DETERMINING WHO GETS HELP AND WHY: A PHENOMENOLOGICAL STUDY INTO HELP-SEEKING BEHAVIOR IN LAW ENFORCEMENT OFFICERS

by

Gerald Al Steckmeister

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

In a post-George Floyd world, police agencies are under unprecedented scrutiny. There is tremendous pressure to improve performance, reduce the use of force, and expand police-community relations. In addition, police agencies struggle to maintain officer wellness. Police officers have higher levels of physical and mental illness than the general population, which results in a significantly lower age expectancy and quality of life. There is a general trend to reduce police funding, spurred by dissatisfaction with police services and general fiscal constraints. In order to combat increasing problems with diminishing resources, police administrators need solutions that can work on several problems. One such solution is stress mitigation. Law enforcement is particularly stressful, correlating with numerous adverse outcomes for the officers, their families, the police department, and the community. Addressing stress-related issues calls for intervention by a mental health professional, but due to the stigma prevalent in the profession, most officers are reluctant to seek help. While this stigma is a barrier to help-seeking behavior, a recent study demonstrated that some officers seek help despite retaining high levels of stigma. Since previous work focused on reducing stigma, there is a lack of research on factors that attenuate the stigma against seeking help without actually reducing it. If these factors can be uncovered, law enforcement populations' help-seeking behavior will increase. This study aimed to fill this gap through an exploratory, interpretative phenomenological analysis, which consisted of an extensive, open-ended interview with law enforcement officers who have voluntarily sought help for a mental health condition.

Keywords: officer wellness, mental health, stigma, law enforcement, help-seeking behavior

Copyright Page

Dedication

This dissertation is dedicated to the brave men and women who died young and to those who have endured a diminished quality of life due to stress-related illnesses incurred as a result of working in law enforcement. These officers served with unwavering courage and dedication and faced the profession's dangers with valor and integrity. This work is a tribute to their duty, selfless service, and sacrifice. We, as a profession, failed them. May this dedication serve as a reminder of the profound debt of gratitude owed to law enforcement officers and as a call to action to honor their memory by striving for improved conditions and support for those who continue to serve and protect our communities.

Acknowledgments

I want to express my sincere gratitude to the individuals who have supported me throughout the journey of completing this dissertation. First and foremost, I extend my deepest appreciation to the study participants whose invaluable contributions made this research possible. Your willingness to share your time, personal and intimate experiences, and insights has been instrumental in shaping the outcome of this study. I am profoundly grateful to my family for their unwavering love, encouragement, and understanding throughout this endeavor. Their patience, support, and belief in me have been my guiding light, motivating me to persevere through challenges and setbacks. I am also extremely indebted to my dedicated dissertation committee for their guidance, expertise, and invaluable feedback throughout this research project. Their insights and constructive criticism have greatly enriched the quality of this thesis. In addition, their responsive feedback and efforts to hold me accountable ensured that this work was completed on time. Finally, I would like to acknowledge the divine presence of God in my life. I am thankful for the strength, wisdom, and inspiration I have received, guiding me through this academic journey and blessing me with the resources and resilience needed to overcome obstacles. In conclusion, I sincerely appreciate everyone who has played a part, big or small, in completing this dissertation. Your support and encouragement have been instrumental in this achievement, and I am truly grateful.

Table of Contents

List of Tables

List of Abbreviations

Acute Stress Disorder (ASD)

Alcoholics Anonymous (AA)

Board Certified Expert in Traumatic Stress (BCETS)

Certified in Acute Traumatic Stress Management (CATSM)

Clinician Network Advisory Council of the Canadian Institute for Public Safety Research and Treatment (CIPSRT)

Cognitive Behavioral Therapy – Insomnia (CBT-I)

Community Resource Officer (CRO)

Critical Incident Stress Debriefing (CISD)

Critical Incident Stress Management (CISM)

Employee Assistance Program (EAP)

Eye Movement Desensitization and Reprocessing (EMDR)

Fellowship in the Advanced Academy of Experts in Traumatic Stress (FAAETS)

Fraternal Order of Police (FOP)

Hazardous Alcohol Use (HAU)

Health Insurance Portability and Accountability Act (HIPAA)

Interpretive Phenomenological Analysis (IPA)

Ladder of Inference (LOI)

Law Enforcement Officer (LEO)

Meaning Making Model (MMM)

Personally Identifiable Information (PII)

Police Organization Providing Peer Assistance (POPPA)

Post-traumatic Stress Disorder (PTSD)

