than operational stressors (Bezerra et al., 2016; Ghaddar et al., 2008; Finney et al., 2013; Purba & Demou, 2019; Velasquez & Hernandez, 2019). Organizational stressors are specific to the officers' location and departmental structure,

including work overload, lack of support, insufficient resources, and lack of control (Finney et al., 2013; Purba & Demou, 2019). Operational stressors are those that are inherent to the occupation such as exposure to violence (Lerman et al., 2021; Purba & Demou, 2019). Given that rural departments are underfunded and understaffed, it is hypothesized that officers will be more significantly impacted by organizational factors.

Research Question 4: *Do officers feel supported by their supervisors and coworkers? Does this differ between police and correctional officers?*

As previously discussed, social support is a protective factor against negative mental health outcomes among police and correctional officers (Bezerra et al., 2016; Finney et al., 2013; Lerman et al., 2021; Purba & Demou, 2019). Effective leadership has also been shown to protect against potential risk factors (Finney et al., 2013; Purba & Demou, 2019). Accordingly, it is important to evaluate potential correlations between social support and mental health within the current sample.

Research Question 5: *Do officers feel comfortable seeking out help? Do they feel like they have access to adequate mental health services?*

The first part of this question seeks to explore the willingness of officers to reach out for help. Prior research indicates that police and correctional officers do not feel comfortable speaking about work experiences to those outside of the occupation (Finney et al., 2013; Page & Jacobs, 2011; Purba & Demou, 2019). The second part of this question relates to the mental healthcare shortage across rural areas (NAMI, 2022; Page & Jacobs, 2011). It is important to find out if officers are aware of and have access to any potential treatment services.

Chapter Summary

This chapter provided a review of the literature on mental health among police and correctional officers. An overview of prevalence rates for varying disorders in the two populations was discussed as well as the outcomes associated with these mental health problems. Next, risk factors were discussed, as were potential protective factors. Although much research has been done on this topic, there remains a gap in the literature regarding the mental health of officers within rural areas. The current study sought to explore this topic as denoted in the five research questions listed above. The next chapter will discuss the methodology for the study, including the sample selection, data collection, and methods of analysis. The final two chapters will present the findings of the study as well as discuss the potential implications and limitations of the results.

Chapter 3. Methodology

Chapter two provided an overview of the literature regarding mental health problems among police and correctional officers. Prior research has established a connection between negative mental health outcomes and employment within the criminal justice field (Jaeger et al., 2019; Jetalina et al., 2020; Lerman et al., 2021; Ricciardelli et al., 2021; van der Velden et al., 2010). However, most studies have focused specifically on police and correctional officers in urban environments. Given this fact, there is a limited ability to generalize the findings of these studies to officers in rural areas. This study attempted to fill this gap in the literature through a further exploration of mental health concerns among current and former police and correctional officers in rural Appalachia. The current chapter will outline the methodological approach to the study, including the data collection process, method of analysis, and potential limitations.

Sample

The sample for the current study was gathered from police departments and correctional facilities across rural Appalachia. The researcher contacted supervisors (i.e., sheriffs, police chiefs) from each facility and provided them with an overview of the study in order to obtain permission to interview officers. In addition, the researcher utilized a snowball sampling technique wherein participants aided in the recruitment process by passing along the contact information of fellow officers that would potentially participate. Through these two methods, a total sample of 21 participants was obtained. The sample included both current and recently retired officers from departments throughout rural Appalachia. The sample included eight correctional officers and 13 police officers for a total of 21 participants. The sample was predominately male with only seven female participants, all of which worked in corrections. Ages ranged from 23 to 67, with an average age of 36. The educational background of

participants varied, with the most common category (N=8) being those who completed a master's degree, followed by those who completed a bachelor's degree (N=6). Five participants reported attending some college while one officer reported completing an associate degree and the final officer stated they had completed high school. Of those who had completed a degree, the most commonly reported major was criminal justice (N=10).

The average amount of experience was nine years, ranging from seven months to 40 years. Approximately half (N=10) of the officers had experience in the criminal justice field prior to their current job. Notably, five of the participants no longer work in the field. Two police officers recently retired after nearly 40 years of service, while two police officers and one correctional officer recently left their positions to teach either at a university or at a local police academy. Those five officers answered questions relating to their schedule based on their time working in the field. All 21 officers were employed full-time with the majority (N=11) of police officers working the Eastman swing shift which rotates days and nights throughout the month. Only one correctional officer worked the swing shift while all others (N=7) worked a set schedule of either days or nights. All participants reported working frequent overtime. Thirteen officers stated they were currently married, and 11 officers had children.

As this is an exploratory study, data were gathered through semi-structured interviews. This method allowed for the collection of more in-depth data that would not be possible using surveys or structured interviews. Participants received an informed consent document prior to the interview which outlined the goals of the research as well as any potential risks or benefits associated with their involvement. Interviewees were only required to provide verbal consent to ensure that their data remain anonymous. Additionally, all participants were asked for permission to record the interview. All participants agreed, therefore all interviews were recorded and then

transcribed by the researcher. No identifiable information was collected from the participants to ensure anonymity. Likewise, the names of participating police departments and correctional facilities will remain confidential. Furthermore, once the data was transcribed, all recordings were immediately deleted. Those who agreed to participate were assigned generic names (e.g., Correctional Officer 1, Police Officer 2) when discussing specific quotes in order to further ensure their anonymity.

Interview Guide

The interview guide was developed to answer five primary research questions (Table 1) relating to the mental health of police and correctional officers (See Appendix A for the complete list of questions). Officers were not asked to discuss their individual experiences with mental health problems in order to promote openness. Rather, they were asked to respond based on their perceptions of others in the occupation. Mental health is a sensitive topic for many; therefore, this approach allowed officers to speak freely without concern for their personal liability.

Table 1

Research Questions

RQ #1: Do rural police and correctional officers experience high levels of mental health problems? Are some disorders more prevalent than others?
RQ #2: Is there a difference between the mental health of rural police and correctional officers?
RQ #3: Do organizational stressors have a greater impact on mental health than operational stressors? Does this differ between police and correctional officers?
RQ #4: Do officers feel supported by their supervisors and coworkers? Does this differ between police and correctional officers?
RQ #5: Do officers feel comfortable seeking out help? Do they feel like they have access to adequate mental health services?

Introductory Section

Interviews began with a series of questions regarding individual characteristics. This section included questions about age, years of experience, education level, and family status. These questions were open-ended, which allowed interviewees to provide as much detailed information as they liked. This section also included basic questions regarding their current job or their job at the time of their retirement, specifically focusing on their schedule and average hours worked. The researcher also asked questions regarding overtime and whether the officer worked weekends or holidays. These questions provided a basic overview of the sample while also priming the interviewee to answer more difficult questions in the sections that follow.

Research Questions 1 and 2

The next section was comprised of questions designed to address the first research question (*Do rural police and correctional officers experience high levels of mental health problems? Are some disorders more prevalent than others?*). Furthermore, data from this section was utilized in answering the second research question (*Is there a difference between the mental health of rural police and correctional officers?*). The first two questions directly related to the officer's perception of mental health in their occupation and how an officer's mental health may be impacted over time. The next questions assessed the prevalence of specific disorders. First, they were asked *if they believe traumatic experiences are common in policing or corrections*. This was followed by a question regarding the impact of these events and the possibility of developing PTSD. Then, officers were asked about their perception of *anxiety, depression, and burnout* in their department. These questions allowed the researcher to gain a better understanding of the overall mental health of officers at each department and facility.

Research Question 3

The next set of questions discussed potential stressors or risk factors for negative mental health outcomes in order to address the third research question (*Do organizational stressors have a greater impact on mental health than operational stressors?*). The first question addressed what the officer considers to be the *most stressful aspects of the job*. The follow-up question allowed the researcher to determine if organizational or operational factors are more impactful to the officer. In line with the previous research, the following questions addressed the most common stressors (*understaffing and underfunding*). The officers were then asked to provide their perspective on *how these factors impact mental health*. Several follow-ups were asked to assess the *impact of the stressors* as well as *how they may have changed over the past several years.*

Research Question 4

This series of questions served to answer the fourth research question (*Do officers feel supported by their supervisors and coworkers?*). There were two open-ended questions where officers were asked to describe *the social ties between officers* and *the leadership at their department/facility*. Based on the officers' initial answers, they were asked several questions in order to further explore this topic. For example, they were asked *if officers share their experiences with one another* and *if they believe officers would immediately contact their supervisors if they were having mental health issues or if they would choose to address them alone.*

Research Question 5

The final section addressed the fifth research question (*Do officers feel comfortable seeking out help? Do they feel like they have access to adequate mental health services?*).

Officers were first *asked how do you think seeking mental health treatment is viewed in your occupation?* This question and its follow-ups provided insight to the potential stigmatization of mental health in the field. Next, officers were asked questions regarding their *knowledge of available treatment services* and *the type of treatment officers would be most comfortable with*. This was followed by a question regarding *the utilization of mental health services*. The final question gave the officer the opportunity to further elaborate or add any additional comments.

Method of Analysis

The researcher performed a content analysis of the transcribed interviews. The researcher thoroughly evaluated each interview to identify any potential recurring themes between officers or occupations. The themes allowed the researcher to extrapolate answers to the five research questions discussed above. Commonalities and differences between the answers will be discussed in detail in the following chapter, using relevant quotations to support their importance.

Chapter Summary

This chapter discussed the methodology of the current study including the sample selection, data collection, and method of analysis. The researcher interviewed 13 police and eight correctional officers. The interviews were semi-structured; therefore, the researcher utilized an interview guide containing a predetermined list of questions but asked follow-up questions when appropriate. The structure of the interview guide was discussed, and example questions were provided. Once the interviews were completed and transcribed, the researcher conducted the process of analysis as discussed above. The next chapter will discuss the findings, followed by a discussion of the potential implications of the study.

Chapter 4. Results

The purpose of the current study was to explore mental health among police officers and correctional officers located within rural Appalachia. The first two chapters provided a discussion on the prevalence of mental health problems as well as the associated stressors and outcomes among the target population. The third chapter outlined the methodology and purpose of the current study. This chapter will discuss the findings gathered from the interviews. A content analysis was conducted to answer the research questions discussed in previous chapters and reiterated in the table below (Table 2). Results associated with each research question are discussed in detail within the following sections.

Table 2

Research Questions

RQ #1: Do rural police and correctional officers experience high levels of mental health problems? Are some disorders more prevalent than others?
RQ #2: Is there a difference between the mental health of rural police and correctional officers?
RQ #3: Do organizational stressors have a greater impact on mental health than operational stressors? Does this differ between police and correctional officers?
RQ #4: Do officers feel supported by their supervisors and coworkers? Does this differ between police and correctional officers?
RQ #5: Do officers feel comfortable seeking out help? Do they feel like they have access to adequate mental health services?

Prevalence of Mental Health Problems

The first and second research questions explored the prevalence rates of various mental health problems and how those differ between occupations. Participants were asked questions relating to the most common symptoms of anxiety, depression, and post-traumatic stress

disorder. The most commonly (N=20) reported symptoms were changes in mood, sleep disturbances, and hypervigilance. The majority of officers also reported witnessing or experiencing anxiety (N=16), self-isolation (N=17), and fatigue (N=16). While most of the symptoms discussed in the current study are associated with multiple disorders; for simplicity, each symptom will be discussed under the disorder it is most commonly associated with (e.g., hypervigilance and PTSD).

Depression

Approximately half of officers perceived high rates of depression (N=10) in their profession. For instance, Police Officer 12 stated, "If you're not prepared mentally for it, it will wreck you emotionally…I've seen it happen with a couple of my buddies, it can really take its toll like you'll get depressed and start really fixating on the job." Correctional Officer 8 noted that oftentimes officers may not realize they are experiencing depression: "I left my job because it was such a toxic environment…I never consider myself a depressed person, but after I was away from there for a couple of months, I realized I was suffering from deep depression." According to Police Officer 7, depression can impact an officer's work ethic:

> So, from my experience, [depression presents as] not really willing to get out and about outside of work, and you kind of become reclusive. When they get to work, pretty quiet, productivity and activeness really dives down to stay out of it. The 'if I don't find it, I won't have to deal with it' idea, and if I can't be found and they can't find me I'll just answer my calls. Yeah, that's a pretty common thing for law enforcement.

