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THE ATTITUDES OF POLICE OFFICERS TOWARDS
MENTAL HEALTH SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Rebecca Ann Irwin
Jill Adrienne Kays

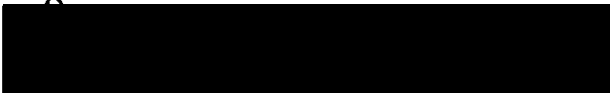
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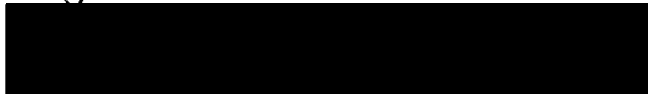
by
Rebecca Ann Irwin
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June 2013

Approved by:



Dr. Janet C. Chang, Faculty Supervisor
Social Work

6/5/2013
Date



Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

The purpose of this study was to investigate the attitudes of police officers toward mental health services. The study employed a quantitative survey design using self-administered questionnaires. Participants completed the survey anonymously and returned responses via Internet. The sampling criteria for the study consisted of law enforcement officers employed by the California Highway Patrol. There were 157 completed surveys returned.

The study found that police officers are open to seeking mental health services as long as they are informed of how and where to receive mental health services within their agency. The study also found that the longer an officer has been in the law enforcement profession, the more likely he or she was to seek mental health services. The study showed a significant correlation between length of time in law enforcement and mental health seeking behaviors. Findings of the study will help social workers provide better decisions in clinical practice when working with law enforcement officers. A recommendation for future research would be that various law enforcement agencies throughout the

United States be surveyed in order to have a fair
representation of the law enforcement population.

ACKNOWLEDGMENTS

This research and study would not have been possible without the support from my husband James Kays. For understanding my long days away from home and nights at the computer I'd like to thank my children, Caterina, Caleb, and Belle.

I would like to thank Dr. Janet Chang for helping us along the way with this project, and offering her valuable insight and knowledge to us.

Finally I would like to thank my partner in this project, Rebecca Irwin for her dedication and helping to keep my sanity throughout this research.

Jill Kays

Foremost, I would like to thank my mother, Laura Barraza, for her unconditional love and wonderful words of wisdom. Your constant support and encouragement is what drove me to succeed on my educational journey. I will always be grateful for your endless support.

A special thanks to Warren Stanley, Assistant Commissioner, Field, Jon Rodriguez, Assistant Commissioner, Staff and the California Highway Patrol for supporting this research and to the men and women who laid down their life rather than swerve from the path of

duty. Thank you for your ultimate sacrifice and may God bless your families.

I would like to express my greatest gratitude to Max Santiago, retired Deputy Commissioner of the California Highway Patrol, for his constant support and advocacy. You helped me turn the impossible into a reality with your encouragement and guidance. You allowed me to share my dreams, inspired my vision, and joined me on a journey through laughter and tears.

-Rebecca A. Irwin

DEDICATION

We would like to dedicate this research problem to
our fathers.

David Charles Simpson (1957-2010)

and

David Duane Irwin Badge #7770 (1946-2000)

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CHAPTER ONE

INTRODUCTION

Problem Statement

Beginning their careers in top physical, emotional and mental health, police officers often retire early or die due to a multitude of psychological and physical disorders. The problems or challenges studied in police officers include poor job performance, increased accidents, marital discord, depression, suicide, and posttraumatic stress disorder. Most officers will not seek mental health services for these problems due to the cultural atmosphere of the law enforcement profession (Kim & Martin, 2002). The inherent nature of the law enforcement profession prohibits the immediate discharge of emotions. The cultural norm of the law enforcement profession is that it's not appropriate for a police officer to ventilate in public when he or she has been given the responsibility of maintaining stability for others. The cultural stereotype of law enforcement is that he or she is a strong authority figure and is perceived as a problem solver. For many crime victims, the officer is the first psychologist on the scene not an

individual that may need services of a psychologist or mental health professional.

The environment cultivated within police agencies makes officers think they are superhuman, with no weaknesses (Kim & Martin, 2002). In reality police officers are a high-risk population because of the heightened experiences they face. Police officers are often hyper vigilant because they view the world from a threat based perspective. Officers are exposed every day to a series of unknown events, any one of which could be perfectly harmless or lethally dangerous. As a coping mechanism, the individual officer may not acknowledge his or her risk factors, as well as ignore the problem and need for individual counseling. Police officers are also highly resistant to any form of educational prevention programs or treatment for imminent acts of destruction (Waters & Ussery, 2007). Officers often feel they do not have to try to explain or deal with events outside their comfort zone. Creating this distance is a much less painful way of facing the emotional challenges of police work, but suppressing emotions is often a precursor to the development of stress related disorders (Kim & Martin, 2002).

Police agencies have always paid more attention to job training and job related skills rather than providing resources to maintain officers' physical and mental health. Coupled with resiliency all are proven to be tools of survival. Even when physical examinations and psychiatric screenings are provided, they are usually underutilized and often misinterpreted (Waters & Ussery, 2007). Current goals of the law enforcement agency are training individuals who possess the physical characteristics needed to survive. Agencies typically focus on training physically capable officers, not training emotionally healthy officers as well.

Officer safety training, no matter how essential and valid, should not have to be the only priority in training. It does not need to be at the expense of training in the realities of the emotional effects of a law enforcement career. Street survival training does not address the full picture of risk exposure for police officers. The training does not address self-destructive behaviors such as depression, social isolation, and chronic anger experienced by most police officers sometime in their career. Agencies need to keep in mind that many aspects of an officer's life are not so readily

visible. The journey through the police career clearly takes its toll. Suicides are just the tip of the iceberg of emotional damage. The depth of the mental health disparity in these officers often goes untreated due to agencies and officers minimizing the emotional damage. While officers appear to be strong in the streets, they are losing the war of emotions within themselves. Officer suicides averaged about 300 per year throughout the 1990's in the United States, while only sixty-nine officers died feloniously (National P.O.L.I.C.E. Suicide Foundation, 2003). This numerical difference between felony death and suicide should raise significant concerns among both police officers and agencies, but unfortunately, this astounding information often falls on deaf ears.

Law enforcement agencies do not have a protocol in place to recognize how an officers emotional stress is linked to their self-destructive behavior, and how beneficial counseling provided by a social worker would be. Revamping coping resources and recognizing the psychological and emotional needs within law enforcement would benefit police officers greatly (Page & Jacobs, 2011). Many factors hamper the accessibility to

psychological counseling such as lack of funds, proper resources, and possible stigmatization.

Many police officers perceive seeking help from a mental health professional or labeling an emotional problem as contrary to what makes a successful police officer (Kim & Martin, 2002). Male law enforcement officers are far more likely to stigmatize counseling activities and tend to have more negative attitudes toward seeking psychological help than female law enforcement officers (Wester & Sedivy, 2010). The primary explanation for this seems to be admitting the need to seek out help suggests failure and weakness.

Characteristics which tend to counter the socialized role of a police officer (Wester & Jacobs, 2010). Individuals who are having the greatest difficulty ignore their symptoms but are shunned by their coworkers who often recognize the symptoms and wish to avoid being associated because of their own socialized beliefs. This in turn increases maladaptive coping behaviors ranging from nicotine abuse to excessive exercise, family disputes, domestic violence, and suicide (Webster & Sedivy, 2010).