School Resource Officer (SRO)

Secondary Traumatic Stress (STS)

Seeking Mental Healthcare Model (SMHM)

Traumatic Brain Injury (TBI)

CHAPTER ONE: INTRODUCTION

Overview

The prevalence of stress combined with a stigma against seeking mental health in the law enforcement profession leads to negative consequences for officers, their families, their departments, and the communities they serve. While efforts to mitigate stress in the profession are critical, it is also essential to mediate the effects of the mental health stigma preventing many from seeking help. This study aimed to explore the factors and conditions that tend to attenuate mental health stigma, causing some officers to seek help while many do not. By uncovering the key factors that influence the effect of stigma on help-seeking, law enforcement agencies may be able to implement changes to increase their officers' likelihood of seeking mental health interventions, which will hopefully lead to the normalization of help-seeking within the profession and improved outcomes for police officers, law enforcement agencies, and the community. Because this research is at the exploratory level, it will involve a qualitative study of a small sample size. While this may limit the generalizability of the study, it should influence future research. This chapter reviewed the background and history of the issue and the study's theoretical framework. This chapter states the purpose and significance of the study and outlines the research questions. The identification of factors that facilitate help-seeking behavior may help inform future solutions.

Background

Law enforcement is an inherently stressful profession. These stresses include being assaulted or threatened and having to use force to gain compliance (Verhage et al., 2018) and include organizational-induced stress (Can et al., 2018; Edwards, 2023), such as conflicting policies and role ambiguity (Hofer, 2021; Torres et al., 2018), non-functioning equipment, and

negative relationships with supervisors and co-workers (Maguen et al., 2009). In addition, police officers can suffer from vicarious trauma through frequent interactions with victims (Boatright et al., 2021). Although research indicated that police officers are more resilient than the general public, their cumulative stress can still overwhelm them (McCaslin et al., 2006). Consequently, police officers are more likely to suffer from post-traumatic stress disorder (PTSD) than the general population (Soomro & Yanos, 2019). Unfortunately, high-stress levels can negatively affect the police officers' judgment and decision-making, even during training scenarios. For example, Verhage et al. (2018) found that stress would likely increase errors in a training scenario. Similar results were found for officers suffering from sleep deprivation (James, 2018; Scullin et al., 2020).

Law enforcement officers should be prime candidates for mental health treatment because of their high stress levels. However, it is well known that there is a more significant stigma in law enforcement against seeking mental health treatment than in the general public (Soomro & Yanos, 2019). Rahn (2019) noted that ignoring officers' mental health can result in poor performance, adverse outcomes, and increased complaints. Despite all this, law enforcement officers are still reluctant to seek the services of qualified mental health professionals. The barriers to mental health services are well-researched (Ricciardelli et al., 2021; Richards et al., 2021). However, factors that help overcome the stigma against seeking mental health in law enforcement are still relatively unknown.

Historical Overview

History of Stress-Related Trauma Disorders

Cantor (2005) noted that the history of PTSD is short, long, and blurry. The author posited that researching the history of PTSD can be problematic. Writers discussed PTSD based

on their knowledge of the subject at the time, which was limited. In addition, what was known was not widespread as much of the study of PTSD began in the military and was not a topic of academic journals until the mid-twentieth century.

There have been significant advances in understanding trauma disorders, such as PTSD, but much of the early understanding comes specifically from military populations (Stein & Rothbaum, 2018). The symptoms of PTSD were first noted during the Civil War, during which time the condition was known as soldier's heart (Pollard et al., 2016). During the Franco-Prussian War (1870-1871), the French Army began experimenting with rudimentary psychological first aid (Mitchell, 2017; Mitchell & Everly, 2020a). In the late 1800s, the term hysteria began to be used to describe the symptoms of a traumatic event. Also during this period, French physician Claude Bernard discovered the tendency of the human body to strive for homeostasis, which foreshadowed future breakthroughs in the body's stress response, such as what happens when the systems responsible for maintaining equilibrium are overwhelmed (McCarty, 2023).

In the early 20th century, Walter B. Cannon significantly advanced the understanding of stress-related injuries (McCarty, 2023). Picking up where Bernard left off, Cannon made several significant additions to the field. First, he noted that multiple systems within the body were responsible for maintaining homeostasis and could be overwhelmed. Second, he noted that the external stimuli that upset one's equilibrium could include emotional stimuli. He also noted the involvement of hormones, such as epinephrine, and the adrenal medulla in creating the flight or fight response.