Notably, this reduction in work ethic appears to be common among both professions as 12 police officers and eight correctional officers stated that there is often a clear difference in the mood and motivation of older officers compared to new ones. For example, Police Officer 12 stated,

“There's like a metamorphosis that takes place with officers. The rookies are very much upbeat, very much like hard charging and active…then the older guys are a little bit more cynical, they're more pessimistic and down on some stuff.” Similarly, Correctional Officer 5 stated, “[Older officers] are just not happy with anything and that kind of sometimes will roll off on the new officers. But that goes back to the just the exhaustion I think and just, mentally just done.”

Furthermore, some officers indicated that the change in mood was inevitable in the profession. Correctional Officer 8 stated, “The older senior officers originally started the job because they cared, but throughout the years they became very jaded, disgruntled, and so forth.” Police Officer 1 suggested that the repetitive nature of the job can begin to alter one’s mood, “…because everything's an aggravation to a degree, once you've been doing it long enough…dealt with the domestic 100 different times, and you're encountering the same people doing the same thing…it's easy to get kind of burnout and jaded.” According to two police officers, this is often referred to as being retired on duty. Police Officer 1 stated, “We call it retired on duty, where you just come in and you do the bare minimum, just put your time in and go to the house and you're not…trying to put a good face on law enforcement.” Likewise, Police Officer 2 said:

> But they're kind of like, retired on duty they call it, that's like a term. It's like people have been there a while, they're just kind of burn out. Whether that be just because they've been there for so long, or they've worked really hard for three years and they're like, ‘okay, you know what? I'm sick of doing this.’

Correctional Officer 5 reported a similar pattern among senior corrections officers, “They'll let anybody get away with anything as long as they just don't cause any issues while they're there for 12 hours.”

Alternatively, four participants indicated that not all officers develop a negative affect or experience changes in their motivation. Police Officer 8 stated, “I don't think I've seen too many that came into the job and all of a sudden after 8-10 years, they just weren't motivated anymore. I think that the personality of that person has a lot to do with their motivation.” Furthermore, gender could play a role in officer motivation as indicated by Correctional Officer 6, “I think most females realize that they have to work 10 times harder to get any anywhere in this field; therefore, they do push themselves harder.” Additionally, Correctional Officer 3 and Police Officer 4 noted that those close to retirement were oftentimes happier than other officers.

Another commonly reported symptom of depression was fatigue (N=16). The primary cause of fatigue appeared to be the schedule. Police Officer 2 stated, “They don't get a lot of sleep, they complain about being tired all the time. Even four days off is really only two off because the first two days you're trying to catch up on sleep and you're just dead.” Correspondingly, Police Officer 9 indicated that the schedule can have a psychological impact as well:

> The four night shifts were really tough because here I was, my wife and I trying to raise two children. If I was on night shift, I would get off at seven o'clock in the morning if I didn't have court; if I had court, I had to stay up to go to court at nine o'clock. Majority of time court will be over with around noon; I'd go home and try to get some sleep because I had to be back at work 6:30. It wears you down physically and mentally wears you out.

Additionally, 12 officers reported that the job impacts their appetite. Correctional Officer 8 stated, “…if you look around for the officers that are in the field, for a period of time, you start seeing rapid weight gain.” Similarly, Police Officer 7 said, “So appetite really cuts down, our diets are terrible most of the time, twelve-hour shifts don't really allow for good healthy meals

unless you pack it up…but nobody wants to sacrifice [time] beforehand." This statement indicated that the shift itself impacts an officer's ability to maintain a healthy diet. However, Correctional Officer 4 suggested that the nature of the shift also plays a role, "If we're having a good couple nights and we're bored, we're eating all the time and eat like shit. Then when it's freaking crazy and we've not been able to sit down, we won't eat during the day until we get home."

Anxiety

The majority (N=16) of participants reported perceiving heightened anxiety in policing and corrections. Further all 21 participants indicated the presence of one or more of the most prominent symptoms of anxiety (i.e., sleep disturbances, difficulty focusing, restlessness). For police officers, findings indicate that they can often experience anxiety. For example, Police Officer 10 stated, "You live by a radio and every time that thing keys up, you have no idea what's about to follow…just the stress of running multiple hot calls a day depending on what your day is like, certainly increases anxiety." Moreover, Police Officer 7 indicated that the anxiety is dependent upon the public's perceptions of police:

> Everything that law enforcement does is under a microscope. Whether it's good or bad, it's under the microscope. But unfortunately, the bad gets portrayed a lot more than the good. The bad, it's actually a very small percentage of the job. The other higher percentage of the job is actual really good stuff, but it doesn't get viewed the same. So, there's a constant worry and anxiety from officers call to call about what's going to transpire from this. Am I gonna say the right thing? Am I gonna have the right action? So, there's always some sort of anxiety and worry every single interaction, whether it's a

911 call, or if it's just somebody come up that just want to talk to you. And there's always some sort of worrisome action there.

Notably, Police Officer 9 stated that officers with severe anxiety do not often last long in the field. For example, “I had one officer that came into work and for some reason he had panic attack. He just couldn't do it and he ended up resigning from the department…he just could not see his way through it.” Police Officer 9 indicated that officers typically are able to adapt to the anxiety from the job, “What you'll normally see after probably about a year, year and half is that they just really harden themselves.” Police Officer 6 highlighted several of the ways officers may react to anxiety:

> It depends how people handle stress, if somebody is predominantly susceptible to stressful situations and they have anxiety over that, it can absolutely affect them more. If you have somebody who's like, doesn't really bother me too bad, probably affects them less. Or the person who just sidelines it, forgets about it until it bottles up and overwhelms, then it becomes a catastrophic event in itself.

Approximately half (N=6) of police officers reported that officers can often experience difficulties focusing following anxiety-inducing situations. Police Officer 10 stated, “If something like that happens, the only way to find relief is if your mind kind of wanders.” Correspondingly, Police Officer 11 noted, “From my point of view, you can tell when somebody's not completely there and just going through the motions.” Difficulty focusing is a particularly concerning symptom for police officers as they are often placed in dangerous situations that require their complete attention. However, according to Police Officer 7, this is a common response to anxiety, “It's a battle. It's irritability? Yes. I've had that. Easily distracted? Yes, I've had that. So yeah, it's very much a common thing, I would think.” While a variable

response appeared to be common among police officers, correctional officers indicated a different experience with anxiety.

Correctional Officer 1 stated, “Um, I don't see [anxiety] too often. Because when they're at work, they have to act a certain way, especially around inmates. So, I don't see that too often.” Correctional Officer 7 further supported the claim, stating, “…you can't let them see the emotion on your face because we're supposed to be the hardened officers…because it's weakness on our part to show emotion to the inmates, they can take that and prey on it.” The claim that officers cannot show weakness is further emphasized by Correctional Officer 2, “They're pretty much on their P's and Q's, you have to be. You cannot go into work being tired, or, you know, coming into work on two or three hours of sleep. You have to be alert.” These statements indicate that, regardless of one’s individual response to anxiety, correctional officers must suppress any emotional response while at work. Despite that, five out of the eight correctional officers reported that officers often feel anxiety, both on and off the job. For example, Correctional Officer 2, when asked if officers experience excessive anxiety, replied, “Everyday once you walk into the prison.” Likewise, Correctional Officer 6 said:

> I get threatened to get killed probably two to three times a shift and it's not unusual for people to say, ‘wait till I get out of here, I'm gonna kill you, or I'm gonna find your family. I'm gonna rape your wife and kill your child’ and stuff like that. So, it does make you worry I think, a little bit more outside of work.

For both police and corrections officers, the most common way anxiety presents itself outside of work is through sleep disturbances.

Twenty participants reported that sleep disturbances are common for officers. As discussed previously, the swing shift can make it difficult for officers to feel well rested.

However, participants also indicated that their experiences on the job impact their ability to sleep. Correctional Officer 5 stated, “You're on a high for 12 hours, the adrenaline is just pumping for 12 hours straight. Then you come home and you have that adrenaline dump. Even though you're exhausted. It's like your mind doesn't want to shut off.” Similarly, Police Officer 7 indicated that the job was their main source of restlessness, “I struggle with that on a regular basis. It’s hard for me to get to sleep. It's hard for me to wake up. Before I got into law enforcement, I used to be able to wake up and just get going.” Furthermore, traumatic experiences can significantly impact one’s ability to sleep. For example, Correctional Officer 8 stated that they experienced lasting anxiety following a suicide attempt of an inmate:

> [Inmate] was unsuccessful, but I had to go back for the investigation and review the tapes. I didn't sleep for weeks and I cried all the time. Because I was wondering what I could have done differently to discourage her from even continuing the suicide attempts. Because we had found out afterwards, that every time during this timeframe, she would attempt suicide. So, I took it personally. I wonder what I could have done. Every time I close my eyes, I would see her swinging.

Post-Traumatic Stress Disorder

As noted in previous chapters, post-traumatic stress disorder is a type of anxiety disorder; however, there are certain symptoms that are more prominently associated with PTSD (i.e., hypervigilance, self-isolation, aggression). Twenty participants reported that they perceived hypervigilance to be very common among officers. Police Officer 11 noted that it is likely a by-product of the training officers receive, “They train you for the worst. So yes, I mean, no, they don't make it seem like everybody's gonna kill you. But they want you to be aware of what you're doing. You can get hurt very easily.” Police Officer 5 echoed that sentiment and followed

it up with the implication that experience in the field often enhances an officer's anxiety while off the job, stating "I think especially if you do this so much, that you can absolutely become susceptible to having that heightened sense of awareness and anxiety. Likewise, Police Officer 12 emphasized the impact of one's own experiences:

> I think it's kind of a dual thing. Of yes, the calls and maybe what happened on those calls led to that but also maybe not being confident in their abilities. Like they were tested a lot like maybe in fights, maybe like you get assaulted one or two times on a call by different perps and you got stuck in that fight mode and you were so scared you were gonna die. It's common, very common, but you should be confident in your ability.

Hypervigilance is not specific to police officers as Correctional Officer 7 stated, "You're always on a swivel, even pumping gas your heads always on a swivel looking around you." They went on to share their personal experiences as well, "I've got a code word that I give to my family, you know, you get away from me. You can watch from afar but don't be near me in case something happens, that way we're both not in it." This experience speaks to the level of anxiety experienced by officers while out in public.

Another common symptom of PTSD is self-isolation, which was perceived by 17 participants to be a common trauma-response for officers. For example, Police Officer 2 stated:

> I think [self-isolation] is something very common and would they ever mention that? Probably not. Like they would never say 'hey, I'm gonna go just spend some time off alone today.' I think people that have been doing this a while. They're definitely going to self-isolate. They're gonna, just because I think so much human contact in one day just like, burns you out. Like you're just so sick of dealing with people. An even me. Even I've noticed like after a shift, I don't feel like talking to anybody. I'm like sick of people

> entirely. So, it's just maybe you peel away from some people, you know? You don't call your friends as much. You don't talk to people as much.

Similarly, Correctional Officer 7 noted that following a traumatic event, "[Officers] might be quiet, we might just want to be to ourselves for a while. We just need to process. I think some officers, you know, that takes a toll on their families, because they don't understand." Both of these statements indicate that the self-isolation extends beyond fellow officers and can impact an officer's family and friends as well.

A less commonly reported symptom of PTSD is aggression. Although only two officers reported perceiving an aggression response following trauma, it is still worthy of discussion. Police Officer 12 stated that they had experienced multiple symptoms of PTSD following a particularly impactful event, including aggression towards their coworkers:

> I got like moody. I got really moody. I would snap at people pretty easy. Really not understanding what was going on. I was like shit, why can't I sleep? Just like, oh god, why am I being such a jerk to people? Or like, Oh, dang, they're assholes too. Well, screw you. I don't want to talk to them anyway, they're jerks. And then you kind of like, it kind of clicks whenever I was just like, I didn't talk to anybody on shift. I started kind of remembering stuff and be like, oh, yeah, I'm kind of messed up.

Moreover, Correctional Officer 5 stated that the aggression can be directed at the inmates as well:

> I think that it also causes like, kind of a rage in some of the officers, maybe not all of them. But then that's when you get your excessive use of forces. Where they're just completely burnout and they just can't take anymore. And, you know, it could either lead

to a breakdown, an emotional breakdown, or it could lead to them, you know, using force excessively, the way they're told not to.