The research question investigated the attitudes of police officers towards counseling. This research will

clarify whether police agencies should have mandatory counseling services, individual counseling, program, and/or group therapy. This research will identify the obstacles or barriers and clearly state the benefits of counseling through statistical data collected.

Purpose of the Study

The purpose of this study was to investigate the attitudes of police officers toward mental health services and the perceptions of police departments toward the promotion of dependable support systems and mandatory counseling in the work environment. Understanding the culture and norms within a law enforcement agency is critical to the well-being of officers and the communities they serve. This study addressed why officers are hesitant to seek mental health services. Exploring this topic and expanding the research will help to gain an understanding of the organizational and cultural barriers an officer faces in regards to seeking professional mental health services. This study's goal was to understand how to provide the best mental health services while respecting the unique challenges, cultural norms, and ideologies within law enforcement agencies.

Police officers within an agency setting are a strongly insular group, meaning they are usually reluctant to talk to outsiders for fear of being portrayed as weak. They feel the communities they are serving, their peers at work, and superiors may view them as weak and incapable of carrying out their sworn duties and responsibilities.

After traumatic events occur, officers usually receive a type of critical incident debriefing and a stress management tool to utilize in order to normalize the event. This is problematic because it can create maladaptive coping skills, such as excessive alcohol use, domestic violence, and revictimizing the officer. Law enforcement agencies need to integrate a mental health service program that is committed to intervention services and crisis support. Full commitment and cooperation of the agency and the administration would be in effect to have the greatest impact by mental health service program.

Within these mental health services full confidentiality, with the exception of harm to oneself or others and admission of a serious crime, should be stressed in order for officers to feel open to discussing

post incident emotions. This confidentiality is critical in gaining full support and attendance of the officers within the law enforcement agency.

A quantitative survey was used to understand the attitudes of police officers towards seeking mental health services. A self-administered questionnaire addressing police officers attitudes towards seeking professional help was available online. This instrument measured participants' attitudes about mental health services and counseling. This questionnaire method was used due to the short time restraint of both the researchers and the participants.

Significance of the Project for Social Work

This study contributes to social work practice by improving the understanding of law enforcement culture and norms. Social workers have education in the Generalist model which includes the steps of engaging, assessing, planning, implementing, evaluating, follow up and termination. These steps encompass the multifaceted needs police officers experience when dealing with trauma. This study addresses the evaluation and assessment of police officers' thoughts towards mental

health services. The assessment of police officers attitudes will help to address their various functions within numerous settings. Once assessments have been completed a greater understanding of police officers maladaptive behaviors and negative connotations of mental health services will be known. Findings of the study will help social workers provide better decisions in clinical practice. The results of this study will also help social workers understand how law enforcement persons manage and meet their basic emotional needs.

The study will also contribute to policies related to mental health services in law enforcement agencies. These policies would include providing funding for programs built in to the training process. Mandated exposure to mental health services during academy should be included for the incoming cadets. Crisis counseling and peer groups lead by a professional mental health provider should be required after traumatic events. Required classes conducted by a mental health provider addressing alcoholism, domestic violence, stress, infidelity, and suicide should be offered throughout the lifetime of an officers career.

The findings of this study will contribute to the current body of knowledge regarding police officers attitudes towards mental health services. This area of study needs to be further explored in order to properly support the law enforcement population and their role in the community.

CHAPTER TWO

LITERATURE REVIEW

Introduction

A review of the professional literature focusing on specific factors related to police officers and law enforcement agencies will be presented in this chapter. Stigma and other cultural factors within law enforcement will be addressed and examined. This chapter ends with a section on the theory that guided the conceptualization of this research study.

A self-stigma can be defined as the fear of losing respect or self-esteem for seeking a mental health service (Wade, Post, Cornish, Vogel, & Tucker, 2011). A public-stigma is the reactions of the society towards individuals who seek mental health services (Bathje & Pryor, 2011). Several studies have addressed both of these stigmas when law enforcement persons seek mental health and this is where the emphasis of this study will be. Vogel, Wade, and Hacker (2007) stated that stigma is the most common reason people don't seek counseling for their mental health needs.

Police Culture

Page and Jacobs (2011) found that the police profession has had a lack of psychological information available to them, mistrust of non-police personnel, and wanting to handle their own maladaptive behaviors, this instead of trusting social work services to help provide mental health relief. Officers are often taught to take control right away in every situation and to handle these situations alone. Officers are also often taught to be cautious opening up emotionally to individuals with no law enforcement experience (Page & Jacobs, 2011). They suggested that officers desire to talk to other officers rather than a social worker. Page and Jacobs (2011) stated that out of a sample size of 758 officers, the majority of officers (63%) spoke to a fellow officer after a critical incident, death, shooting, or serious injury compared to the much smaller group (9%) that spoke to a psychologist or social worker. They indicated the law enforcement profession has the mentality that society is divided into an "us" versus "them" where only "like minds" can understand their pressures and demands. Page and Jacobs (2011) found prevention programs, early intervention, and treatment-based programs to be more

effective when addressing maladaptive behaviors and stressors in comparison to individual therapy provided by a social worker.

Martinussin and Burke (2007) found the degree of autonomy a police officer experienced in their work and social support from supervisors and coworkers was directly correlated to how the officer dealt with stressors and level of job satisfaction. The study found emotional support, recognition, practical assistance, and information support from coworkers and supervisors to be more effective than having access to individual therapy provided by a social worker.

Furthermore, Brown, Plebanski, and Swenson (2009), not only explored the stigma of mental illness and mental health services, but expressed the importance of understanding life's entire context. This study explored 230 law enforcement personnel in the Midwest and how their mental health wellness is impacted by the relationships of extended family, friends, peers, supervisors, and subordinates. These assessments serve best to understand how an individual functions in a number of settings. Law enforcement and non-law enforcement personnel were studied across a variety of

settings in order to find clues as to how law enforcement personnel managed and met basic emotional needs. This study supported William Glasser's Choice Theory maintains every person has five basic needs: survival, love, fun, power, belonging, and freedom. According to this study, every person chooses ways in how those needs will be fulfilled, but other emotional needs are met in various ways and to different degrees situationally.

Brown, Plebanski, and Swenson (2009) found that home relationships and an extreme sense of belonging was essential in maintaining mental health wellness. The sense of belonging was reported as most important because relationships with others is the beginning of fulfilling their other needs. This study concluded that individuals entering the law enforcement profession should be counseled on the unique needs that exist within their occupation. The research encourages law enforcement officers to seek support from their immediate families at home in order to maintain mental health wellness.

Masculinity and Stigmatization

Schaub and Williams (2007) explored the nature of help seeking, expectations of counseling, and masculine

gender role conflict. They propose the nature of help seeking often runs oppositional to masculine values like emotional composure, independence, status, and power. Negative opinions towards help seeking behaviors are often a higher drive toward success and power and limited emotionality.

Schaub and Williams (2007) suggests male gender roles may affect all variables surrounding research. This research suggested that men develop masculinity scripts through socialization. These scripts encourage success, power, competition, dominance, and hostility. Gender roles and masculinity scripts attribute to an officers fear of seeking mental health services. The stigma and perception of treatment has shown to have a direct impact on counseling self-efficacy. Given the impact of socialization, Schaub and Williams (2007) hypothesized some men may be more open to less vulnerable forms of counseling. Online counseling can help ease hesitation surrounding mental health services by elevating privacy and minimizing the possibility of stigmatization. Furthermore, the study has suggested that a person's thoughts and desired outcomes about mental health services is associated with crucial points in counseling

related paradigms, including work alliances, effective service delivery, and willingness for change.