As with other military engagements, World War I contributed significantly to the knowledge regarding stress disorders. During this time, reactions to traumatic stress were

referred to as “acute stress combat reaction,” “battle fatigue,” “combat exhaustion” (Stein & Rothbaum, 2018, p. 509), “war neurosis” (Cantor, 2005, p. 9) or “shell shock” (Miller, 2019, p. 9). Dr. Thomas Salmon, an American psychologist, built upon the previous work of the French regarding psychological services (Mitchell, 2017). He noted that approximately 65% of the soldiers who received care for their trauma returned to the front lines within an average of three to four days, and soldiers who did not receive care were 15% less likely to return to service. The average time to return was three to four weeks for those who received care. In the 1920s, Freud postulated that a barrier in the brain, the cortical stimulus barrier, protects an individual from traumatic experiences, but this barrier could be overwhelmed by a critical incident (Miller, 2019).

Hans Selye made significant advancements regarding stress with his theory of general adaptation syndrome, starting in the interwar period and continuing through World War II (WWII) (McCarty, 2023). Selye found that external stimuli, when stressful enough to upset homeostasis, would create an alarm phase in the body. This alarm phase generally occurs somewhere between six and 48 hours. After the alarm phase, the body began to adapt to the stimuli. Selye also noted that when stressors were significant enough to overwhelm the body, it would lead to exhaustion, which generally took the form of a syndrome involving multiple systems in the body. In extreme cases, it could be fatal.

It was not until WWII that the role of previous trauma was discovered, increasing the propensity of PTSD (Jones, 2019). Toward the end of WWII, articles on the treatment of military personnel began to appear in civilian medical journals, ushering in the modern era of PTSD treatment, which heavily influenced the understanding of PTSD, even in civilians (Stein & Rothbaum, 2018). In particular, researchers began to notice similarities between battlefield

trauma and disaster-related trauma, such as the Cocoanut Grove fire (Mitchell & Everly, 2020b). During this time, Harold Wolff noted that a person's perception of a stressor profoundly affected the outcome of any potential stress-related illness (McCarty, 2023).

Notable advancements occurred after WWII. For example, the development of family, friends, co-workers, and paraprofessionals as peer supporters started in the 1960s (Mitchell & Everly, 2020a). At the end of that decade, psychologist William Schofield (1969) suggested that since psychological trauma and emotional stress can manifest physical symptoms, psychologists can contribute to an individual's physical and mental health (see also McCarty, 2023). During the 1970s, after over 100 years of PTSD and other stress-related disorders in the military, academic journals began to explore stress and trauma in law enforcement officers (Kroes & Hurrell, 1978; Lester & Mink, 1979; National Institute of Occupational Safety and Health, 1978; Reiser, 1974) and other first responders (Mitchell & Everly, 2020a). PTSD began to be associated with police officers in the 1980s (Gersons, 1989; Martin et al., 1986).

Despite the documentation of stress-related disorders dating back to the 1800s, PTSD was not included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until the 1980s with the publication of the third edition (Cantor, 2005; Miller, 2019; Stein & Rothbaum, 2018). Cantor (2005) posited that the inclusion of PTSD in the DSM-III was due more to political lobbying than scientific discovery. The fourth edition added acute stress disorder (ASD), which involves a severe reaction to traumatic stress within four weeks of a critical incident (Miller, 2019). ASD is highly predictive of PTSD because 60% to 80% of individuals with ASD will go on to experience PTSD. The fifth edition of the DSM noted that police officers have a higher prevalence of PTSD due to cumulative and vicarious trauma (American Psychiatric Association, 2013; Marshall, 2019).

History of Police Mental Health

Military experience with trauma is relevant for police studies for two reasons. First, military battlefield trauma informed the overall understanding of PTSD. Second, the military and police have similar populations. For example, both professions are dominated by males (Hom et al., 2017) and have strict hierarchal structures (Cuyler & Guerrero, 2019). In addition, a significant stigma against seeking mental health services is prevalent in both occupations (Drew & Martin, 2021). Historically, police officers have been reluctant to seek help for mental health conditions, choosing to ignore mental illness or deal with it independently (Soomro & Yanos, 2019). Forty years ago, no one in the profession would even talk about stigma or PTSD (Bikos, 2021). Mental health was not seriously considered in the profession until this century with the President's Task Force on 21st century policing. Unfortunately, since mental health is not taken seriously within the profession, officers often choose maladaptive coping mechanisms (Di Nota et al., 2021), such as hazardous alcohol use, self-medication (Gryshchuk et al., 2022; Gutschmidt & Vera, 2022), cynicism, emotional detachment, or high-risk behavior (Arter, 2019). Mental health stigma, which is prevalent in the profession, is often cited as a significant barrier to seeking help from a qualified mental health practitioner (Newell et al., 2022).