While aggression does not appear to be a common symptom among this sample, it is an important factor to consider when looking at the wider population of police officers and correctional officers.

Additional Findings

Beyond the outcomes above, many participants discussed common outcomes that were not directly asked about. Specifically, the prominence of various medical conditions and a tendency to self-medicate. The most commonly mentioned medical conditions were high blood pressure (N=3) and heart problems (N=2). These conditions seem to be especially prominent among correctional officers as noted by Correctional Officer 7, "Most everybody in our profession, at some point in time is gonna go on blood pressure medicine…I've got a lot of my coworkers in their 20s that are on blood pressure medicine because of this job." Similarly Correctional Officer 8 stated, "I was 38, no previous health problems, and two years ago, I was diagnosed with heart failure due to the stress level that I was there. Four months after leaving, I'm out of heart failure." Although they appear to common in police officers as well according to Police Officer 4, "…especially high blood pressure and heart problems, you see that a lot in officers." In addition to medications for physical conditions, many officers noted the prevalence of psychotropic medications. For example, Correctional Officer 8 stated, "…but a lot of correctional officers a couple of months in had to go on different psychotropic meds just to help them cope with everyday lives in jail." Furthermore, Correctional Officer 5 shared their experience with both mental and physical disorders:

> But when I started corrections, I had really no mental health issues. I didn't think I did. After being here for, it's almost eight years, I'm on Prozac, high blood pressure medicine, and I take something to help me sleep because I can't sleep at night without it.

Another commonly discussed phenomenon was that of self-medication (N=7), which appears to be prevalent among correctional officers and police officers. Police Officer 8 noted, "I think they're…looking for vices, I guess is the best way to put it, but you know, it'd be interesting to see what the divorce rate is, and some people will have alcohol issues." Similarly, Police officer 12 stated, "…a lot of alcoholism, it's pretty rampant in, hell, just the police world not just the department. Infidelity. I haven't experienced that, but I've heard of other officers having issues with maybe they act like an a-hole whenever they're home." These examples emphasize the impact the job can have on an officer's marriage as well. Alcoholism appears to be the most prominent form of self-medication among correctional officers according to Correctional Officer 8:

> I want to say that they self-medicate. Because if you look at a lot of officers, they like to drink on their off days or drink as soon as they get home. A couple examples, this one guy, he was working night shift and as soon as he came home at 7am, he's opening a beer. One of my friends on his seven days, he goes through about three bottles of pineapple rum. So, I think a lot of times they don't want or go seek that available help. They just, honestly, they tried to bury it and self-medicate.

Stressors

The third research question explored organizational and operational stressors. Participants were asked questions regarding the various stressors associated with the job. In line with prior

research, many of the stressors discussed were either inherent to the job or due to the structure of the department.

Operational Factors

As noted previously, operational stressors are factors that are inherent to the occupation (e.g., exposure to death). All participants discussed the impact various operational stressors can have on an officers mental health; however, it is important to note that the majority of officers (N=15) acknowledged that these stressors will always be a part of the job. The most prominently discussed operational stressor was trauma (N=21). Both police officers and correctional officers stated that trauma was extremely common in their field. For example, Police Officer 1 said, "To a degree every, you know, every call you go on can be somewhat traumatic" and Police Officer 4 stated, "…at some point in their career, if they're in it long enough, they're going to have a traumatic experience, they're gonna have something that sticks with them forever." Likewise, Correctional Officer 6 stated:

> Being in corrections, there's traumatic experiences all the time. Whether it's hanging or people slitting their wrist, or anything like that. You know, anything that's unusual could be considered traumatic, and it's constant in our job. If I walk out of a night shift, or day shift, and I don't have someone that's tried to commit suicide or tried to harm their self or hurt somebody else, it's very unusual.

Some officers suggested that the constant exposure to trauma could actually limit the effect on one's mental health, as noted by Police Officer 6, "Once you've done so many of…when things start to become routine, or things are not new, a lot of the shock value wears off. So, it's no less gruesome, but it may be less traumatic." However, this view of trauma could

be detrimental for officers as they may be inadvertently dismissing signs of poor mental health. A key example of this can be seen in a statement from Police Officer 12:

> So, I'm gonna dive into some personal on this one. So, I was pretty average with my response to a traumatic event. At first, I didn't think it bothered me and you just kind of, you kind of just like, 'okay, yeah, whatever just knock it out.' Then you get through it and it's like…'Oh wow, that was crazy. That was nuts. How did I get out of that?' Or like, "Oh my god, like whoa.' And then you just work a couple of shifts. Then, it's like a month down the line. You kind of forgot about it. Then the nightmares start. Then that's when you see the effects…But it takes a little bit to get there because I thought, oh I don't have any issues. I'm the problem solver. Like I got no problems. When in reality, I probably should have talked to somebody a lot quicker.

Furthermore, several officers (N=13) stated that most of the effects from trauma are cumulative. Therefore, in spite of, or possibly *because* of, an officer's dismissal of the early effects of trauma, the effects can build up over the course of their career. This was noted by Police Officer 10, "I think most of mental health issues are cumulative. It's very rarely one big traumatic thing, where often it's small trauma after small trauma, and those things kind of stack up."

Exposure to Death. The most discussed traumatic event for both occupations was exposure to death (N=12). For example, Correctional Officer 5 stated, "I think the one that gets most of us are [inmates] overdosing and us bringing them back to life, or them dying…I don't think the inmate-on-officer assault bother them as much as the deaths or the hangings or the cuttings." Similarly, Police Officer 8 explained that law enforcement officers can be exposed to death in different ways:

> I think one of the big things in law enforcement is when they see a child that got killed, or something happened to a child, that had a lot of impact on officers. You could see it in their mood and their personality too. They got kind of reserved sometimes and they seemed like they just couldn't let it go for a while. Then, I've actually seen where our officers have had to take someone's life and that has a big effect on them. You know it just, I can't describe that because I've never had to do that fortunately, but you could tell the difference in their personality. They change somewhat.

The impact of a child's death is echoed by Police Officer 9, "One of the worst calls that any officer can go on is a child dying and that just really tears you up on the inside."

While many participants shared that they perceived exposure to death as a significant stressor for fellow officers, several participants chose to share personal experiences. For example, Police Officer 5 shared, "I had a kid drown on me, maybe two years old, and it bothered me because I lost my own kid…I'm fine and all that now. I mean, sometimes it comes back, but it is what it is now." Police Officer 9 revealed that, throughout their career, they have had extensive exposure to death:

> I've had so many children killed in car wrecks I've had to work. I've had friends to be killed in traffic accidents and I had to work that wreck as an officer. I've had friends to commit suicide, and I had to work those. The strange thing about it is, when you're working something like that and you know the person, you start thinking back to when you had dealings with them when you were younger. I mean, I'm talking about people that I went through grade school with, middle school, and high school. It's just really, it's really tough. But there again, back when I first started, there was no help and you just had to harden yourself to it.

As noted earlier, correctional officers are especially impacted by inmate suicides. Findings indicated that the trauma often extends beyond the death itself due to the presence of other inmates. To give an example, Correctional Officer 7 stated:

> You have people that commit suicide in in jail, in prisons, and you have to go deal with that. You know, sometimes you have to go cut the patient down, then you got to do CPR, and you have to do CPR knowing that they're long gone. But because you've got 200 eyes on you where that inmate is, you got to do CPR. You got to render aid until somebody gets there, EMS or whoever that takes over. And I think that plays a big role because you're doing this and you're trying to revive them, but deep down you know that they're not gonna make it.

Based upon statements from various officers, including the previous quote, not being able to help a victim is especially traumatizing. This can be best explained through a quote from Police Officer 11:

> So, true victims, not being able to help them is the hardest. Or, you know, my first day running out of field training, I had a lady, I went to a stabbing and I was first on scene. You know, I'll never forget that she looked at me and it's just this blank stare. I can't think of her expression or anything, just her eyes in a blank stare. And she just passed. You're holding everything together and she's been stabbed 15 times. So, its uncertainty and not being able to help somebody that actually needs help. That's probably the most stressful thing.

No Time to Decompress. Many officers (N=9) reported that one of the most stressful aspects of the job is that they often do not have time to process their emotions following a traumatic event. For example, Police Officer 1 stated, “And then, you know, there's no like

cooldown period between. You go handle something and then there's no period after that to kind of decompress, you're right back on duty waiting for the next call to come out." Likewise, Police Officer 11 said:

> Basically, if you don't get hurt, or you don't get shot at, you don't go out of service. So, you're still out there. So, you can have somebody jump out and pull a gun on you and eventually you don't end up shooting anybody and then you take this person to jail or hospital. You come back out and go to the next call. So sometimes you get to decompress about it. Sometimes you don't.

As discussed in the previous section, the impact from trauma is often cumulative. Therefore, it seems especially crucial for officers to have time to decompress following a traumatic event. However, police officers are often expected to go from one extreme to the next without a break. Police Officer 2 provided a perfect example of this:

> I saw somebody almost bleed out Thursday night, they like jumped through a window. I just, you see something like that every day and you're just expected to—like I went into a murder and the next call was like a disturbance or a wreck. I mean going from one extreme to the other, to where a wreck is a fender bender and these people are freaking out. And it's like, you have no idea what I just saw. I just came back from a dang murder, somebody just got blasted and you know, that kind of thing. It's just you can't make that up. It's just, you got to deal with it and move on unfortunately. You can deal with it later but on a job, you can't do anything about it.

For correctional officers, they are often not able to leave their facility until their shift ends. This means they do not get a mental or a physical break until they go home. For example, Correctional Officer 5 stated, "There's nowhere to run to. You have to deal with the same

inmates, the same issues, for 12 hours…because sworn deputies don't get any lunch break or anything. So, there's nowhere to go to. You're stuck." In short, if officers are not critically injured during a traumatic event, then they are expected to finish their shift despite the potential psychological impact it can have on them.

The Lack of Predictability. Another common stressor noted by the majority of participants (N=18) is the unpredictability of the job. For example, Correctional Officer 4 stated, "They try to train you and get you prepare for it as best they can but it's just one of those things you never know. It never plays out the same way twice and you never know what to expect." This unpredictability serves to increase an officer's anxiety as they attempt to prepare themselves for all possible scenarios. This is further supported by another statement by Correctional Officer 4, "Everything could go the way it's supposed to or…it can all of a sudden be a whole situation that they can't take control over. That's always in the back of your mind. It can be any minute now, any second." The stress from the unknown is not unique to corrections as noted by Police Officer 7:

> I would say that the most stressful thing about the job is the constant unknown. There's nothing predictable. Which I think a lot of people don't understand—that there's nothing predictable in law enforcement. Yeah, it may be the same style of traffic stop that you went out there, or the same style of investigation that you did for some sort of domestic violence situation or whatever the investigation is. But ultimately, the end outcome and the everything that happens in between, is always going to be different from each one. You've got that constant, unknown stress going on there about what's going to happen next.

Building on the concept of unpredictability, some police officers indicated that they were always facing the possibility of dying in the line of duty. When asked about what they perceived to be the most stressful aspect of the job, Police Officer 5 replied, "Probably being able to come home to the family. That's probably what I would think to be kind of stressful. Just thinking about that. Not being able to come home to your family." Likewise, Police Officer 8 stated, "…just the dangerous stuff that you deal with and leaving your family and not knowing if you're gonna be coming home or not." Similarly, a few correctional officers (N=3) explained that, due to the constant unknown, the job was constantly impacting their psychological health. For instance, Correctional Officer 6 stated, "In our line of work in Corrections, is a dangerous? Yes. But it's a mental game. You will break down mentally way faster than you'll break down physically."

Organizational Factors

Organizational stressors are those that are due to the structure and management of an officer's correctional facility or police department. Much like operational factors, all 21 participants perceived organizational factors to be significant sources of stress for officers. However, unlike operational stressors, these factors could theoretically be avoided with proper management and structural changes. Several officers (N=9) expressed frustration with these particular stressors as it was clear many of them could be avoided but their administration took no steps to do so. These various stressors will be discussed in detail in the following sections.