Fitzgerald and Robertson (1992) also explored the masculine scripts and mystique that hinders American men from seeking counseling. This study purposed that many men were taught that dominance, control, and power is essential in maintaining their masculinity; that feelings, emotions, and weakness are to be avoided; that masculine control of self, others, and the environment are essential for men to feel secure and powerful. These scripts conflict with the very essence of counseling which require self-awareness and exposure of emotions. In addition many counselors encourage clients to express vulnerabilities and explore life openly. Given these conditions, it seems understandable that men would avoid counseling because such services would require them to consider failure, cooperation, and vulnerability. This study clearly explores the conflict between masculine socialization and the expectations of traditional counseling. The results of the study supported the hypothesis that if masculine socialization increased reluctance to enter counseling also increased.

Graef, Tokar, and Kaut (2010) examined men's attitudes toward and willingness to seek career counseling by exploring the unique masculinity constructs that exist within society. The study states that men's reluctance to counseling is in blunt contrast to the range and severity of the problems that affect them. Therefore, it is important to identify the reason why men have such strong negative attitudes toward counseling. The gender role socialization paradigm has defined what is acceptable and gender appropriate. For example, boys and men have been inscribed by society to be in emotional control, tough, and self-reliant, all of which are adverse attitudes and tasks associated with mental health services. The study explained masculine ideology and the pressures associated with conformity to masculine role norms that define the standards of men's behavior. Graef, Tokar, and Kaut (2010) found that men's greater endorsement of the avoidance of restrictive emotionality and self-reliance was correlated with negative general help-seeking attitudes.

Public and Self-Stigmas

Vogel, Wade, and Hackler (2007) examined the perceptions of public stigma and how self-stigma could influence an individual's attitudes and actions in seeking help for psychological related stress. The sample for this study was 680 college students, mostly consisting of first and second year students and evenly split between men and women. The study found that self-stigma can mediate between public stigma and a willingness to seek counseling services. Knowledge of these mediators is important in regards to clinical practice because public stigma is difficult to overcome (Vogel, Wade, & Hackler, 2007). Understanding self-stigma and its effects by giving options to help promote mental health services in underserved populations, such as law enforcement, is a useful tool for any mental health service provider.

This can be further confirmed by Wester and Sedivy (2010) who surveyed 178 male law enforcement officers to find out the stigma associated with counseling could be accounted for the few benefits and great risk of counseling among law enforcement agencies. Also shown during this study was that men were more likely to stigmatize counseling activities. To a limited

extent stigma associated with mental health services (counseling) helped ease the relationship of an individual's attitude towards counseling and their willingness to seek counseling. Wester and Sedivy (2010, in their studies determined there were two types of stigma: self-stigma and public stigma. Wester and Sedivy (2010) state "Public stigma is an attribute, behavior, or reputation which is socially discrediting in a particular way." When an individual is stereotyped in a negative way and rejected is public stigma. On the other hand, self-stigma is how an individual feels about themselves if they would decide to seek help from a social worker or another mental health professional, a loss of self-esteem. Wester and Sedivy (2010) found this type of stigma to be most likely associated with men's general perception of counseling and psychotherapy. Wester and Sedivy (2010) also found that perception, and a positive outcome expectation associated with counseling, reduced feelings of psychological distress, contributed to lower levels of stigma being attached to counseling reducing experienced dissonance. But if one anticipates a negative outcome associated with counseling, such as a fear of disclosure of painful feelings or fear of professional

sanction, one attaches greater levels of stigma to counseling activities..

Bathje and Pryor (2011) conducted a study of 211 college students using multiple questionnaires addressing stigmas, both public stigma and self stigma, helpseeking attitudes and intentions to seek counseling. The purpose of the research was to build on existing literature about stigmas and help seeking attitudes. Bathje and Pryor (2011) wanted to explain and explore how the separate effects of being aware and endorsing public stigma effected self stigma and the attitudes of individuals towards seeking mental health services. It was found that endorsement, the belief and perpetuation of the stigma, of public stigmas and self stigmas directly were related to the attitudes of seeking mental health counseling. The findings showed different aspects of stigma had different roles in the influencing of attitudes towards seeking counseling. Bathje and Pryor (2011) stated harm to self esteem caused by stigmatizing beliefs were the main reasons individuals held negative beliefs towards seeking counseling, this combined with awareness that mental illness is stigmatizing is what stops individuals from seeking mental health services.

Corrigan (2004) explored the discriminatory implications, behaviors, and irrevocable harm of the stigma associated with mental illness and mental health services. Corrigan (2004) indicated stigmatization of individuals were manifested by bias, fear, embarrassment, anger, isolation, and distrust. Stigma leads others to avoid socializing, working with, or employing people with mental health disorders. This study suggested most members of the public were aware of the discrimination and adopt such views because they are relatively effortless and accessible through the social pressures that govern our society. When such discriminatory behaviors are displayed by power groups such as employers, criminal justice professionals, and policy makers the life opportunities of those who are stigmatized are limited. Institutional and organizational factors have also impeded stigmatized individuals from accessing goods and services. Corrigan's research has identified several stereotypes that were problematic for those who may seek mental health services. These stereotypes support the notion that people who seek mental health services are incompetent, weak in character, and dangerous. These responses can be

categorized into four groups: withholding help, avoidance, segregation, and coercion.

The study found to advocate and change the stigma of mental health services, agencies rely on research of other groups that are stigmatized such as African Americans and the LGBT populations. Programs for mental health services are then modeled and developed off of these types of existing services. Tackling the idea of changing the public stigma of these groups often includes protest, contact and education. Results have shown that brief educational programs have led to the significant improvement of attitudes toward mental illness and mental health services.

The positive relationship of self-stigmas and public-stigmas with help-seeking counseling behaviors has been identified in multiple studies. Instead of examining the relationship with those previous ideas, Wade, Post, Cornish, Vogel, and Tucker (2011) explored the idea of stigmas occurring in those already receiving treatment in counseling, particularly in a group counseling setting. In a study of 263 undergraduate students at Iowa State University, Wade et al. (2011) indicated individuals had a significant decrease in self-stigma for seeking

counseling once they had participated in a group counseling session. This study contributes to the growing body of research on stigmas by examining how stigmas effect a person before and after a group counseling session. Wade et al. (2011) gives two reasons as to why individuals self-stigmas are decreased following an initial group counseling session. Greater perceptions of working alliance-bond and the session depth both contribute directly to reducing self-stigmas in those receiving counseling.

Implications for Clinical Practice

Many law enforcement agencies and police officers have questioned the need and effectiveness of social work services in their profession. Carlan and Nored (2008) explored if the department could influence officers to seek counseling and how this would effect maladaptive behavior and stigma. According to Carlan and Nored (2008), police departments that promoted counseling benefitted from officer stress reduction. Also suggesting stigma is in officers hesitation in seeking counseling due to their reluctance to share apprehensions with coworkers. Carlan and Nored (2008) have shown that

officers who have had a positive counseling experience have less stress and a greater willingness to use counseling. Carlan and Nored (2008) found that those individuals who had access to social work services within their department were more willing to request support in a stressful situation and were more likely to have high self-esteem, positive outlooks, and had greater job satisfaction.