Not all of the research on police mental health is negative. Police officers are generally more resilient than the general population (McCaslin et al., 2006). In addition, the stress of police work can have some beneficial effects (Papazoglou & Andersen, 2014). For example, helping people through critical events is meaningful work, which can help officers find purpose, leading to positive psychological outcomes. The utilization of positive coping mechanisms to resolve trauma can lead to post-traumatic growth. Scientific research established that psychological interventions could help officers resolve these traumatic events, leading them to

positive outcomes (Papazoglou & Tuttle, 2018). However, even the best programs will not help unless officers are willing to utilize them.

Social

The Effects of Police Stress

Police officers' mental health has numerous social effects. For instance, stress-related mental health conditions can negatively impact an officer's interactions with the public (Land & Guan, 2019), resulting in increased complaints (Rahn, 2019). Unresolved stress can inhibit the officers' ability to control their emotions, which can cause them to engage in excessively aggressive or violent behavior (Grupe et al., 2021; Hofer, 2021). A correlation between PTSD and violent behavior is not unique to police officers, as it has also been established in civilian populations (Gillikin et al., 2016; Kivisto et al., 2009). Lancaster et al. (2016) suggested that this unresolved stress inhibits the officers' ability to differentiate between perceived and actual threats. This effect causes officers to over or inappropriately use force or engage in other violent or risky behavior (Bell et al., 2022; Craddock & Telesco, 2022; Drew & Martin, 2021), increasing misconduct (Bishopp et al., 2020; Velazquez & Hernandez, 2019) and abusive policing practices (DeVylder et al., 2019). Stress-induced abusive policing can take many forms, including discriminatory practices, excessive force, threats or intimidation, assaulting a handcuffed suspect, or sexual misconduct (DeVylder et al., 2019; Dockstader, 2019). The result is an increase in civilian complaints (Rahn, 2019), which can erode the sense of police legitimacy within the community, making community members less likely to report crimes or share other vital information with the police (Dockstader, 2019).

Stress and Social Support

Social supports, such as friends and family, can moderate stress (Angehrn et al., 2022;

Daniel & Treece, 2022), but aspects of police work, like the schedule, can weaken these social bonds (Karaffa & Koch, 2016). Reduced social support can have a myriad of adverse effects, including increased dependence on alcohol (Argustaitė-Zailskienė et al., 2020). Conversely, increased social support can help reduce the propensity of developing PTSD or reduce the severity of symptoms (Angehrn et al., 2022). In addition, strong social bonds can increase the probability of engaging in help-seeking behavior.

Theoretical

A prevalent mental health stigma has been identified as a significant barrier to help-seeking behavior (Codjoe et al., 2021; Stangl et al., 2019; Velazquez & Hernandez, 2019). To that end, much of this research focused on reducing this stigma. However, a few studies have found that some law enforcement officers seek help despite retaining high levels of stigma (Drew & Martin, 2021; Newell et al., 2022; Wester et al., 2010). This finding suggests that certain factors facilitate police officers' help-seeking behaviors without affecting the levels of stigma. Since this has not been sufficiently explored in the literature, no existing theory explains this phenomenon. Where applicable, the study will be guided by similar theoretical models, such as Park's (2010) meaning making model (MMM) and McLaren et al.'s (2021, 2023) seeking mental healthcare model (SMHM).

Without an existing theory to explain the phenomenon, there is a call for an exploratory study. Even when no known theory exists, research must be guided through a theoretical framework. Interpretative phenomenological analysis (IPA) was selected for this study as it allows maximum flexibility in understanding complex concepts (Alase, 2017; Tuffour, 2017) and has been established as a proven method for analyzing help-seeking behavior (Smith & Nizza, 2022; Tuffour et al., 2019; Westin, 2022).

Situation to Self

As a 24-year law enforcement veteran, the researcher has experienced the effects of law enforcement stress and trauma firsthand. In addition, as a police supervisor, he has witnessed this stress negatively affecting the lives of his officers and their families. Furthermore, the negative consequences of stress impact the department and the community by impairing the officers' judgment and decision-making. Trauma negatively impacts an officer's performance. Improving help-seeking behavior was one of the primary drivers for the researcher's pursuit of a doctoral degree. By facilitating help-seeking behavior in law enforcement officers, the researcher hopes to improve the conditions of communities, departments, officers, and their families.