Administration. Approximately half of participants (N=9) found their department's or facility's administration to be the primary stressor for officers. For example, Police Officer 4 stated:

> I think that all depends on your admin, I think your admin can make you or break you. You know, for example, just if they listen to you, if they actually take what you say to heart. Because everybody's got an opinion on things. Everybody has an opinion on the job, or how we can make things better, how we can improve things. And that's another deal that I dealt with from my previous department. They've done things for so long for so many years, and it's just the status quo. And sometimes it's not the best way for it to be, so I think good supervision probably makes or breaks you with that.

Poor leadership was consistently reported as a significant source of stress from officers at all points in their career. When asked to describe perceptions of leadership in their occupation, Police Officer 10 replied, "Bad. Poor leadership skills. They're not interested in looking out for their normal line officers." Similarly, Police Officer 11 stated, "I think we've got bad leadership. My chief has only talked to me when I went to the interview board, not talked to the chief one on one since. So, it's kind of like, does this guy even care about me?" They went on to share, "I got hurt one time. We had a major that called me every day—are you still doing good? And that just meant a lot. This dude actually cares about me. So, yeah, leadership goes a long way."

Three officers specified that poor leadership was the main reason they had left previous positions. Correctional Officer 8 reported that their main stressor was, "…the administration above me. The micromanaging, the belittling, the constant, just calling me down if they had a bad day looking for a punching bag…it was a horrible environment to be in." Similarly, Police Officer 1 stated that they left following a major change in administration, noting:

> It wasn't as cohesive as a lot of people would have liked to have been or as smooth. So, there is a stress of not only do we have the stressors of what the job entails anyway. But now we've got new administration you don't know. They're enacting all these new

> policies—is that really just to make [the department] better or is it to clamp down on how we operate and are they looking for reasons to get rid of people? Are they looking for reasons to move people? So yeah, other than just what the job itself is, if there's not that good communication and relationships between your line officers and your administration and supervision, that's a serious source of stress for a lot of people.

Understaffing. Seventeen participants noted the significant stress caused by understaffing at their workplace. Correctional Officer 5 explained, "We never are fully staffed…usually when we get fully staffed, I don't know why, it's like a big wave that comes through, and five to 10 people will quit at once." The majority of correctional officers (N=5) stated that they often worked mandated overtime due to staffing shortages as they cannot leave their post until another officer arrives to relieve them. Correctional officers who were fortunate enough to work at fully staffed facilities reported that officers still felt unsafe. Specifically, Correctional Officer 6 stated, "Technically, as far as how many officers the county commissioner is willing to give our sheriff a budget for, we have the correct amount. But as far as how many we actually need to make it a safe environment. We're far from it."

Similarly, all but three police officers reported that their department was currently understaffed; notably, all three officers worked for the same small municipality. Understaffing was attributed to many factors including, the nature of the job and the low pay. For example, Police Officer 6 explained, "People don't want to do this kind of work for the money it offers. Until recently most agencies were starting you at $14 an hour…who wants to risk your life on a regular basis for that, that's a hard sell." Police Officer 9 shared that over their forty years of experience, they witnessed a significant decrease in officers. They attributed some of the decrease to departmental policies; for example, "One of the departments that I worked for their

philosophy was, if 12 people can do the job of 24 people, then why should we have 24 people when 12 people can do the job. That's not taking care of your people." Furthermore, Police Officer 9 explained, "I'll give you a perfect example…back from 84 until 1990 probably I guess, I can remember on Friday and Saturday nights after 11 o'clock, I worked the whole county just by myself. It was just me." While officers are no longer expected to work entirely alone, all 13 police officers shared that they patrol alone. Police Officer 2 shared:

> There's seven zones in [city] and nowadays they're lucky to get one officer per zone. And the extras are the people that had been there a little while. They're called rovers, and they can just roam the entire east or the entire west side of [city]…So like if I go to a call and somebody in zone three can't back, the rover in the west will come back me. So, when you don't have any rovers sometimes that can be a lack of backup and that can lead to officer safety issues.

In addition to concerns about backup, understaffing prevents officers from being proactive as they are required to answer calls or provide support to other officers.

Schedule. Eighteen participants shared that the schedule was a significant stressor for most officers. For example, Police Officer 3 stated, "The swing shifts definitely makes it hard. Because you're going from working a couple of days and you're off and then you work a couple nights and so it's almost impossible to get used to that schedule as far as sleeping and rest." Likewise, Correctional Officer 8 shared, "One day where we're so short staffed, I worked 36 hours straight, and went 60 hours without sleep." As discussed in previous chapters, prolonged sleep deprivation can have significant impact on one's physical and mental health. Furthermore, one-third of participants discussed the impact the schedule has on their social lives. Correctional Officer 5 noted, "Because trying to work swing shift, have a normal life outside of the jail, and

be able to, like, carry on friendships with people. You lose almost everybody because nobody really understands what you're going through." Similarly, Police Officer 8 stated, "I think working the holidays, if you're a family person, you're not with your family a whole lot. I know, in my case, I missed a lot of things that my children were involved in that I wasn't able to attend."

Insufficient Equipment. Similar to understaffing, many participants reported that they perceived a lack of sufficient equipment for officers. Half of the correctional officers stated that they did not have sufficient security measures or protective equipment. While some correctional officers had access to items such as Tasers or batons, the majority were only provided pepper spray as noted by Correctional Officer 6, "I mean, literally the only equipment they have is pepper spray." For police officers, equipment appears to differ significantly from department to department. The officers employed at a small municipality all reported that their department was sufficiently equipped (N=3). Likewise, Police Officer 9 stated, "[County] from 1984 up until I retired, the officers had the best equipment that money can buy. So as far as cars, weapons, uniforms, and all that. We probably had better stuff than anybody in East Tennessee."

On the other hand, police officers employed at a mid-sized city department consistently reported insufficient and outdated equipment (N=5). For instance, Police Officer 11 stated, "We're outdated—the radar in my car is older than me. We have some good equipment and some of it is bad. It's hit or miss on what you get." Police Officer 12 shared a similar experience, "[The rifles] are under equipped with necessities like flashlights and optics, and just the basic stuff so that you can use it effectively and do your job. I have a 40-year-old radar in my car, and it works—ish." Police Officer 12 further explained:

> Equipment really lacks, specifically cars. And I know we're hard on cars, they're hard used, they get beat up. I know it's kind of the tradition you give the rookie, like, the worst car to kinda like toughen them up and be appreciative of whenever they get a good cruiser, an actual good cruiser. But the bad car shouldn't be, you know, 20 plus years old and it's like literally catching on fire while you're driving and like that , that's a problem. The quote unquote good cruisers are like 10 plus years old…That's yeah, you're getting quality policing right there. It's nothing new for your muffler to just kind of like rot itself away.

In some cases, insufficient equipment can be linked to inadequate funding as noted by Police Officer 12, "So funding because they have to divide between the funding to get us training courses and then the funding to get us equipment. And they're both lacking." Police Officer 12 further shared, "The training opportunities available, you have to either pay for yourself or find them yourself. I've taken several courses that I paid for myself, and I'm glad I did, I'm a better officer for it. But it kind of sucked." On the other hand, some responses suggest it is not due to an overall lack of funding, but instead due to improper use of departmental funds. For example, Police Officer 11 noted, "For the size of the department and the size of the city, we should have better equipment…we're cheap and we tried to save as much money as we can, and we promote too many people."

Procedural Tasks. Another common organizational stressor was procedural tasks which included duties such as report writing and court appearances. While these tasks are an unavoidable aspect of the job, several officers stated that they did not feel as if they were properly prepared by their training. For example, Police Officer 4 stated, "…then that's a whole different stress of dealing with the attorneys, because they don't prep you enough, and there's not

enough prep to deal with court that you actually deal with in the academy." Similarly, Police Officer 2 said:

> The most [reports] I got done in a day is like, 16 reports. That's 16 memos or incidences, and that can be a stressor because it's kind of an adjustment writing to their style…and like I've adapted to that pretty well, but some people who have no college experience or you know, work two years or three years in jail or something, I think that can be a stressor that kind of hits you out of nowhere…they don't teach you anything at the academy. The academy is useless.

Police Officer 2 also discussed the strain placed on Field Training Officers as they are often forced to train officers consecutively with little breaks in between. The officer stated, "That's something that really weighs on people; I think if you're an FTO trying to manage the trainees and get all your stuff done it is really stressful." It is important to note that officers indicate that many of the procedural tasks become less stressful with more experience. For example, Police Officer 13 shared, "Over time, the more you do it, the less stressful it gets. Before I'd be terrified to go to court, but now that I've been and testified on stuff, that doesn't really bother me that much."

Media Perceptions. More than half of participants (N=11) shared that the media perception of law enforcement serves as a stressor for many officers. Responses indicated that the effects from media are multifaceted. Police Officer 8 shared their experience in how media impacts offenders:

> I think the media has a lot to do with that. I don't know, sometimes it's like they kind of glamorize when someone kills a police officer or something. I know that's kind of a strange statement, but it's just, you know I think a lot of people do the serial killings and

> the school shootings and stuff because they will, I mean it's obvious they've got some mental health issues, but I think they like seeing their name plastered all over the TV screen and stuff.

All 11 officers stated that the media perceptions have impacted people's willingness to work in the field; several expressed that people do not want to make themselves a target of the public's hate or distrust. For example, Correctional Officer 8 stated, "I think the media played a lot a part in [high turnover], just because all the corruptions and so forth. It's like, if you do care, why do you want to put yourself as a moving target?" They further explained that the media also impacts an officer's willingness to seek help for mental health problems, "I think people have a certain perception. And then if somebody was extremely ill and needed help, then I could see somebody be like, 'Oh, well, no wonder all this stuff's going on, we have all these nutbags carrying guns.'"

Police Officer 4 emphasized the impact of the 2020 protests, stating "I was there for the protest, I worked 14 days in a row. I stayed on call. The public's perception of what we do and how we do things versus how it really is, is completely polar opposite sometimes." Police Officer 4 further explained:

> We are being held more accountable these days, which not saying that we weren't being held accountable before, but we're under the microscope. I mean, you see things in the news every week about officers from here beating a dude or shooting somebody or anything else. I mean you're always under a microscope, and the public itself groups everybody together. They don't look at an individual department. They don't look at an individual officer. They just think, you know, Derek Chauvin was on this dudes neck for so many [minutes], that just means you're gonna do the same thing. You know, that's not

> the way that it is. But you can't change their minds a lot of times. You can't change their hearts.

Responses indicate that media perception is an especially impactful factor as it not only causes stress on its own, but it also contributes to some of the stressors discussed above (e.g., understaffing, administrative changes).

Impact from Covid-19. Covid-19 was an unavoidable stressor that impacted everyone as noted by Correctional Officer 4, "I don't know, whose mental health [covid] wouldn't have an effect on?" However, most of the stress for police officers and correctional officers was due to changes implemented by administration. Five correctional officers stated that they believed the pandemic had impacted the mental health of officers, primarily due to the subsequent staff shortages. For instance, Correctional Officer 2 stated, "A lot of staff members are getting sick…so there's more people doing double shifts, the 16-hour shifts getting mandated. Are they going to be on top of things when they're not sleeping? No. They're overworked." Similarly, four police officers felt that the pandemic had a significant impact. Police Officer 12 shared:

> I came in right at the start at COVID and the Black Lives Matter protests and kind of like that unrest. So, I've only really known this department from that point on. But hearing the other guys talk and the other people that left, and from a few things I've seen, COVID put a huge strain. Because a lot of the old guys left because they didn't want to catch it. Because, you know, they were in that group…But so then that put a strain on manpower, because then you couldn't get the time off that you're like 'Yo, I really want to go like, hang out with my girlfriend or family' or I just want a day to myself. So then that sort of compounding.

According to Police Officer 11, some departments placed strict limitations on patrol officers. They stated, “When the pandemic started with us, city managers were like ‘hey, don't do anything but sit in your car and take calls. Don't do anything proactive.’ For some officers, that's fine. Other officers have a tough time with that.” Police Officer 11 expressed frustration with the new policies stating, “I can't sit in a parking lot for 12 hours. I just can’t.”