Furthermore, Waters and Ussery (2007) stated that most officers had not sought to use existing counseling services because of "cultural influences" of the law enforcement profession. Police officers were more likely to seek support from their coworkers rather than seek support from outsiders. Police officers have been reluctant in seeking counseling from an outside mental health professional for the fear of appearing weak in the eyes of their community. The study mentioned in order to overcome the barriers of this "culture" two main items must be addressed, confidentiality and the social workers proficiency of the job. Waters and Ussery (2007) found that a confidential hotline for police officers was more effective than face-to-face therapy with a social worker. The hotline was answered by retired police officers

trained in assessment and in crisis intervention techniques. These volunteers would conduct interviews that would lead to a referral to a licensed mental health professional that had police experience.

Theories Guiding Conceptualization

The theory used to guide this research proposal is modified labeling theory. The basic conceptualization of MLT is when an individual holds a negative external perception of those with a mental illness it will effect their self esteem if they are labeled with having a psychological problem. This is called a self-stigma. A public stigma is the general public's negative thoughts and actions towards those who have a mental illness. Corrigan (2004) found that attempts to prevent public and self-stigmas cause people to not seek counseling services.

When modified labeling theory is applied to this research it can be seen that officers who are already held to a high standard of masculinity and machismo would not want to be seen as a person who is seeking psychological help. An officer's career character would be put on the line if they were to admit to a weakness.

They would hold not only a negative self-stigma but also be stigmatized by the public and peers.

CHAPTER THREE

METHODS

Introduction

This section includes an in-depth explanation of the methods and procedures that were used in conducting this research study. This chapter discusses design of the study, the sampling methods used, data collection and instrument. It also includes procedures and protection of human subjects, as well as the methods for data analysis.

Study Design

This study is needed due to the lack of research on factors influencing the attitudes of police officers toward mental health services. This research study explored the issue of police culture and stigma and how it relates towards the attitudes of officers' help seeking behaviors. The data found could potentially help clinicians to understand police officers attitudes and behaviors when seeking mental health services.

The study utilized a quantitative survey design using self-administered questionnaires accessed online. Information was gathered to identify participants' attitude toward mental health services using the

questionnaires. A packet including an introduction letter, informed consent, survey questionnaire, and debriefing statement was emailed to each participant via SurveyGizmo. Participants completed the survey anonymously and returned responses via Internet. The sampling criteria for the study consisted of law enforcement officers employed by the California Highway Patrol who work in the Southern California Division. There were 157 complete and valid surveys returned.

The rationale for choosing a quantitative research design was primarily due to the study's time constraints, convenience, and low cost. Confidentiality was also maintained using a quantitative research design. Furthermore, the design selected ensures the researchers' values and biases do not encroach on the respondents' responses or the interpretation of data. Moreover, a survey questionnaire design was appealing because of the ease of collecting data from a large population at one point in time.

However, several methodological limitations apply. First, survey questionnaire designs tend to have a low response rate. This limitation was to be addressed by sending follow up email reminders and reminding

participants that responses are anonymous, confidential, and of critical importance in studying the attitudes of police officers toward mental health services. However, this was not necessary due to the high volume of surveys returned. Another limitation was the potential that participants' responses may be untruthful, biased, or questions may be left unanswered, as police officers could feel threatened to state exactly how they feel about their personal need to seek out mental health services. Additionally, utilizing a survey design limited the researchers' ability to observe nonverbal cues and probe into the participants' answers for further elaboration and comprehension. Finally, the current study is limited by its focus on only one police agency located in the Southern California Division. This may limit the generalizability of the results.

Sampling

The sample for this study consisted of police officers currently working in the Southern California Division employed by the California Highway Patrol. For purposes of selecting participants, convenience sampling was employed. The sampling criterion was that every

participant must be over the age of eighteen and a current police officer in the Southern Division of the California Highway Patrol. There are a total of 359 uniformed California Highway Patrolmen in the southern division who are qualified to participate in this study, totaling up to a possible sample size of 359. A survey questionnaire was provided to all 359 law enforcement officers, and there was an expected response rate of 50 percent. Ultimately, the sample size depended on the number of surveys returned.

Data Collection and Instruments

Data for this study was obtained using a self-administered survey questionnaire. The questionnaire is made up of 32 questions pertaining to attitude toward seeking professional help, help seeking behaviors, previous experience of mental health services, and demographic information, all of which were modified from previous research (Fischer & Turner, 1970).

Specifically, the demographic section includes questions on age, gender, ethnicity, marital status, years of law enforcement experience, and years employed by the California Highway Patrol. Police officers'

attitudes toward mental health services were measured using items modified from the Fischer and Turner (1970) study on the Attitude Toward Seeking Professional Help (ATSPH). The ATSPH measures four subscales: "recognition of need for psychotherapeutic help", "stigma tolerance", "interpersonal openness", and "confidence in a mental health practitioner" based on a Likert scale, the Likert scale being 1 agree to 4 disagree (Fischer & Turner, 1970). For example If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy (Fischer & Turner, 1970). Additional questions were have you ever experienced mental health distress since being in the California Highway Patrol? If I thought I needed psychiatric help, I would get it no matter what (Fischer & Turner, 1970). The ATSPH has an adequate internal reliability of .86 (Fischer & Turner, 1970).

Procedures

The initial step in conducting this research was to gain permission from the California Highway Patrol to conduct the study. A research proposal describing the nature of the study and asking for approval was presented

to the Commissioner of the California Highway Patrol. Potential study participants included all CHP officers employed out of the southern division. An email briefly describing the study was sent out in January and February of 2013, which included a SurveyGizmo link with a letter of introduction, informed consent, survey questionnaire, and debriefing statement.

The first form in SurveyGizmo was an introductory and instruction letter (Appendix A). This letter provided participants with the purpose of the study, risks and benefits to participants, and instructions on completing the informed consent and survey questionnaire.

Participants were given until March 1, 2013 to complete and return the informed consent and survey questionnaire via SurveyGizmo.

Consent to participate was obtained through the use of an informed consent form (Appendix B) in which participants were instructed to click accept to grant their willingness to participate in the study. Additionally, participants were asked not to input any identifying information such as name, telephone number, or address in order to maintain confidentiality throughout the study. The self-administered questionnaire

(Appendix C) included 32 questions taking approximately 10 to 15 minutes to complete. In conclusion participants read the debriefing statement (Appendix D) once they completed the questionnaire.

Protection of Human Subjects

The researchers made all conceivable efforts to ensure the protection of participants' rights and welfare. First, participants were provided an informed consent form to inform them of voluntary participation, the purpose of the study, risks and benefits to participants, and the right to withdraw participation at any time without consequence. The participants were informed that they have the right to leave any question blank if they feel the question would have revealed their identity. In addition, the participants received a letter explaining the purpose of the research project, the risks, and benefits, and the measures used to ensure confidentiality. The data was reported in-group format in order to ensure confidentiality of each participant. Lastly, a debriefing statement was included at the end of the questionnaire outlining a contact number to reach the faculty advisor supervising this research study, a

statement of when and where the findings of the study will be available, and a mental health referral was provided in case the study caused suffering. Furthermore, participants returned the informed consent and survey questionnaire which was collected through a password protected computer. The questionnaire responses were stored in a protected file and all information was destroyed at the conclusion of this study.