Problem Statement

Police officers have a tremendous responsibility, and they also exert an exceptional amount of power over their fellow citizens. An officer might have to save a life one minute and possibly take one in the next. As a result, officers must be physically and mentally fit. However, due to the high level of stress in the profession (Wheeler et al., 2021), officers have high rates of PTSD and other mental disorders (Boatright et al., 2021; Milliard, 2020; Soomro & Yanos, 2019). The stressful conditions impact officers' mental and physical health (Klimley et al., 2018), quality of life (Short, 2021), and their interactions with the public (Land & Guan, 2019).

Sleep is also a significant issue because sleep and mental health have a bi-directional relationship, so one can negatively impact the other (Angehrn et al., 2020). Problems with both conditions can quickly lead to a negative feedback loop where both worsen. The lack of sleep can exacerbate the effects of mental illness by impairing judgment and decision-making (James, 2018; Scullin et al., 2020) and can increase the effect of PTSD on aggressive and violent behavior (Barnes et al., 2011). Furthermore, sleep deprivation can serve as a barrier to help-

seeking behavior for other mental health issues (Copenhaver & Tewksbury, 2018). Due to the bi-directional nature of these two factors, addressing mental health concerns should improve sleep in law enforcement officers. In addition, some mental health therapies, such as cognitive behavioral therapy-insomnia, can help people with their sleep issues (Shatkin et al., 2022). Therefore, increasing help-seeking behavior should reduce the adverse effects of sleep and mental health disorders.

Due to the dire consequences of stress in the law enforcement profession, it is in everyone's interest to ensure that the police officers' mental health issues are mitigated. However, a prevalent stigma exists against seeking help for mental health issues (Soomro & Yanos, 2019). Those who need help the most are the least likely to seek it. Stigma has been identified as a significant hindrance for law enforcement personnel seeking help (Craddock & Telesco, 2022). Therefore, numerous scholars concentrated on finding effective ways to reduce this stigma. However, a recent study by Drew and Martin (2021) discovered that many officers seek help despite retaining a significant stigma against help-seeking behavior, suggesting that there are factors that attenuate mental health stigma without actually reducing it. By understanding these circumstances, researchers can discover ways to increase help-seeking behavior in police populations. However, since it was previously believed that reducing the stigma was the only way to improve the situation, these other factors have not been sufficiently explored.

A review of the literature made it clear that officers suffering from mental health issues can be a danger to themselves, their co-workers, and the community (President's Task Force on 21st Century Policing, 2015). It is also known that the majority of police officers do not seek help for these issues, which has been blamed primarily on the mental health stigma in the

profession. However, Drew and Martin (2021) indicated that 70% of officers accessed mental health services despite retaining high levels of stigma. The problem is that the factors that enabled these officers to overcome the stigma are unknown. Identifying these factors may be the key to improving help-seeking behavior within the profession.

Purpose Statement

The purpose of this exploratory, qualitative, phenomenological study was to determine which factors and conditions increase the probability of law enforcement officers' help-seeking behaviors. At this stage in the research, help-seeking behavior was defined as positive actions toward initiating mental health services. The mere intention was not conflated with actual behavior, consistent with McLaren et al.'s (2021, 2023) SMHM, which defined help-seeking intention and help-seeking behavior as two distinct steps. The methodological framework guiding this study is Smith et al.'s (2022) and Smith and Nizza's (2022) IPA, which helps researchers understand complex concepts, such as those affecting help-seeking behavior, from the participants' point-of-view (Alase, 2017; Tuffour, 2017). In addition, the study was guided by Park's (2010) MMM.

An exploratory, qualitative study was chosen to determine why some law enforcement officers seek help while many do not. The quantitative studies demonstrating the prevalence of the stigma against seeking help in the law enforcement profession have been well documented (Craddock & Telesco, 2022; Drew & Martin, 2021). While this establishes the significance of the problem, it does little to address it. Furthermore, Hofer and Savell (2021) noted that quantitative studies are ineffective at discovering factors and influences in complex and dynamic environments. Qualitative interviewing is much more effective in this type of endeavor as it "involve[s] hearing the richness of human experience" (Maxfield & Babbie, 2018, p. 268). The

researcher can learn from the participants' words unique factors and facilitators of help-seeking behavior via intensive interviews with open-ended questions.

The sample population consisted of active or retired law enforcement officers who have sought help from a qualified mental health professional. An unstructured interview of open-ended questions, facilitated by an interview guide, guided the researcher in identifying the underlying conditions and factors that facilitated the decision to seek help.