Stressors Specific to Policing

The majority of stressors discussed applied to both occupations, however there were a few that were unique to policing. Some police officers discussed the impact from responding to traffic wrecks (N=4) and to domestic violence calls (N=3). Officers indicated that wrecks are especially stress-inducing when there are severe injuries. For example, Police Officer 6 stated, “If you had to stereotype a stressful situation, just the elevated heart rate and something's going on, but you have to function. Terrible traffic crashes are bad, injuries where you're having to provide some sort of life saving measures.” Police Officer 9 shared a personal experience from early in their career that impacted them:

> I had a guy that was involved in a very bad wreck and he was trapped inside the vehicle. I was trying to pull him out of the vehicle and the vehicle caught on fire. There was no way to get him out cause of what was on top of his legs. Two sets of hands grabbed me from behind and dragged me away, and I'm probably 20 feet from the vehicle and it explodes. I was trying to get the guy out; he was looking at me screaming for me to get him out and I couldn't do it. I mean, there's no way nobody could have got him out. That bothered me. So my supervisor called me, and he said what did you have, and I told him and he said to get back to work. I felt like I needed some help then, somebody to talk to, but the attitude back then was you suck it up and you go on.

The police officers acknowledged that responding to traffic wrecks are a part of the job, but they also felt that the traumatic effects are often overlooked due to the pervasiveness.

In addition to wrecks, several participants shared that domestic violence calls are one of the more significant stressors for police officers. For instance, Police Officer 9 stated, “Probably domestic violence calls, because you're going into that person's domain. They know the layout of their house or apartment or wherever and the officer don't. Most officers are killed on domestic violence calls.” Police Officer 3 shared a similar viewpoint, “Going in somebody else's house that are fighting physically or just verbally yelling. For a lot of people that's going to be very stressful. Because you're not in your environment, you're in somebody else's. You don’t know what they're gonna do.” As indicated by these quotes, the main stressor for domestic violence calls is the fact that officers are placed in an environment that is unknown to them. Furthermore, Police Officer 12 explained that officers never know what to expect on domestic violence calls:

> Dealing with the violent calls, especially domestics. Oh my god, that is probably one of the few calls still that gets my heart just pumping because you never know. You're either gonna step in and it's gonna be kind of like a civil argument that just got a little loud or you're walking in and somebody's bleeding all over the place. Or you get called to the poor part and it's just a civil conversation that got a little loud and then you can be in the rich part of the city and ole boys fucking butchered his wife and you're like oh shit.

Another stressor discussed by police officers is the lack of closure on the job. This stressor was only discussed in detail by one participant; however, it is a factor that could impact all police officers. Police Officer 12 shared, “You don't get closure on this job. You get to see somebody at their absolute worst and you could be very confident that they're gonna bounce back and you find out a couple of weeks later they killed themselves.” They further stated, “Or

you never find out. The state took that kid, you don't know what happened to the kid. Kid was getting abused. No idea. No idea what happened after."

Stressors Specific to Corrections

Correctional officers also reported stressors that were unique to their profession. All eight correctional officers shared that exposure to the inmates is inherently stressful. For example, Correctional Officer 2 stated:

> Having those inmates out all the time, it's a break if they're locked into their units but it's more stressful when they are out. You have over 100 inmates and it's just two of you officers in a unit. That's very stressful because you're constantly on the alert, looking and making sure that you're safe. And also the fellow inmates are safe, because if they are fighting, if anyone attempts or wants to hurt their self, you have to be there to help them and protect them.

Other participants indicated that the exposure to violence through inmates was not their main stressor, rather the fact that correctional officers are responsible for meeting all the needs of inmates was a far more impacting factor. For instance, Correctional Officer 5 explained, "[Inmates] completely rely on you for everything, to be fed, to get anything as far as their commissary, their phones…they need us. And so that constant, you got like 300 people in a pod, everybody's needing the same thing at the same time." Correctional Officer 6 shared a similar viewpoint:

> [Inmates] don't have access to anything, it would be like being locked up in your house every day and having to rely on someone else. Those inmates rely on the officers. And when you have two officers with 300 inmates or you know one officer with 150 inmates, and you're having to feed them and make sure they have the correct clothes and make

sure they're not doing anything and the fights and everything like that. Definitely just juggling all that and juggling the inmates is probably the biggest stressor for corrections officers.

The stress of interacting with inmates is further exacerbated by overcrowding and understaffing as there are a higher number of inmates per correctional officer. Three of the participants stated that their facilities are currently overcrowded, although the others explained that there was always a potential for local facilities to become overcrowded. Correctional Officer 5 shared, “We can only safely hold around 700 inmates and we're pushing 1000 right now.” Similarly, Correctional Officer 6 stated, “For our facility, we're currently sitting at about 1025 inmates, and we're only supposed to house 615. So, we are extremely overcrowded.” Four of the correctional officers believed more staff would reduce the strain on officers, however the issue of overcrowding would still remain.

Social Support Among Officers

The fourth research question sought to explore the social dynamics between officers and their coworkers, as well as officers and their superiors. All 21 participants emphasized the importance of relying on one another and sharing their experiences with the other officers on their shift. The findings varied regarding the relationship between line officers and their supervisors. Thirteen participants shared the perception that officers felt supported by their leadership. On the other hand, eight officers argued that, more often than not, officers perceived the leadership to be poor and lacking support. Furthermore, 15 officers perceived that officers would share their mental health concerns with one another, while only 10 officers perceived that officers were comfortable sharing their mental health issues with their supervisors. Regardless of

these differences, all 21 officers emphasized the importance of the departmental culture in fostering strong support systems.

Connections Between Officers

All participants shared that officers often have close relationships with the officers they most frequently work with. For example, Police Officer 8 shared:

> Well, it's a brotherhood to me, it's kind of like a brotherhood. I mean, when you go to work and you basically put your life in the hands of somebody you work with. I mean you have to stand behind them, they're with you in bad situations. So, you become very family oriented, to be honest with you. Especially the ones you work with on a daily basis, and you get really, really tight with them.

This viewpoint was further supported by Police Officer 12:

> It's almost like suicide not to lean on them. Because they're the ones they're experiencing it with you and they're the ones that got your back. So, if anything, it kind of creates this really weird bond that's like, this is my family member, a lot of the guys and gals I work with are family just period, like I don't even think twice about it.

Correctional officers shared a similar experience, indicating it was common for officers to become close after working together. Correctional Officer 7 stated, “You really spend more time at work with them than you do at home, they become your work family.” These responses indicate that natural friendships form due to shared experiences and the amount of time spent together. Although, Correctional Officer 4 noted that new officers are encouraged to lean on their fellow officers. They stated, “They make sure to preach that, especially to the newer officers. Be sure to point out like, if you're new here, these are the ones that are going to really know their stuff and watch out for you.” Furthermore, these close relationships are likely impacted by the

difficulty in maintaining strong social connections outside of work, as discussed earlier in the chapter. This is further supported by Correctional Officer 5's statement:

> Yeah, my only friends are the people I work with. And that sounds awful. But other than my husband, I don't really hang out with nobody…it's like a group, especially because we all have the same days off together and where our days off are not normal to the normal person working.

Discussion of Mental Health Concerns. Fifteen participants stated that they believed officers would be willing to discuss mental health concerns with one another. However, 12 of those officers explained that conversations about mental health were conditional. For example, Police Officer 7 noted, "Probably to only certain people they'd reach out to, but I think they would have to be in a pretty bad place to reach out. I think they would try to handle it themselves as best they could." Similarly, Correctional Officer 6 stated, "Normally we always vent to someone that actually knows what's going on…but you don't really get your true feelings off your chest a lot of times because you don't want to appear weak to them." This stigmatization of mental health issues will be discussed in more depth in a later section.

Other officers (N=14) stated that mental health is never discussed among officers beyond what is required in training. Furthermore, two police officers shared that they believed officers would be more likely to reach out to their family before anyone at their workplace. For instance, Police Officer 2 stated, "I think they would reach out to their [significant other] first before anybody else, or their best friends, something like that. I don't think they'd reach out to a counselor at first unless they made them." Likewise, Police Officer 5 shared, "Where I came from, you couldn't talk to nobody. The only person that I really had was my dad to talk to about stuff."

Interestingly, some participants shared that it is common for officers to use dark humor to cope with their experiences. Correctional Officer 7 shared, “We make jokes a lot in corrections, and you have to, to get through your day. And you know, the general public may not agree with our dark sense of humor but then you have to look at what we deal with day in and day out.” Police Officer 9 further explained, “They don't mean any disrespect toward the victim or the deceased, but that's their release mechanism. Of course, they can't do that in public. They might be somewhere off with another officer and say something to try to release those emotions.” Further discussions indicated that this coping skill is developed through experience in the field. This is supported by a quote from Police Officer 11:

> You can tell whenever somebody new, when they first go into like a dead body or a pretty gruesome suicide or something along those lines, like they're bothered by it. But one that’s been there, you just walk in and well it’s another body, it's just another day. It doesn't really affect them. There becomes a lot of crude humor that you start to deal with. You make jokes, inappropriate jokes, if you can at the time without a loved one around seeing you or hearing you. That's just how you try to deal with it.

Rural Community. Notably, several participants (N=5) discussed the importance of the rural environment on the social connections among officers. This phenomenon was primarily discussed among police officers. However, Correctional Officer 3 did suggest it occurred in rural correctional facilities as well stating, “One thing that's unique about the facility we're at, it's in a rural community, while the people within the community work there so they all know one another.” Police officers employed at a small municipality indicated that their size and location led to close relationships among all officers, oftentimes regardless of rank. For example, Police Officer 5 stated, “Where I came from no one got along, but here everybody gets along. I can go

into chief's office and we can sit down and talk. I can go into a major's office or talk to anybody and we all get along great." That statement was especially notable in comparison to the earlier quote from Police Officer 11 wherein they stated they had not spoken to their chief since their interview. Participants further noted that the community centered atmosphere allowed for a less stressful environment when faced with understaffing concerns. Police Officer 3 stated:

> When it comes down to 'hey, we need people to come here.' Everybody understands that there's not many people to pick from the pool of who has to come in because night shift can't come in early, because they got to come here for night shift. You're limited to two other shifts to pick from and there's only six guys out of those two shifts. And so you get people that understand that, they're willing to buy into yeah, it's a small department and I gotta be there for my other guys that are there because we're all leaning on each other to try to make this whole thing work.

Connections with Supervisory Staff

Participants' viewpoints on officers' relationship with leadership was mixed. Twelve participants felt supported by their leadership while nine participants perceived leadership to be poor. Furthermore, only 10 participants perceived that officers would feel comfortable discussing mental health concerns with their supervisors. Notably, there was an equal number of correctional officers that perceived leadership to be poor (N=4) and leadership as being supportive (N=4). Of those that reported poor leadership, the main issue appeared to be a belief that the supervisory staff did not back their officers. For example, Correctional Officer 8 shared:

> And anytime you have a critical incident like that, it's always extremely important to get debriefing and counseling. I went to my administration multiple times begging for help for my officers so they can help to digest this stuff better and not be long term affected.

> And I was told maybe if I served the inmates ice creams on Wednesday, then they wouldn't try to commit suicide.

On the other hand, only four police officers perceived poor leadership in their occupation; notably, all four officers were employed at a mid-sized city department. For example, Police Officer 12 stated:

> The ones that kind of get into the higher up are the ones that maybe are willing to kind of step, or it's perceived they're willing to step, on people's backs and throw them under the bus for political gain and to climb that ladder. So, after a certain point, you just stop trusting higher brass, because you're like, well, you're gonna burn me at any point just to raise your paycheck a little bit.

Several of the participants (N=7) shared what they perceived to be important qualities for a leader to have in their occupation.

Effective Leadership. Participants indicated that officers prefer supervisors that have worked their way up and are actively involved with the frontline officers. For example, Police Officer 13 noted:

> We prefer a sergeant or lieutenant or a captain that gets out with us and does stuff. Which we're fortunate enough where our direct supervisors actually still do patrol stuff and come out and back us on calls. And they'll give us constructive feedback on our reports and not just, I don't know anyone that would demean someone over report, but I know that probably happens at some point. But they give us constructive feedback and actually help us learn while out on calls rather than calling us into the office over something we've done wrong and berating us that way. So, I think it's better to have someone that's more down to earth on the job with us.

Similarly, Correctional Officer 8 stated, “One of the biggest things I've noticed if a sheriff starts out through the ranks, and he starts in the jail and works his way up, there's more support throughout the agency.” Further responses indicate that officers form stronger connections with supervisors that have an insight into the experiences of the line officers.