Data Analysis

The study employed quantitative techniques analyzing relationships among variables. Descriptive statistics were used to summarize demographic and job related data using frequency distributions, measures of central tendency (e.g., mode, mean) and measures of variability (e.g., standard deviation). Additionally, inferential statistics were used to assess the relationship between officer's attitudes toward mental health services and some demographic variables such as age, gender, education, and experience in law enforcement.

Summary

The research method employed in this research study was a quantitative survey design, using convenient

sampling and self-administered questionnaires. Participants were recruited from the southern division of the California Highway Patrol. The sample consisted of 157 male and female CHP officers of varying age, ethnicity, law enforcement experience, and length of employment with the California Highway Patrol. The questionnaire was made up of demographic information and several sections pertaining to the recognition of need for psychotherapeutic help, stigma tolerance, interpersonal openness, and confidence in a mental health practitioner, all of which were modified from previous research. The descriptive and inferential statistics gathered were used to analyze the data.

CHAPTER FOUR

RESULTS

Introduction

This chapter consists of the findings of the current study. Demographic characteristics of the participants are reported using descriptive statistics provided by the California Highway Patrol officers. Participants' attitudes towards seeking professional help are reported using descriptive statistics. Inferential statistics was used when analyzing the relationships of the independent and dependent variables.

Presentation of the Findings

Demographic Characteristics of the Respondents

Table 1 shows the demographic characteristics of the respondents. There were a total of 157 California Highway Patrol Officers who participated in the study sample. The majority (85%) of participants were male with less than 15% of participants being female. The age range was 27 to 57 years with the mean age of the participants being 42 years. More than half (69.2%) of the respondents were between the ages of 35 and 50. The majority of participants have lived in the United States since birth.

More than half (53%) of participants have a college degree with 7.1% being Post-Baccalaureate degrees. Participants had an average of 17 years of law enforcement experience with 16 of those years being employed by the California Highway Patrol.

Table 1. Demographic Characteristics of California Highway Patrol Officers

Variable	Frequency (n)	Percentage (%)
Gender (N = 156)		
Male	132	84.6
Female	20	12.8
Age (Mean = 41.74, SD = 7.09)		
27-30	9	6.1
31-40	58	39.1
41-50	64	43.0
51-60	18	11.8
Highest Level of Education		
High School Diploma	4	2.6
Some College	67	42.9
College graduate	72	46.2
Graduate/ Professional School	11	7.1
Years serving in Law Enforcement		
0-10	26	19.8
11-20	59	44.7
21-30	50	35.6
Years Employed by the Highway Patrol		
0-10	27	20.5
11-20	62	47
21-30	43	32.5

Mental Health Distress of Officers

Table 2 represents the mental health distress experiences of officers. The majority (62%) of officers surveyed reported that they had not experienced mental health distress, while 38% reported having experienced mental health distress in their lifetime. The responses of California Highway patrol participants showed 60% have not experienced mental health distress since being employed at the CHP. Whereas 39% reported having experienced mental health distress at some point during their career with the CHP.

Table 2. Mental Health Distress Experiences of Officers

Variable	Frequency (n)	Percentage (%)
Have you ever experienced Mental Health distress?		
Yes	59	37.8
No	96	61.5
Have you ever experienced Mental Health distress since being in the California Highway Patrol?		
Yes	61	39.1
No	94	60.3

Attitude Toward Seeking Professional Help

Table 3 presents the frequency distribution and percentage of participants attitudes towards seeking

professional help. Items 1-18 are derived from the Fisher & Turner (1970) Attitudes Toward Seeking Professional Psychological Help scale.

Item 1 of the scale states I would feel uneasy going to a psychiatrist because of what some people might think, the majority of respondents (71%) indicated that they either strongly agree or agree with this statement. Only 30% reported that they either strongly disagree or disagree with the statement.

In terms of Item 2, A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist, 72% of the respondents either strongly agree or agree, while 28% either strongly disagree or disagree with this statement.

There are certain problems which should not be discussed outside of one's immediate family was Item 3. The amount of respondents who agreed (49%) or disagreed (51%) was almost split evenly between the answers.

Item 4, If I believed I was having a mental breakdown, my first inclination would be to get professional attention, 60% of participants either strongly agreed or agreed they would seek professional

attention. While 40% strongly disagree or disagree with the statement.

In terms of Item 5, Keeping one's mind on a job is a good solution for avoiding personal worries and concerns, the great majority (70%) either strongly disagree or disagree with this statement. The amount of participants who strongly agree or agree was only 30%.

With Item 6, I would rather be advised by a close friend than by a psychologist, even for an emotional problem, 48% would seek advisement from a friend while 52% would not.

For Item 7, a person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help, 58% of respondents agree with this statement, While 40% disagree with it.

The great majority (88%) of respondents disagree with Item 8, I resent a person-professionally trained or not-who wants to know about my personal difficulties; with 12% responding with agree or strongly agree.

In terms of Item 9, I would want to get psychiatric attention if I was worried or upset for a long period of time, 69% agree and 31% disagree. Similarly, the findings of Item 10, the idea of talking about problems with a

psychologist strikes me as a poor way to get rid of emotional conflicts show 86% of participants responding with either strongly disagree or disagree and 14% responding with strongly agree or agree.

Having been mentally ill carries with it a burden of shame is presented as Item 11. This was disagreed upon by 57% of participants, while 43% agreed with the statement. The majority (65%) agreed with Item 12, there are experiences in my life I would not discuss with anyone, while 35% disagreed.

In terms of Item 13, It is probably best not to know everything about oneself, 76% either strongly disagree or disagree with the statement. With 24% responding with a strongly agree or agree. However, 70% agree with Item 14, if I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy, while 30% responded with strongly disagree or disagree.

With Item 15, there is something admirable in the attitude of a person who is willing to cope with his conflicts and fears without resorting to professional help, the majority (65%) disagree, and 35% agree.

For Item 16, at some future time I might want to have psychological counseling, the greater number (61%) tend to agree, while 40% tend to disagree with the statement.

In terms of Item 17, a person should work on their own problems; getting psychological counseling would be a last resort, 59% either strongly disagree or disagree, while 41% either strongly agree or agree with the statement.

The majority (74%) of participants responded to Item 18, If I thought I needed psychiatric help, I would get it no matter who knew it, with either a strongly agree or agree. While, 26% responded with strongly disagree or disagree.