Significance of the Study

Law enforcement is one of the most stressful professions, and police work causes officers to experience vicarious trauma through interactions with victims; these factors increase the probability of mental health conditions among officers (Wheeler et al., 2021). The stress of the profession has been demonstrated to negatively affect these officers' mental health and quality of life (Short, 2021). Delayed treatment or maladaptive coping leads to worse outcomes for officers (Di Nota et al., 2021; Rikkers & Lawrence, 2021). These maladaptive mechanisms include cynicism, emotional detachment, and high-risk behavior such as sexual promiscuity (Arter, 2019).

Understanding why some officers overcome the stigma of seeking help may inform strategies to increase the probability of help-seeking behavior within the profession. Tuffour (2017) stated that qualitative studies find meaning in complex social phenomena. Underlying causes in help-seeking behavior certainly fit this criterion. IPA "allows for multiple individuals (participants) who experience similar events to tell their stories without any distortions and/or prosecutions" (Alase, 2017, p. 11). Unlike other qualitative methodological approaches, which attempt to frame the problem through the lens of an existing theory, the phenomenological approach allows the researcher to explore the participants' stories unencumbered by the

constraints of attempting to superimpose a theory on a situation where it might not fit (Alase, 2017; Creswell & Creswell, 2018).

Police officers are more likely to adopt maladaptive coping mechanisms than participate in mental health treatment due to the stigma (Gutschmidt & Vera, 2022; Mushwana et al., 2019; Syed et al., 2020). As a result, their conditions tend to worsen, inhibiting officers' abilities to regulate their emotional states, leading to an increase in aggressive and potentially discriminatory behavior (Grupe et al., 2021; Hofer et al., 2021) and misconduct (Bishopp et al., 2020; Velazquez & Hernandez, 2019). Unfortunately, stress-related misconduct can take many forms, including sexual misconduct (DeVylder et al., 2019; Dockstader, 2019). Officers facing excessive stress are more likely to shoot at a suspect inappropriately and miss (Verhage et al., 2018). In addition, DeVylder et al. (2019) found a correlation between abusive policing practices and PTSD symptoms.

Changing parameters to increase the ratio of officers seeking help versus employing maladaptive coping techniques can improve police-community relations by reducing stress-induced aggression, further curtailing the impact of that stress, which should decrease violent, delinquent, and risky behavior. Therefore, improving the mental health outcomes of officers is likely to improve the lives of officers and people in the community. Schofield (1969) suggested that increasing the probability of seeking help by reducing the stigma associated with behavioral health interventions will help improve officers' physical and mental health. A necessary step in this process is increasing the number of officers seeking help. As a result, this study will focus on active and retired law enforcement officers who engaged in mental health interventions to understand the factors that facilitated their decision to participate in these programs.

Research Questions

Law enforcement is a particularly stressful profession. Police officers are more likely to develop mental health issues than the general public; however, there is a notable stigma against seeking help in the police culture. Consequently, those needing help the most may be the least likely to pursue it. While mental health stigma has been identified as a significant barrier to help-seeking behavior, recent studies indicate that some officers seek mental health treatment despite retaining this stigma. This study aims to determine which factors and conditions increase the probability of help-seeking behavior in law enforcement populations.

As a result of the high levels of stress in the profession, police officers are more likely to suffer from mental health issues than their civilian counterparts (Carleton et al., 2020; Denney et al., 2020; Lane et al., 2022; Velazquez & Hernandez, 2019). Unfortunately, mental health stigma has been identified as a significant barrier to seeking treatment, particularly for police officers (Burns & Buchanan, 2020; Lane et al., 2022; Newell et al., 2022; Richards et al., 2021; Wheeler et al., 2021). However, Drew and Martin (2021) found that some officers seek help for their conditions despite retaining high levels of stigma. Unfortunately, the factors that help overcome the mental health stigma were not identified. Therefore, the first proposed research question for this study was:

RQ 1: What factors facilitate help-seeking behavior for law enforcement officers?

Additional information is necessary because some research found differences between help-seeking intention and action (Wei et al., 2013). Therefore, the second research question was:

RQ 2: What specific factors facilitate the transition from denial or other maladaptive coping mechanisms to accepting that the utilization of mental health resources is necessary to improve the present condition?

Studies found that help-seeking intention does not always lead to action (Lane et al., 2022; Nagai, 2015; Rafferty et al., 2019). McLaren et al. (2023) considered forming an intention to seek help and taking action to seek help as separate steps. So, the third research question was:

RQ 3: What factors convert help-seeking intention into action?