Sharing Mental Health Concerns with Supervisors. Participants emphasized the importance of effective leadership in maintaining the mental health of officers. However, only 10 participants perceived that officers were willing to share their mental health problems with their supervisors. Police Officer 12 explained the impact of poor leadership on the mood of officers, stating:

> A bad leader can really affect the platoon…and can change the dynamic completely of like, everybody's happy, then that one really bad leader who's just awful—either they don't know what they're talking about or they're just jerks about it—switches the whole mood. And then that just changes the whole dynamic of your 12 hours.

Likewise, Police Officer 11 shared, “The main point for mental health and officer health is leadership…be a good leader and be there for your people. The difference makes everybody happier. It makes everybody feel more comfortable with expressing concerns and talking.” Similarly, Police Officer 4 emphasized the role of leadership in building relationships with new officers. In response to a question regarding the likelihood of officers discussing their mental health problems, Police Officer 4 stated:

> I think it'd be harder for a newer officer because they're trying to build those relationships. So, I think it's on the supervisor and it's on the partners to kind of foster that relationship. To kind of take them into the fold, you know, and let them know it's okay

> and if you need something to let me know. And that goes back into you know, building relationships outside of work.

Notably, Correctional Officer 2 shared that their facility has a mentorship program to aide in fostering those connections. They explained:

> If you cannot talk to your immediate supervisor, you also can reach out to another department head. We do have a mentoring program and the supervisors and department heads are authorized mentors that you can talk to. If you don't have a connection with five of those, you still have 10 more you can choose from.

Eight of the participants were previously or currently employed in supervisory roles. Responses from those officers indicated that younger, less experienced officers would oftentimes come to them for help in processing their emotions following traumatic experiences. For example, Correctional Officer 7 shared their experience following an inmate suicide, “It was like I became a counselor. Everyone was coming to my office because they've never dealt with that. But when you've been in it quite a while, it's something that you've dealt with, and you can't show emotion [to inmates].” Police Officer 9 discussed similar experiences throughout their career:

> The thing about the younger officers that I was seeing is, you put the uniform on and it's macho. You know, you've got a gun, you got a car, you got a badge, and it's a macho image and they don't want anyone to see their sensitivity. So, they try to toughen everything out. But I also know some officers that went through some pretty bad experiences that did want to talk to someone and they did talk. I've had officers come and talk to me when they've had a bad experience. And you know, being through everything that I been through in the past, I was able to communicate well with them.

Culture. Regardless of their perception of leadership in their occupation, all participants emphasized the importance of building and maintaining a positive culture in the department. As noted in previous sections, the relationship between line officers and supervisors is a significant factor in fostering good mental health as well as reducing turnover. For example, Police Officer 4 stated, "If you have a positive culture…you're gonna have a good department. If you have a negative culture, there's no communication, you're gonna get what you get, and that's why they have the turnover rates that they have. Similarly, Police Officer 6 shared:

> So, I think this department, we have a phenomenal administrative staff, Chief of police, operations Major, the logistics major, everybody who is our administrative side of the house are just great people. I think they genuinely care about us. It makes for a great work environment. That's probably the reason I enjoy it. When I came out of here and was willing to do this job for this pay, is because it was a great work environment.

Similarly, Police Officer 7 stated, "A patrol officer can come in here and walk straight into the chief's office and sit down and have a 20-30 minute conversation about random nonsense and it's very well accepted and it's a 'Thanks for stopping by.'" They further shared, "I don't think there's any hesitation with our guys with intimidation or hesitancy for talking to supervisors or middle level supervisors." Significantly, Police Officers 6 and 7 are both employed at a small municipality which likely contributes to the close connections at the department. Police Officer 10 explained that culture differs significantly between departments and that impacts discussions about mental health. They stated, "Every department is going to be a little bit different. And some departments are going to want to take care of their people. And some departments are going to see [mental health problems] as a red flag and a liability."

Perceptions and Utilization of Treatment Services

The final research question explored officers' perceptions and utilization of mental health treatment services. Participants were asked questions regarding the discussion of mental health, available treatment, as well as the utilization of these services.

Discussion of Mental Health Care

The majority of participants (N=19) stated that mental health care was discussed during officers' initial training as well as during their yearly in-service. Participants explained that a variety of topics were discussed in the trainings including mental health warning signs and coping skills. Specifically, Police Officer 13 stated, "At the academy, we have a dedicated day where we did classroom stuff that talked about officer mental health, mental health awareness, what to do in traumatic events. They always tell us to have a good support system." Furthermore, Police Officer 12 shared:

> My academy was, they had three classes on specifically first responder suicides, mental health, and taking care of yourself. Knowing whenever you're, to put it bluntly, when you're fucked up. Like what to look for and how to be kind of vigilant for yourself and maybe being a little bit open to the criticism like, 'Hey, dude, you're messed up, come on let's go get some help.' So, they talked about that…I was an older guy that went through the group. I was paying attention to it, cause I'm like yeah, it's probably important. A lot of them are 21 and think they're invincible. So, they don't pay attention, or they think it's not gonna happen to me.

However, Police Officer 4 explained that everybody trains differently and that impacts the time spent on mental health. Police Officer 4 further stated, "Especially with my old department, it was almost like they treat them like cattle. You just gotta get them through, so there's bodies on

the road." This indicates that understaffing could impact the quality of training new officers receive.

Notably, 12 officers perceived that mental health care was not discussed outside of mandatory trainings. For example, Correctional Officer 5 stated, "At my old department, we never talked about [mental health]. My first day at the other department, I seen somebody hang themselves, and we never even spoke about it after that. I've never seen anything like that." Likewise, Police Officer 2 shared, "I think they mentioned [mental health treatment] to me in HR back when I started and I'm surprised I remembered." Similarly, Police Officer 4 shared:

> When critical incidents happened? Yeah. Or when bad calls happen? Yeah. But, you know, just for your routine stuff? No, not really. I mean, we do training on it every year, it's part of our 40-hour mandatory stuff. But as far as like, actually being talked about? No.

Significantly, several participants (N=6) shared the perception that the training is insufficient, and therefore officers do not retain the information. Police Officer 7 shared:

> We're required to do yearly training on it. But I'll be the first one to tell you that nobody's getting anything out of it because it's maybe two hours of your life. And automatically, people automatically shut it down. Because it's just, it's so foreign and we don't really understand it. And it's breezed by so quickly that nobody's really had time to actually sit down and look at it and take it serious. So that's a constant struggle in that aspect of it.

Furthermore, Police Officer 12 explained that training outside of the academy is not as effective; they stated, "Those videos, you can literally mute them and let them play through and then take the test after which they're easy tests. Or you can sit there and listen to it, and then it's what you make of it."

Of the nine officers that perceived that mental health care was discussed beyond mandatory trainings, approximately half were correctional officers (N=4). In other words, 50% of correctional officers perceived that mental health care was frequently discussed, while only 38% of police officers perceived the same phenomenon. The four correctional officers explained that they received quarterly reminders relating to mental health care and treatment services. Correctional Officer 1 hypothesized that the increase in discussion is likely related to the prevalence of mental health problems in the occupation. They stated, "I feel as though that people have just now been starting to post it more because of them hearing about someone that they used to work with committing suicide or something along those lines…but it should be posted more." Interestingly, Correctional Officer 7 explained that the increased frequency in training may not have the desired effect. Specifically, they stated, "It's always talked about. It's also one of the things that officers hate training in the most on because you got eight hours with mental health and we're like 'we already know this, we know this.'"

For police officers, responses indicated that beyond mandatory trainings, mental health is typically discussed informally. For example, Police Officer 11 shared, "You'll have some officers, its 3am on Thursday night and nothing's going on, so you all just start talking about it. So, it's not really like a formal counseling, but we talk about it. But you're very picky on who you talk to." Similarly, Police Officer 2 explained that a lieutenant at their department shares anonymous prayer requests every week; they further stated, "It doesn't have to be about officers, it can be about people in the administrative side of it, it can be about people from his church, so that's kind of a unique thing. He's somebody that I would feel comfortable talking to." As discussed previously, the culture surrounding mental health varies between departments. Further

responses indicate that culture can vary on the micro-level; in other words, each platoon at a department can have a different view of mental health. For example, Police Officer 13 shared:

> Specifically, my platoon, supervisors really talk about it and say if we need help, go get it and don't be afraid to tell someone. They say if you're not feeling up to the task that day, don't come into work. Because if you're having a mental issue day, and you're not 100%, it can be a hazard to yourself or others. So, they really stress to try to be 100% ourselves. If we need any sort of help, then they're happy to recommend us places to go to get help.

Notably, Police Officer 13 was employed at the same city department as the four officers who perceived leadership as unsupportive in their occupation.

Services Offered for Mental Health Treatment

Eighteen participants stated that their department provided access to a mental health treatment service that is covered entirely, or in part, by their employee insurance. Two participants believed there was a service but were not directly aware of one, additionally they did note it would most likely be free to them. The final participant, Police Officer 10, stated, "As far as professional medical services and the time off to be able to do this, it's kind of lacking…so no on staff counselors or psychologists or even the ability to refer out to the community for that."

For correctional officers, the primary treatment service was the Employee Assistant Program (EAP) which is a confidential helpline. Correctional Officer 4 explained:

> They strongly encourage people to use [the EAP], whether it's mental health, if it's something at home, or just anything that they can help you with. They strongly encourage you to reach out to this program. And it's there to help you. So even if, for some reason, they felt like there wasn't a person that they knew at the institution that they could talk to. They have this number that they can call and get the help that they need.

Moreover, Correctional Officer 1 stated, "[EAP] is an outside service they offer, I think they give you like six free sessions and then after that you'll have to start paying for it…but they advertise it so that way everyone is aware." In addition to the helpline, participants explained that some facilities offer onsite counseling following major events. For instance, Correctional Officer 5 said, "My department actually has a peer counseling group that goes around. If something really, really bad happens, like we have a death or somebody gets stabbed, or any bad situation, they will bring a team in and talk to them." Participants also discussed the services available to police officers through their departments. For example, Police Officer 11 shared:

> We do have therapists and things along those lines. Its 100% confidential, they can't release anything, and they can't produce your record. They just have to provide [the service]. Same thing with substance abuse. We get randomly drug tested all the time so if someone's found using drugs or alcohol, abusing it, they have to provide help.

Regarding treatment services, Police Officer 3 further stated, "Whatever you need, the department will get it for you."

Officer's Preferred Treatment Service

Participants were asked whether they believed officers would prefer to speak to someone with experience in their field or to a third party. Eight participants perceived that officers would prefer a third party, three preferred someone with experience, and seven stated that officers would prefer a combination of both. The three remaining participants did not share a preference for either. Of those who perceived a preference for someone who had experience in the field, the primary motivation was because they would be able to better understand what an officer was experiencing. For example, Correctional Officer 7 stated, "My opinion would be somebody that does our job that's been out there…somebody in general might not understand. What might seem

trivial to somebody outside of our profession, whoever's in it knows how much of an impact that can have." Similarly, Police Officer 7 said:

> I would say most officers are gonna say somebody who understands it and has the experience of it. It's a very, it's almost like a club if you will, it's pretty much all emergency services, not just the police department. Because it's such a unique job, that not everybody gets to experience what's in that, and not everybody gets to see what's actually going on. So, police officers are very reluctant to let anybody from the outside in. But if you're already in the club, you know what I'm talking about. Then it's much easier for me to use cop talk and you know exactly what I'm talking about and then you can relate to me. It's hard for law enforcement to open up to somebody who's not been in that before.

Comparatively, Police Officer 12 noted, "It kind of goes back to touch on the why we lean on our partner so much. You were there. You've seen it. You've seen the battered women. The freaking husband who beat the kids to death." On the other hand, Police Officer 12 indicated that this preference could be detrimental, stating, "You almost need somebody who's not been like immersed in that to be like…this is more severe than maybe you realize. Where somebody who's been in the field are like, oh you see like hundreds of those a month."

The three officers that indicated a preference for a third party primarily said so because it would guarantee anonymity. Additionally, Police Officer 4 stated:

> You want somebody to have an understanding of what you've been through. But it's also, if you know that they've been through it, it's almost like they already have that judgmental factor of why they're here. So, it's almost better to just have a complete third

> party. That way they have a complete open mind, and they don't understand but you can tell them kind of what's going on.