Table 3. Attitude Toward Seeking Professional Help

Variable	Frequency (n)	Percentage (%)
1. I would feel uneasy going to a Psychiatrist because of what some people might think.		
Strongly Disagree	35	22.6
Disagree	77	49.7
Agree	37	23.9
Strongly Agree	6	3.9

Variable	Frequency (n)	Percentage (%)
2. A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.		
Strongly Disagree	30	19.4
Disagree	49	31.6
Agree	63	40.6
Strongly Agree	13	8.4
3. There are certain problems which should not be discussed outside of one's immediate family.		
Strongly Disagree	30	19.4
Disagree	49	31.6
Agree	63	40.6
Strongly Agree	13	8.4
4. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.		
Strongly Disagree	10	6.5
Disagree	52	33.5
Agree	68	43.9
Strongly Agree	25	16.1
5. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.		
Strongly Disagree	28	18.2
Disagree	79	51.3
Agree	43	27.9
Strongly Agree	4	2.6
6. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.		
Strongly Disagree	15	9.7
Disagree	65	42.2
Agree	67	43.5
Strongly Agree	7	4.5
7. A person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help.		
Strongly Disagree	5	3.2
Disagree	57	37.0
Agree	75	48.7
Strongly Agree	17	11.0

Variable	Frequency (n)	Percentage (%)
8. I resent a person- professionally trained or not- who wants to know about my personal difficulties.		
Strongly Disagree	35	23.0
Disagree	99	65.1
Agree	14	9.2
Strongly Agree	4	2.6
9. I would want to get psychiatric attention if I was worried or upset for a long period of time.		
Strongly Disagree	8	5.2
Disagree	40	25.8
Agree	91	58.7
Strongly Agree	16	10.3
10. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.		
Strongly Disagree	40	26.0
Disagree	92	59.7
Agree	18	11.7
Strongly Agree	4	2.6
11. Having been mentally ill carries with it a burden of shame.		
Strongly Disagree	22	14.3
Disagree	66	42.9
Agree	58	37.7
Strongly Agree	8	5.2
12. There are experiences in my life I would not discuss with anyone.		
Strongly Disagree	7	4.5
Disagree	47	30.3
Agree	71	45.8
Strongly Agree	30	19.4
13. It is probably best not to know everything about oneself.		
Strongly Disagree	35	22.6
Disagree	83	53.5
Agree	35	22.6
Strongly Agree	2	1.3

Variable	Frequency (n)	Percentage (%)
14. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.		
Strongly Disagree	6	3.9
Disagree	41	26.5
Agree	88	56.8
Strongly Agree	20	12.9
15. There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears without resorting to professional help.		
Strongly Disagree	17	11.0
Disagree	83	53.9
Agree	49	31.8
Strongly Agree	5	3.2
16. At some future time I might want to have psychological counseling.		
Strongly Disagree	13	8.4
Disagree	48	31.0
Agree	87	56.1
Strongly Agree	7	4.5
17. A person should work on their own problems; getting psychological counseling would be a last resort.		
Strongly Disagree	13	8.4
Disagree	78	50.3
Agree	50	32.3
Strongly Agree	14	9.0
18. If I thought I needed psychiatric help, I would get it no matter who knew it.		
Strongly Disagree	7	4.6
Disagree	33	21.6
Agree	88	57.5
Strongly Agree	25	16.3

Crisis Intervention

Table 4 presents California Highway Patrol officers knowledge of available crisis intervention programs such as Employee Assistance Program. These items required simple yes or no responses.

The majority (99%) of participants answered yes when asked about their awareness of the availability of the Employee Assistance Program at their agency. When asked about their knowledge of crisis intervention methods within the Employee Assistance Program, 97% answered yes. When participants were asked about having a separate program for crisis intervention, 78% answered yes. When they were asked if the agency has a protocol where a person can be mandated to attend crisis intervention, 54% respectively answered yes.

Table 4. Crisis Intervention

Variable	Frequency (n)	Percentage (%)
Does your agency currently have an Employee Assistance Program?		
Yes	154	98.7
No	2	1.3
Does the Employee Assistance Program include crisis intervention methods?		
Yes	147	97.4
No	4	2.6

Does your agency have a separate program for crisis intervention?		
Yes	114	78.1
No	32	21.9
Does your agency have a protocol where a person can be mandated to attend crisis intervention?		
Yes	80	54.1
No	68	45.9

Additional Comments from Participants

When participants were asked if they had any additional comments to add to this research, 53 participants responded. Four themes emerged from the responses. After reviewing the responses researchers found participants who have a history of mental illness, either with themselves or with a family member, are more likely to be open to seeking help from a mental health professional. Peer and family support was commonly perceived to be the best way to cope with mental and emotional distress. Many participants were unaware of mental health services available, while some of those who are aware were distrustful of those providing the services.

Inferential Statistics

Stigma Variables

A one-way ANOVA was conducted to look at the relationship between length of time in law enforcement and if an officer thought they would get psychiatric help no matter what. An analysis of variance performed on these data yielded the following results:

($F(3, 70) = 2.696, p < .05.$). This shows the correlation between length of time in law enforcement and seeking mental health services.

A one-way ANOVA was conducted to assess a relationship between length of time in law enforcement, and if participants feel uneasy going to a Psychiatrist because of what some people might think. There was no significant difference in how long police officers have been in law enforcement.

A one-way ANOVA was conducted to look at relationships between officers wanting to be advised by a close friend rather than seek professional help for an emotional problem and length of time in law enforcement profession. This yielded no significance. However, this study showed the longer the officer has been in law enforcement the more likely they are to seek professional

mental health services, while those who have been in the field 15 years or less tended to disagree with seeking professional mental health services. A one-way ANOVA was also conducted to assess if seeking psychological counseling would be a last resort. There was no significance when tested against length of time in law enforcement.

Summary

The sample consisted of 156 California Highway Patrol Officers. The demographic characteristics of the officers were outlined. The officers' attitudes towards seeking mental health services were compared to length of time in law enforcement to assess the significant effects of stigma on seeking help. In conclusion the most significant finding did not align with the hypothesis suggested that stigma has a direct correlation to a police officers' willingness to seek mental health services. It was found that the longer an officer remains in law enforcement the more likely they are to seek professional mental health services.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five presents a discussion of the results and key findings that were presented in Chapter Four. Additionally, the observed limitations of the study, recommendations for social work practice and policy as well as suggestions for future research are presented.

Discussion

The study participants were 157 California Highway Patrol Officers predominately from the Sacramento, California area. The majority (85%) of participants were male with less than 15% of participants being female. The participants' age ranged from 27-57 years old and more than half of the respondents were between the ages of 35-50. The majority of the participants had lived in the United States since birth. More than half of the participants have a college degree with 7.1% being Post-Baccalaureate degrees and an average of seventeen years of law enforcement experience.

The descriptive statistics showed some interesting patterns to note. The study reveals that more than half

(62%) of the law enforcement participants stated they have never experienced mental health distress but nearly 40% stated they had experienced mental health distress since being in the California Highway Patrol. The majority of the participants (85%) said they would be open to seeking mental health services if they felt they needed to do so. Since the participating law enforcement officers are self-reporting they may not recognize what mental health distress is and therefore fail to identify when they are under such conditions. The law enforcement profession by nature has a higher need for mental health services in comparison to other professions because of the tremendous level of stress officers experience. Law enforcement officers experience death, accidents, destruction, and hostile situations almost daily. They often use maladaptive coping behaviors to deal with their daily encounters. These maladaptive coping mechanisms range from nicotine abuse to excessive exercise, family disputes, domestic violence, and suicide. The findings suggest that officers should be educated on what mental health distress encompasses and what coping skills are being used to overcome traumatic events.

Additionally, 57% of the participants said they felt confident they would find comfort in psychotherapy if they were experiencing a serious emotional crisis sometime in their life. Only 32% of the participants felt they would work out their own problems rather than seeking psychological counseling. The findings contradict the literature by Page and Jacobs (2011) that states that the police profession has had a culture of mistrust of outsiders and preference to handle stressful situations alone. In fact police officers are willing to find comfort in psychotherapy which is not to discount the benefits of having family support and a strong peer group. The findings suggest that over time mental health services have become more accepted in the profession where in prior decades seeking mental health services was seen as a sign of weakness. There is more recognition now of the stress in law enforcement and how the lack of mental health interventions can affect law enforcement officers and their career in a negative manner.