Definitions

In the United States, there are various definitions of a police officer and a law enforcement officer, but these terms are used interchangeably in this study. Officers may be sworn or unsworn; some may not carry weapons. Some states use police and peace officer to differentiate between various statuses, while others have different classes of police officers. Therefore, the following definitions were provided to ensure consistency. Regarding help-seeking behavior, many studies use help-seeking intention as a proxy or treat the two terms as interchangeable. However, Nagai (2015) noted that while help-seeking intention can predict behavior, the terms are distinct enough that they should be considered as separate factors.

1. *Help-Seeking Behavior* – Help-seeking behavior is actual contact with a qualified mental health service or resource and active steps to initiate service, treatment, or intervention (Nagai, 2015). For this study, services and resources will include professionals and paraprofessionals, such as psychologists, psychiatrists, licensed therapists, chaplains and other clergy, and peer support team members. Help-seeking intention is not the equivalent of behavior (Rafferty et al., 2019; Wei et al., 2013). Therefore, the two terms were not used interchangeably.

2. *Mental Health Services* – Mental health services include medications to improve or maintain one's mental health (American Psychological Association, 2023).
3. *Retired Law Enforcement Officer* –

> (1) Retired in good standing from service with a public agency as a law enforcement officer…(2) before such retirement, was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest; (3)(A) before such retirement, was regularly employed as a law enforcement officer for an aggregate of 15 years or more; or (B) retired from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency; (4) has a nonforfeitable right to benefits under the retirement plan of the agency. (Law Enforcement Officers Safety Act of 2004, 2004, sec. 3)

4. *Sworn Law Enforcement Officer* –

> (1) is authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and has statutory powers of arrest; (2) is authorized by the agency to carry a firearm. (Law Enforcement Officers Safety Act of 2004, 2004, sec. 2)

Summary

Law enforcement is a stressful profession, making police officers more prone to stress-related illnesses than the general public. However, there is also a stigma in the profession against seeking mental health services. As a result, those most likely to benefit from counseling by a

mental health professional are the least likely to seek it. While stress, mental health issues, and stigma have been documented, there is a gap in the literature on the factors that attenuate the stigma and increase help-seeking behavior among sworn law enforcement officers. Due to the significant gap in the research, an exploratory, qualitative IPA was selected. This study aimed to determine what factors are independent variables, either increasing or inhibiting the likelihood of seeking mental health services. An extensive interview, consisting primarily of open-ended questions, was conducted among law enforcement officers who have voluntarily sought treatment. While the study's sample size was limited, the resulting critical variables in pursuing treatment will inform future qualitative studies.

CHAPTER TWO: LITERATURE REVIEW

Overview

Stress and mental health issues can negatively impact police officers' performance, including their decision-making abilities, behavior, and productivity, which can result in strained relationships between police and the community and hinder the implementation of criminal justice policies. Therefore, it is crucial to prioritize officers' mental health by encouraging them to seek help voluntarily. Despite progress in this area, studies indicate that the stigma associated with seeking help remains a significant obstacle for officers to receive treatment. While it is known that the stigma exists, the factors that can overcome it and facilitate help-seeking behavior are not well understood. Previous research focused on reducing stigma, but recent studies have shown that this alone does not encourage help-seeking behavior. The deficit of knowledge about the facilitators of this behavior is a significant gap in current research and a barrier to increasing officers' access to mental health support.

The following literature review examined what is known about the topics relevant to police officers' help-seeking behavior. First, relevant theories and models were examined to establish a theoretical framework. Next, the problem's significance was established through research analysis on the effects of stress and sleep deprivation on police officers. The literature on help-seeking behavior was examined to determine what is already known. Since there is a lack of competent research, help-seeking behavior in other populations was analyzed. This chapter concludes by examining gaps in the research.

Theoretical Framework

There is no existing theory on the factors facilitating law enforcement populations' help-seeking behavior independent of stigma reduction. With a deficit of research in this area and no

existing theory to draw from, there is a call for exploratory research. A phenomenological approach guided the overall methodological framework. McLaren et al.'s (2021, 2023) seeking mental healthcare model (SMHM) guided and focused the study. Finally, this research was analyzed through the lens of Park's (2010) meaning making model (MMM) theory.