Similarly, the seven officers that perceived a preference for both primarily indicated it was for the same reasons discussed above (i.e., understanding and anonymity). For instance, Correctional Officer 8 stated:

> I think they would want to talk to somebody that's worked in the field, but away from the facility that had no connection to the facility whatsoever. Because one of the biggest things I learned is that my agency is a gossip mill. And so if I talk to somebody, within two minutes of me leaving that office, it would be through the whole agency.

Additionally, two officers indicated that having an understanding is beneficial, however it could lead to judgment rather than support. For example, Police Officer 13 stated, "…you also don't want someone constantly saying, 'Well, I've been there, I've done that. Here's how you should cope with it.' So, I'd say they probably like a little bit of both." Comparably, Police Officer 6 shared:

> I think, you know, coming from the military, if you have somebody that you can relate to, that person can be very empathetic. They understand where you're coming from. But on the other hand, it could be taken the wrong way and be like, 'Well, why don't you do this? Have you tried that?' And I don't need you to solve my problems. I just need you to listen to me. So, I think that's probably personality driven, who people would be more comfortable talking to.

Furthermore, Police Officer 11 explained that an officer's preference would likely be dependent on what their primary mental health concerns were. They stated:

> If you're struggling with events that have happened and things that you've seen, I would feel more comfortable talking to somebody that's seen it and done it. Just because, a lot of people have never seen a dead body or a lot of people have never seen a gunshot wound or somebody with their head missing or brain matter everywhere. So that's kind of hard to talk about to somebody because you don't want to be like, 'oh, this person is gonna think I'm crazy.' Because I just went to a suicide where a guy shot his head off with a shotgun and now I'm eating my pals in my car. So, depends, if you're just struggling with depression or anxiety, I think I would rather talk to somebody outside department to help, but it's like it depends what you're seeking.

These responses indicate that an officer's treatment preferences are not only impacted by their occupation but also by their personality and what issues they are facing.

Utilization of Treatment Services

The results regarding the utilization of mental health treatment were varied. Only four participants believed they were utilized regularly, six believed they were rarely utilized or only used when needed, six stated the services were not used, and five were unsure. Notably, there were no correlations between the responses and the participants' occupation. The officers that indicated it was regularly used did not elaborate beyond a simple "yes." On the other hand, participants provided reasons as to why they believed the services were underutilized. The primary reason was the stigma surrounding mental health in the field, which will be discussed in more detail in the next section. Police Officer 4 explained that services are typically only used when officers are mandated to undergo treatment. They further elaborated:

> I'll put it like this, a lot of times they don't do it until something happens that puts them in that position to where admins like, 'alright, well, you're gonna go see EAP or you're

> gonna go do this.' And a lot of times it's one of those incidents where it's close to them getting fired or whatever. They're trying to give them a second chance.

Similarly, Police Officer 2 explained that most departments mandate counseling following a major event such as a shooting. However, they also stated, "But they wouldn't do that first. I would reach out to a counselor just because I've done that in the past. But I don't think some people would do that. I think they would die before that happens."

Notably, lack of trust in the treatment services appeared to be a significant factor in utilization. For example, Police Officer 7 shared:

> No, I've not utilized it. I'm just speaking bluntly and honestly, it's because I don't trust it. Because I don't know who that person is. I don't know how much of their time they're going to be willing to give me based off of what they're going to be paid for. Because I know that the pay is probably not going to be what they could make off of something else. So that's one thing that runs through my mind. Plus, I just, I don't know them. I'm not really willing to open up to somebody about my struggles if I don't know who they are.

Along those same lines, Police Officer 9 explained, "I'll be honest with you the reason that I didn't go was because I just didn't trust them. I trusted my shield more than I did going to talk to these people." They further stated, "I didn't know who they were going to talk to or what they will do after I've talked with them." This response, along with others, indicate the importance of complete confidentiality for officers.

Stigmatization of Mental Health Treatment

Seventeen participants noted that stigma significantly impacts officer's willingness to discuss or seek out mental health treatment. Responses indicated that seeking out treatment was often viewed as a sign of weakness. For example, Police Officer 8 shared:

> For 15 years I was there, we had a lot of resources available to us that we could go to in our personnel department, and we could get some help mentally with stuff we were going through…But I know when an officer were dealing with something, either a family issue or marriage issue or an alcohol issue or drug issue, they didn't want to go to seek help. I think most of them just didn't want to. You know, I think it's a stigma or a sign of weakness, maybe? I'm basing this on me when I was there. To me it was seen as kind of a sign of weakness if you went and asked for help, so I think officers were a little more apprehensive about seeking help when they had something going on.

The same stigma was discussed among correctional officers as well. Correctional Officer 7 stated, "Because the stigma in law enforcement is if I admit I have this, then I'm weak. They're going to say something's wrong with me. So, a lot of times, people in law enforcement do not seek out mental health services." Furthermore, Correctional Officer 6 stated that the stigma was especially prominent among the older generation. Specifically, they stated, "Because mental health, especially for the older generation, they look down upon it. They look at it as if you need mental help then you're weak." Likewise, Police Office 12 said, "It's kind of inherited through like the older guys to the younger guys of like, 'You're tough, be tough. You got no problems.'"

As discussed in the previous section, confidentiality is an important factor for officers who wish to seek out help. Responses indicated that officers would often not seek out help if

there was a possibility that their colleagues would find out and see them as week. For instance, Police Officer 7 said:

> I'd say the resources are there, but they're often stigmatized. And officers are very reluctant to use those resources because a fear of that information getting out that they've went and they've used some sort of resources. And then ultimately, speaking from what I've thought in the past and still currently, those things can be used against you. Especially nowadays. Let's say I go out and do that and there's record of that. I've seen it done before, I've subpoenaed people's medical records. And then we get into that case of like, you're not mentally competent to be doing this job now. And so I don't think this has happened, but this is what the officers think. So, they're reluctant to actually use those resources, because they don't want things to come up and just jeopardize their career, jeopardize their family.

Building on that, participants also suggested that officers do not seek out help because they are the ones that others call for help. For instance, Police Officer 11 shared, "You're that person that people call for help. And you're looking to get help? That's kind of ironic. So that plays a part in it. Well, I can't be that person that needs help because I'm here to provide help." Along those same lines, Police Officer 4 stated:

> A lot of times officers just don't want to reach…because they don't think it's normal. For some reason they want to have this tough skin and think that they're superhuman. But you're not, you know, you're human just like everybody else. You feel emotion just like everybody else. And if you bottle it up and you don't let it out. You don't talk about it. It's just gonna get worse.

Six participants perceived that officers that seek out treatment may be treated differently by others in their department or facility. However, these participants did note that this was situational and depended upon the officer. For example, Police Officer 9 stated, “It's going to depend on the officers that that did not go for the treatment. You might have some officers that would make fun of them. You might have some officers that would say "Hey, you okay?” Similarly, Police Officer 12 emphasized the impact of generational differences, stating, “Maybe the older crowd, kind of the saltier vets, that were there whenever [mental health] was not a good thing. I think they may treat them differently.” Additionally, Correctional Officer 8 suggested that media perceptions have made an impact. When asked if officers were treating differently for seeking out mental health services, Correctional Officer 8 responded, “I would have originally said no. But now with the media, I think people have a certain perception.” Notably, Police Officer 6 suggested that some situations required an officer to be treated differently for the safety of themselves and other. Specifically, they stated:

> I don't think that they would be treated differently. But I would imagine there are things, depending on what kind of help they need, where they would have to treat it differently. Like, if I say that I feel like I'm hurting myself, they're probably not going to let me be on patrol. I mean, there's certain things that depending on the severity of your mental health, kind of limits what you can do.

Positive Perceptions of Help-Seeking

While the majority of participants (N=18) discussed the stigma surrounding mental health treatment, approximately half noted that the perception is becoming more positive for some (N=9). For example, Correctional Officer 7 stated, “Nobody's gonna make fun of you for going or anything. Matter of fact, they're probably going to be proud that you stepped out and you got

that help. But we're always gonna be there to have each other's back." Similarly, Police Officer 12 stated,

> Like the newer officers wouldn't [treat them differently]. Like, personally I wouldn't care. I'd actually be kind of glad that they reached out were like, 'hey, I need some help.' And either talk to somebody or get the medication they need or whatever they need. Then I know that they're 100% with it whenever they're with me on the job. Like absolutely go for it. You need help, do it.

Notably, Police Officer 10 stated that the increased rate officers with military experience has impacted the view of treatment. Specifically, they stated, "I think a big push was obviously the amount of officers that we have coming back that have done multiple combat deployments and are in that system receiving mental health. And it becomes a much more normal thing." These findings indicate that the newer generations of officers are working to dismantle the stigmatization of mental illness in corrections and policing.

Chapter Summary

This chapter discussed the content of the interviews with police officers and correctional officers and how their perceptions related to each of the five research questions. Common symptoms and stressors of mental health problems were discussed along with the social connections between officers and their perceptions of mental health treatment. The final chapter will provide a discussion of these findings and address the potential implications associated with the results. Additionally, the limitations of the current study and potential directions for future research will be discussed.

Chapter 5. Discussion

In comparison to officers in urban areas, little research has been conducted on the mental health of police and correctional officers in rural areas (Applegate & Sitren, 2008; Page & Jacobs, 2011; Ricciardelli, 2018; Ruddell & Mays, 2007). To address the gap in the literature, five research questions were created to explore the various factors associated with mental health in policing and corrections. The questions were answered through semi-structured interviews conducted with police officers and correctional officers from across rural Appalachia. The previous chapter provided an overview of the themes identified within the interviews. This chapter will provide a discussion of the results and they related to the existing literature. Furthermore, the implications and limitations of the current study will be addressed and suggestions for future research will be provided.

Research Question 1: Prevalence and Characteristics of Mental Health Issues

The initial research question sought to understand whether rural police and correctional officers experience high levels of mental health problems, and whether certain disorders might be perceived as more prevalent than others. The results of the current study are consistent with previous findings as all participants noted the regularity of mental health problems within their occupations. The most prevalent symptoms of mental illness were changes in mood, sleep disturbances, hypervigilance, self-isolation, and fatigue. These symptoms are most prominently associated with major depression and post-traumatic stress disorder (Mayo Clinic, 2018b; U.S. Department of Health and Human Services, 2017). Additionally, the majority of officers noted that anxiety was common in their occupation. The commonality of these symptoms align with the previous research on the two occupations (Asmundson & Stapleton, 2008; Jaeger et al., 2019; Jetalina et al., 2020; Lerman et al., 2021; Ricciardelli et al., 2021; van der Velden et al., 2010).

Also in line with prior research, symptoms were often listed in conjunction with one another, indicating there is a high likelihood of comorbidity which is consistent with research on AMIs in the general population (Asmundson & Stapleton, 2008; Johns Hopkins Medicine, 2022; Ricciardelli et al., 2021; van der Velden et al., 2010).

Research Question 2: Differences Between Occupations

The second research question explored the potential differences in the perceptions of mental health problems between police officers and correctional officers. Findings indicate that there does not appear to be significant differences in the general mental health of the two occupations. Prior research indicated that correctional officers would have significantly higher rates of mental health problems than police officers (Asmundson & Stapleton, 2008; Jaeger et al., 2019; Jetalina et al., 2020; Lerman et al., 2021; Ricciardelli et al., 2021; van der Velden et al., 2010). However, nearly all symptoms were reported equally among the two samples. Correctional officers did report the perception of restlessness more often than police officers (63% and 23%, respectively). On the other hand, police officers (54%) perceived depression more often than correctional officers (38%). Therefore, when considering mental health as a combination of the various symptoms, there was not a significant difference between correctional officers and police officers.