The study also found that participants who have a history of mental illness, either with themselves or with a family member, are more likely to be open to seeking help from a mental health professional. Police officers

who are educated or have been exposed to mental health services recognize the benefits, value, and positive change that can occur because of mental health services. Increased exposure, change in perception, and a positive outcome expectation associated with counseling, reduces feelings of dissonance. Exposure to mental health services minimizes the stigma and increases police officers' willingness to seek services.

Furthermore, the main finding was the longer the participant was in the law enforcement profession the more likely they were to seek mental health services in comparison to participants who had fifteen years or less of law enforcement experience. The officers' attitudes towards seeking mental health services were compared to length of time in law enforcement to assess the significant effects of stigma on seeking help. These findings suggest that most law enforcement officers become more self-aware as they get older and have more experience. The more time an individual is in law enforcement the more established he or she becomes and less likely to be affected by stigma that maybe associated with mental health seeking behaviors. On the contrary, an officer with fifteen years or less maybe

influenced more by his peers and fear that opportunities to promote would be limited if mental health services were utilized. An officer in the early years of the profession may be more influenced by institutional and organizational factors therefore, perpetuating feelings of fear, embarrassment, anger, isolation, and distrust of mental health services.

In conclusion the most significant findings did not align with prior research and literature that suggests that stigma has a direct correlation to a police officers' willingness to seek mental health services.

Implications to Social Work Practice and Policy

Social workers carry many titles, included is mental health practitioner. The results of this study will help social workers understand how law enforcement persons manage and meet their basic emotional needs. When working with police agencies, social workers can utilize their skills by providing counseling services to officers. Having mental health practitioners readily available throughout the agency and being able to offer counseling on a daily basis would help reduce the stigma of mental health services and create a better rapport between

officer and mental health provider. Having services available on a daily basis would normalize seeking mental health services for officers. These trained professionals are able to help individuals cope and manage crisis situations, which officers will, at some point in their career, experience.

The majority of the officers in the study expressed they would seek services if they were experiencing a mental health crisis. Most police agencies offer an Emergency Assistance Program (EAP). The study has shown that although the law enforcement agency offers this service and officers have heard about it, nearly half (46%) are unaware of the protocol and how to attain the services. Making EAP services easier to access and more readily available would increase officer participation.

Policy requiring officers to seek mental health services after a crisis type event should be implemented at the agency level. Mandatory debriefing, with a trained mental health practitioner after a traumatic event should be utilized instead of debriefing with coworkers or a superior. Mental health providers are trained in identifying key issues that could signal a deeper issue than a coworker or superior could recognize. This type of

policy would only positively benefit officers and the communities they serve.

Based on the findings, law enforcement policy could be changed or additions could be made to improve mental health services within the agency. These policies would include providing funding for programs built in to the training process. Mandated exposure to mental health services during the academy should be suggested for incoming cadets. The earlier an officer is exposed to mental health services within the agency the more likely those services will be utilized when needed.

Many participants stated that they seek emotional support from family when they have experienced a crisis, therefore, the agency should provide family group therapy and support groups for the families of police officers. This would educate and empower family members so they can better understand the officer and the circumstances that are affecting his or her mental health. This would promote collaboration between the officer, the family, and the mental health provider. This type of collaboration would offer the officer a holistic way of coping with his mental health distress.

Limitations of the Study

There are a number of limitations observed in this study. A key limitation of this study was confusion with survey questions and wording used within the questions. Throughout the survey the terms psychologist, psychiatrist, and counselor was used, these terms were never defined and it seemed they were being used interchangeably. Many of the officers questioned and were confused by this. Future research should define what mental health practitioners are providing what types of services. The term "mental health services" should have a stronger definition to help with survey accuracy.

Also identified as a limitation, was the lack of generalizability amongst the law enforcement population surveyed. The only law enforcement agency surveyed was the California Highway Patrol, whose main duties are to patrol and respond to highway incidents and crisis. The CHP also provides other services including protecting state buildings and facilities, body guarding state officials, and providing assistance in investigations. These duties maybe very different from those of a city police department which in turn affect the type of crisis exposure an officer may have throughout his law

enforcement profession Future research could focus on inner city police officers and focus on the crises they deal with on a daily basis.

Also, most of the officers surveyed were from the Sacramento, California area. For a stronger population sample, officers from different cities and areas would be beneficial to this research. A more representative sample of police officers would be helpful in future research regarding the attitudes of police officers in seeking mental health services.

Despite this study's limitations, it provides some support as to the education and need of accessible mental health services within police departments. This study also provides insight to police officers' perception of mental health services. Officers seem to be willing to utilize immediate assistance and support provided from mental health professionals. Mental health services in crisis circumstances may aid police officers in their coping and recovery. Hopefully this study will generate further studies on police officers' attitude, need, and awareness of mental health services within police agencies; and that police authorities and mental health providers would be informed through the findings of this

study to enrich education and training given to police officers throughout their career.

Conclusion

This study has shown that police officers have a positive attitude toward mental health services and that more attention should be given to the promotion of the Emergency Assistance Program and the education of social workers providing mental health services to police officers.

Information drawn from previous research indicated that stigma affects police officers in seeking mental health services. As was found with the current study officers, from the California Highway Patrol, are willing and even open to seeking services when they feel it would be beneficial and needed. The longer an officer remains in the law enforcement profession the more willing they become to seek services. This should be an area of interest for agencies with incoming recruits. Normalizing and offering information regarding the benefits of seeking mental health services should be a key part of an officer's training.

Social workers working with law enforcement should be open to offering counseling services and be trained with specific competencies regarding working with police officers. Also working within a social work perspective, social workers should be available to offer resources and empower officers to seek the mental health services as needed.

APPENDIX A
INTRODUCTORY AND INSTRUCTION LETTER

November 28, 2012

Dear Participant:

My name is Rebecca Irwin and I am a graduate student in Social Work at California State University, San Bernardino. For my final research project, I am exploring the issue of police culture and stigma and how it relates towards the attitudes of officers' help seeking behaviors. Because my father was a California Highway Patrolman, EOW 09/18/2000, I would like to learn more about him and his life as a peace officer. That is the reason I am reaching out to the California Highway Patrol and I am inviting you to participate in this research study by completing the online survey. The following questionnaire will require approximately 10 to 15 minutes completing. There is no compensation for responding nor is there any known risk. If you choose to participate in this study, please answer all questions as honestly as possible. The information you provide to us will remain completely confidential and anonymous. Participation is strictly voluntary and you may refuse to participate at any time.

Thank you for taking the time to assist me and Jill Kays in our educational endeavors. The data collected will provide useful information for professionals and police agencies to better understand the dynamics of this issue so as to provide mental health services appropriately.

A copy of this study will be available in the John Pfau Library at California State University, San Bernardino in December of 2013.

If you have any questions or concerns please contact Professor Janet Chang at (909)537-5501

Thank you for your time and consideration.

Sincerely,

Rebecca A. Irwin
Jill Kays

•

APPENDIX B
INFORMED CONSENT

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College of Social and Behavioral Sciences CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
School of Social Work SOCIAL WORK INSTITUTIONAL REVIEW BOARD SUB-COMMITTEE

APPROVED L. B. LEE VOID AFTER 1/15/14
IRB# 13-234 CRITERIA [Signature]

Informed Consent

You are invited to add your opinions to a study exploring the attitudes of police officers towards mental health services. This study is being conducted by Rebecca Irwin and Jill Kays who are students in the Master of Social Work Program at California State University, San Bernardino under the supervision of Professor Janet Chang at CSUSB. The study has been approved by the School of Social Work Sub-Committee of the CSUSB Institutional Review Board.

Purpose: The purpose of this study is to explore the issue of police culture and stigma and how it relates the attitudes of officers' help seeking behaviors.

Description: If you take part in this study, you will be asked to fill out a brief survey that asks about your attitude toward seeking professional help.

Participation: Please be advised that this survey is confidential and voluntary and you may choose to withdraw participation at any time. You are free to skip any questions you do not want to answer.

Confidentiality: The information you give will remain confidential and anonymous. No record will be made or kept of your name or any identifying information. The results will be conveyed only in group form.

Duration: The questionnaire will take approximately 10 to 15 minutes to complete.

Risks: There are no foreseeable risks to taking part in the study.

Benefits: There are no personal benefits to participants. However, your opinion will help professionals and police

909.537.5501

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College of Social and Behavioral Sciences
School of Social Work

agencies understand the underlying forces that affect police officers' attitudes toward mental health services.

Contact: If you have any questions or concerns about this study you can contact Professor Janet Chang (909) 537-5501.

Results: A copy of this study will be available in the John Pfau Library at California State University, San Bernardino in December of 2013.

Please click the accept button if you have read and understand the information provided. By clicking accept, you agree that you have been fully informed about this survey and are volunteering to take part.

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SOCIAL WORK INSTITUTIONAL REVIEW BOARD SUB-COMMITTEE
APPROVED 1/18/13 VOID AFTER 1/18/14
IRB# 2013-2408

909.537.5501
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APPENDIX C
QUESTIONNAIRE

Questionnaire for Mental Health

Section 1: Background Information

1. How old were you on your last birthday? _____
2. How long have you lived in the U.S.? _____
3. Gender: 1. Female _____ 2. Male _____
4. Highest level of education you completed _____
1-high school diploma
2-Some college
3-college graduate
4-graduate or professional school
5. Are you currently a highway patrol officer? _____

If the answer above is yes, please continue. If no, stop survey now.

6. How many years of law enforcement experience do you have?

7. How many years have you been employed by the California Highway Patrol? _____
8. Have you ever experienced mental health distress? Yes _____ No _____
9. Have you ever experienced mental health distress since being in the California Highway Patrol? Yes _____ No _____

Section 2: Attitude Toward Seeking Professional Help

The following statements below are pertaining to mental health issues. Please read each statement carefully and indicate whether you agree, somewhat agree, somewhat disagree, or disagree with the statement. There is no right or wrong answer. So please express your honest opinion in rating the statements.

- 1 = Agree (A)
- 2 = Somewhat agree (SA)
- 3 = Somewhat disagree (SD)
- 4 = Disagree (D)

1. I would feel uneasy going to a Psychiatrist because of what some people might think.
2. A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.
3. There are certain problems which should not be discussed outside of one's immediate family.
4. If I believed I was having a mental breakdown, my first inclination would be to get professional attention
5. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns
6. I would rather be advised by a close friend than by a psychologist, even for an emotional problem
7. A person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help
8. I resent a person-professionally trained or not-who wants to know about my personal difficulties.
9. I would want to get psychiatric attention if I was worried or upset for a long period of time.
10. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

11. Having been mentally ill carries with it a burden of shame.
12. There are experiences in my life I would not discuss with anyone.
13. It is probably best not to know everything about oneself.
14. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
15. There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears without resorting to professional help.
16. At some future time I might want to have psychological counseling.
17. A person should work on their own problems; getting psychological counseling would be a last resort.
18. If I thought I needed psychiatric help, I would get it no matter who knew it.

Section 3: Crisis Intervention

1. Does your agency currently have an Employee Assistance Program?
Yes____ No____
2. Does the Employee Assistance Program include crisis intervention methods? Yes____ No____
3. Does your agency have a separate program for crisis intervention?
Yes____ No____
4. Does your agency have a protocol where a person can be mandated to attend crisis intervention? Yes____ No____
5. Are there any additional comments that you would like to add to this study?

Items 1-18 in Section 2 are derived from the Fischer, E. H., & Turner, J. L. (1970). Orientation to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*, 79-90.

Sections 1 and 3 developed by Jill Kays & Rebecca Irwin

APPENDIX D
DEBRIEFING STATEMENT

The Attitude of Police Officers Towards Mental Health Services Debriefing Statement

This study you have just completed was designed to explore the attitude of police officers toward mental health services. The information in this study will allow professionals and police agencies to better understand the barriers and benefits of providing mental health services to law enforcement officers. This issue was explored so that mental health services are planned and provided in a manner that is suitable for this population.

Thank you for your participation and for not discussing the contents of the questionnaire with other police officers. If you have any questions about the study, please feel free to contact Rebecca Irwin, Jill Kays, or Professor Janet Chang at (909) 537-5501. If you would like to obtain a copy of the group results of this study they will be available in the John Pfau Library at California State University of San Bernardino in December of 2013.

APPENDIX E

APPROVAL LETTER

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

P.O. Box 942898
Sacramento, CA 94298-0001
(916) 843-3003
(800) 735-2929 (TTTDD)
(800) 735-2922 (Voice)



December 3, 2012

File No.: 3.10377.San Bernardino

Professor Janet Chang
School of Social Work
California State University, San Bernardino
5500 University Ave.
San Bernardino, CA 92407

Dear Professor Chang:

This letter is to approve the research project of Ms. Rebecca Irwin and Mrs. Jill Kays, students of the School of Social Work at California State University, San Bernardino.

Ms. Irwin has explained the research project to me and I feel it would be appropriate for the California Highway Patrol to participate in their study. As the Assistant Commissioner of the California Highway Patrol, I grant permission for Ms. Irwin and Mrs. Kays to conduct this research project with the following conditions:

1. Participation of California Highway Patrol employees will be voluntary.
2. Confidentiality and anonymity of employees will be maintained.
3. Researcher will inform subjects that the California Highway Patrol has no involvement other than providing this opportunity for research.
4. Upon completion of the study, results will be available to study participants if requested.

If you have any questions regarding the above authorization, please contact Ms. Irwin at (626) 290-9052 or Mrs. Kays at (702) 308-3100.

Sincerely,

A handwritten signature in black ink, appearing to read "W. A. Stanley".

W. A. STANLEY
Assistant Commissioner, Staff

cc: Enforcement and Planning Division
Special Projects Section

Safety, Service, and Security



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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Rebecca Irwin

Assisted By: Jill Kays

2. Data Entry and Analysis:

Assigned Leader: Jill Kays

Assisted By: Rebecca Irwin

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Jill Kays & Rebecca Irwin

b. Methods

Team Effort: Jill Kays & Rebecca Irwin

c. Results

Team Effort: Jill Kays & Rebecca Irwin

d. Discussion

Team Effort: Jill Kays & Rebecca Irwin