Research Question 3: Organizational and Operational Stressors

Research question three sought to explore various mental health stressors in order to determine which factors are more impactful on the mental health of rural officers. The results indicated that both organizational and operational stressors are prominent in the two occupations. Consistent with the research on operational factors, all participants shared that traumatic experiences were common, especially those involving death and people in distress (Finney et al.,

2013; Ghaddar et al., 2008; Purba & Demou, 2019). Furthermore, correctional officers perceived exposure to inmates as one of the most significant stressors which aligns with prior findings (Finney et al., 2013; Ghaddar et al., 2008). In regard to organizational stressors, both occupations perceived poor administration, understaffing, and work schedules as significant sources of stress. In relation to these stressors, participants shared that officers are often fatigued and can begin to lose motivation which aligns with previous research (Purba & Demou, 2019; Velasquez & Hernandez, 2019). Notably, participants indicated that the impact of stressors such as procedural tasks can be reduced as officers gain more experience. Furthermore, stressors were identified that were unique to policing or corrections. For police officers, they reported experiencing additional operational stressors, specifically responding to domestic violence calls and wrecks. On the other hand, correctional officers noted additional organizational factors such as overcrowding and high inmate-to-officer ratios.

Media perceptions of officers was noted by several participants as a significant stressor. In addition to impact on stigmatization, many participants perceived that the media influences other stressors such as understaffing and administrative changes. Similarly, participants disclosed that officers were impacted by the Covid-19 pandemic beyond what was experienced by the general population. In line with the available literature, participants reported experiencing mandatory overtime and policy changes (Jennings & Perez, 2020; Novinsky et al., 2020; Stogner et al., 2020). Correctional officers further described having difficulties in managing inmates under the stricter regulations brought upon by the pandemic.

It was hypothesized that organizational stressors would be more significant risk factors than operational stressors; however, the answer appears to be more nuanced than one or the other. When looking at simple frequencies of discussion, organizational stressors were more

commonly discussed among correctional officers while operational stressors were noted more often by police officers. However, both types of stressors were prominent in policing and corrections. Therefore, when taking context into consideration, there is not a clear difference between the two. The results indicate that while organizational factors may be more stressful for officers, operational factors appear to be more traumatizing. In other words, one is no more impactful than the other when taking a holistic approach to mental health.

Research Question 4: Social Support Among Officers

The fourth research question explored the social connections between officers as well as the perceptions of support from leadership. All participants noted the importance of social support among officers. Furthermore, there appeared to be strong support systems in place for both policing and corrections. Officers related their coworkers to family members, emphasizing the importance of forming close bonds with other officers on their shift. This was especially true for officers employed at small departments in rural communities. However, only 70% of participants believed officers would be willing to discuss their mental health with other officers. Moreover, 80% of those officers noted that discussions of mental health only occurred among trusted officers or in times of significant distress. These findings indicate that officers are comfortable sharing work concerns with one another but primarily prefer to confide in family or personal friends regarding their mental health.

The results regarding the relationships between line officers and leadership were diverse. Fifty-seven (57%) percent of participants felt supported by their leadership and 43% perceived leadership in their profession to be poor. Moreover, only half of participants believed officers would feel comfortable sharing their mental health concerns with their supervisors. Notably, 50% of correctional officers perceived poor leadership while only 31% of police officers said the

same. Consistent with prior research, officers shared that effective leadership was key in maintaining a positive work environment (Bezerra et al., 2016; Finney et al., 2013; Lerman et al., 2021; Purba & Demou, 2019). Furthermore, participants shared that lack of support from supervisory staff was one of the primary reasons officers leave a department or facility. Officers emphasized the importance of supportive leadership in fostering productive conversations about mental health. The findings support the current literature as it indicates the significant impact social connections can have on one's mental health.

Research Question 5: Perceptions and Utilization of Mental Health Treatment Services

The final research question sought to further the understanding of officers' perceptions of mental health treatment services; furthermore, this question explored the accessibility and utilization of treatment services. The majority of participants (N=18) were aware of the mental health treatment options provided by their department or facility. As noted in the previous chapter only one participant shared that their department did not offer services for mental health and two participants were unaware of any services. This contradicts much of the literature on the mental healthcare shortage in rural areas (NAMI, 2022; Page & Jacobs, 2011). With that said, many participants explained the services were often provided through partnerships with their city; therefore, it is likely that more isolated departments would not have the same access. The primary form of treatment offered was a confidential helpline (i.e., Employee Assistant Program) or a referral to a community-based service provider. Contrary to prior research, only three participants perceived that officers would prefer to speak to someone who had experience in the occupation (Finney et al., 2013; Page & Jacobs, 2011; Purba & Demou, 2019). Eight participants believed officers would prefer a third party and seven stated they would most likely prefer a combination of both. The results indicate that while officers would like to speak to someone that

understands their experiences, the most important consideration is the confidentiality of the service.

Participants stated that mental health was typically not discussed beyond what is required in mandatory trainings. Specifically, only nine officers perceived that mental health was discussed elsewhere. The primary reason appeared the be the stigmatization of mental illness among officers. Participants explained that seeking out mental health treatment is often viewed as weakness, therefore officers tend to not disclose if they are struggling with their mental health. Notably, 50% of correctional officers and 38% of police officers perceived discussions of mental health beyond mandatory trainings. The results of this section further indicated that mental health is becoming less stigmatized over time. Given correctional officers have more frequent discussions, it could suggest that the stigma is changing more rapidly within corrections.

Implications of the Current Study

The results of this study increased the knowledge of mental health among police officers and correctional officers in rural Appalachia. Prior research has explored the mental health of those employed in poling and corrections, however the literature focused primarily on urban areas. This study provided a baseline understanding of the mental health issues that rural officers experience along with the most prevalent stress factors. Additionally, the study explored the social connections within rural departments and correctional facilities. The findings indicate that social connections are a significant protective factor against mental health problems for rural officers. Given the common understanding that rural cultures are more community and family-oriented than urban regions, this finding suggests that social connections are especially important for rural officers.

Furthermore, the results of this study provided a more in-depth understanding of officers' perception of mental health treatment. Consistent with prior knowledge, findings showed that stigma plays a significant role in the utilization of treatment services. This indicates that in order to increase utilization, departments must work to reduce the stigma surrounding mental health in the occupation. The findings indicate that officers would benefit from more informal discussions of mental health rather than simply relying on mandatory trainings. Moreover, the findings suggest that officers are more willing to use treatment services if they are certain it provides complete confidentiality. Therefore, departments would benefit from a shift towards services that emphasize confidentiality.

Limitations

There are a few potential limitations to this study. First, there was only one researcher collecting and analyzing the data; therefore, there is a possibility that data may have been overlooked or misinterpreted. Second, the findings are limited in its generalizability due to the small and relatively isolated sample size. Third, it is important to recall that officers were asked about their perceptions of others within their respective department, as opposed to their own mental health. As such, it is possible that findings may not feature the same level of validity that would be possible if individual experiences were being assessed. Although, several participants chose to disclose their own personal experiences which may mitigate this limitation. Finally, it should be noted that mental health is a relatively sensitive topic and that some individuals may not have answered truthfully out of a desire to protect their colleagues and/or profession.

Directions for Future Research

This study built upon the current knowledge of mental health in police officers and correctional officers and expanded it to include officers in rural Appalachia. Although this study

provides a better understanding of the topic, there were several concepts that could built upon in future research. One topic that could be further explored is the differing effect of operational and organizational stressors. As previously discussed, the findings indicated that operational factors were more traumatizing while organizational factors were more stress inducing. While both impact officer mental health, it would be beneficial to gain a more nuanced understanding of how officers are impacted by each type of stressor.

Another topic of interest lies within the stigmatization of mental health within the two occupations. Several participants disclosed that officers often perceive mental health training to be ineffective in reducing stigma or at expanding their knowledge of mental health. Accordingly, it could be useful to explore why officers feel that way and how the training could be altered to be more effective. This topic would present an opportunity for an experimental study to determine what forms of training officers find to be most beneficial. Furthermore, some responses indicated that the occupation itself has become stigmatized. As discussed previously, many officers feel socially isolated due to their occupation which lends support to this claim. There is a body of research that has explored the concept of associative stigma among individuals employed in the criminal justice field (Domingue et al., 2022; Eriksson, 2021; Garrihy, 2022; Neuberg et al., 1994). However, it would be beneficial to explore this topic among the rural population.

Conclusion

Mental health problems are highly prevalent across the United States, especially within criminal justice occupations. Police officers and correctional officers frequently experience high-stress, and oftentimes traumatic, situations. Officers face additional stressors brought upon by the organization structure of their department and facility. These constant stressors often have long-

term impacts on the mental health of officers; however, this topic is typically not discussed within the professions due to the stigmatization of mental illness. The current literature on the topic has explored these concepts among urban populations; however, rural environments often invoke additional stressors (e.g., insufficient resources, underfunding). The current study sought to fill that gap by exploring the mental health of correctional officers and police officers employed in rural Appalachia. Results from the interviews provided information on the prevalence of mental health problems, stressors and protective factors, and the perceptions of mental health treatment within this population. These findings provide a strong foundation for future research to build upon. Additionally, this study should increase awareness of the severity of mental health problems, which should in turn motivate those in the field towards more proactive solutions.

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APPENDIX: Interview Guide

Before we begin, I want to clarify that I am not asking about your personal mental health, but instead about your perception of other officers within your department.

1. First, I would like to begin by asking a few simple demographic questions:
    a. How old are you?
    b. What is your current job title?
        i. How long have you been at this job?
        ii. How many hours a week do you typically work?
            1. Is it a set schedule?
                a. If so, do you typically work mornings, evenings, or a combination?
                b. Do you typically work overtime? Holidays?
        iii. Did you have experience in this field prior to this job?
            1. If so, could you describe those positions and how long you were in them?
    c. Are you married?
    d. Do you have any children?
    e. What is your educational background?
        i. Highest level of degree? Major, if applicable?
2. This set of questions relate to your perception of mental health within your occupation:
    a. Do you believe the job impacts an officers mental health?
        i. If so, can you describe the effect?
    b. Have you noticed a difference between the mental health of officers that have been there for some time and those just starting out?
        i. If so, how would you describe the differences?
            1. e.g., personality, mood, motivations
        ii. Do you believe the differences are because of the job?
    c. Based on your perception of your fellow officers, do you believe traumatic experiences are common in policing/corrections?
        i. If so, how do you think that impacts the officer?

d. How prevalent do you think the following are within your department:
    i. Burnout?
    ii. Anxiety?
    iii. Depression?
    iv. PTSD?

3. The next few questions relate to factors that potentially impact an officer's mental health:
    a. What do you consider to be the most stressful aspects of the job?
        i. Are any of them avoidable? Or are they inherent to the job?
    b. Do you believe your department/facility is understaffed?
        i. If so, how does this impact the officers?
        ii. Potential follow-ups:
            1. Are officers expected to work overtime? Weekends?
            2. Police specific: Do officers patrol without a partner? Are there concerns about backup?
            3. Corrections specific: Is there a high officer-to-inmate ratio?
    c. Do you believe you have sufficient resources?
        i. Do you think you have access to sufficient equipment?
        ii. Do you believe your department would benefit from additional funding?
        iii. Corrections: Does your facility have adequate security measures? Is it overcrowded?
    d. Do you think that aspects of the job impact officers' mental health? Which aspects are most impactful in your opinion?
        i. Are you taught coping skills during training? Should you be?
        ii. Do you think that the mental health of officers has changed in recent years?
            1. Has public perception impacted officers?
            2. Has the Covid pandemic impacted them?
4. This next series of questions will focus on the social connections within your department/facility:
    a. How would you describe the social ties between officers?
        i. Do they spend time together outside of work?

ii. Do they share their experiences with one another?
iii. If an officer were struggling with their mental health, do you believe they would reach out to their coworkers?

b. How would you describe the leadership at your department/facility?
    i. If officers have problems or concerns, do you believe they would immediately reach out to their supervisor or would they try to address the issues themselves?
    ii. Do you think this decision would change if the officer's main concern is their mental health?

5. In this last section, I would like to ask a few questions regarding mental health services:
    a. In general, how do you think seeking mental health treatment is viewed in your occupation?
        i. Is it something that is spoken about or acknowledged?
        ii. Do you believe an officer would be treated differently if he/she were receiving treatment?
    b. Are you aware of any treatment options provided by your department?
        i. If yes, are they within the department or an outside service?
            1. Do you think officers would prefer to speak to someone who works or has worked in the field? Or would they prefer to go somewhere more discreet?
        ii. Do you know if your insurance or employer covers the cost of mental health treatment?
            1. Do you believe this impacts officers' decision to get help?
    c. To your knowledge, do officers seek out treatment services if/when they are struggling?
    d. Before we go, is there anything else you would like to add?

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