Phenomenological Approach

Individuals often make decisions based on their perceptions, perspectives, and experiences (Cassidy, 2022), known as their lifeworld (Bevan, 2014). These factors are often intangible. However, through a phenomenological study, these factors can be distilled, coded, and eventually named (Peoples, 2021; Willis, 2001). At its core, phenomenology examines experiences (Smith et al., 2022). It is important to note that similar experiences may have very different meanings between people (Glesne, 2016). For this reason, Smith et al. (2022) cautioned that researchers should note that there is a tendency to try and fit things into categories where they may not belong. IPA does not attempt to force the data through an existing theory; as such, it allows the researcher to follow the data wherever it may lead (Alase, 2017; Creswell & Creswell, 2018). IPA requires the researcher to bracket off preconceived notions or beliefs (Creswell & Poth, 2018; Peoples, 2021; Thomas, 2021; Wood et al., 2017).

As a participant-centered method, IPA allows participants maximum leeway in telling their stories (Alase, 2017; Creswell & Creswell, 2018). This freedom is crucial because true understanding requires the researcher to examine the phenomenon from the participants' perspectives. Thomas (2021) noted that an overly structured interview can provide misleading results, interrupt the flow of the conversation, and damage the rapport between researcher and participant. Therefore, this study utilized a semi-structured interview with structure to ensure that all of the required topic areas were covered. Regarding phenomenological interviews, a shared

identity, or other shared characteristics between participants and the researcher promote trust and facilitate discussion (Tuffour et al., 2019). The researcher's 24 years of law enforcement experience elicited trust with the participants.

Westin (2022) noted that phenomenology is suited to exploring issues related to trauma and healing (see also Smith & Nizza, 2022). Specifically, it focuses on lived trauma and how it can shape experience, which is a double hermeneutic, allowing the researcher to distill deep meaning from the research. During the interview, participants described how they make meaning from their experiences. Later, during the analysis, the researcher "tries to decode that meaning to make sense of the participants' meaning making" (Pietkiewicz & Smith, 2014, p. 8). As a result, a phenomenological approach allows the researcher to distill deep meaning from the participants' lived experiences (Creswell & Poth, 2018).

Seeking Mental Healthcare Model

The SMHM posits that there are four steps to seeking mental health treatment (McLaren et al., 2021, 2023). In the first step, the person experiences a mental health disorder or illness symptoms. Step two is self-identification, where the person accepts having a mental condition, which is not automatic, as some remain in denial, whereas others perceive that they have a physical illness rather than a mental one (Berg et al., 2006; Horsfield et al., 2020; Papazoglou & Tuttle, 2018). While many studies conflate help-seeking intention and behavior (Lane et al., 2022; Nagai, 2015; Rafferty et al., 2019), the SMHM separates intention, step three, and actual behavior, step four (McLaren et al., 2021, 2023). While this distinction may appear superfluous at first glance, it may be critical in understanding the phenomenon of police populations' help-seeking. For example, in military populations, Rafferty et al. (2019) found that there were

different barriers at various stages of the help-seeking journey. If the situation were similar in law enforcement, a model that combined separate steps might result in misleading information.

The research on law enforcement populations noted that mental health stigma is a significant barrier to help-seeking (Fox et al., 2012; Lane et al., 2022). Consistent with the mental illness stigma framework, which posits that stigma will affect help-seeking behavior (Fox et al., 2018), much of the research on police officers has focused on reducing stigma. However, Drew and Martin (2021) found that some police officers seek help despite retaining high levels of stigma, suggesting that there are factors that facilitate help-seeking behavior by mediating, but not reducing, mental health stigma in police officers (see also Wester et al., 2010).

In order to uncover the factors that facilitate help-seeking behavior in law enforcement populations, it was necessary to examine those factors through the understanding of officers who have successfully sought metal health assistance. Therefore, this study examined active and retired law enforcement officers' steps to mental health treatment, using the SMHM as a guide.

Meaning Making Model

Park (2010) postulated that individuals make sense of the world around them through a filter of orienting systems consisting of, among other things, beliefs and perspectives. She referred to this overarching system as a global meaning. However, she noted that stressful situations can create a condition inconsistent with one's global view of the world. Individuals assign situational meaning to these events. According to Park, the discrepancy between one's global and situational meaning can lead to additional stress as the person struggles to reconcile the differences.

When viewing the MMM from a law enforcement perspective, it makes sense that police populations differ significantly from their civilian counterparts. A police officer's general

meaning is heavily influenced by police culture, which suggests that police officers are helpers, not those in need of help (Grupe, 2023; Porter & Lee, 2023; Violanti, 2019). If a police officer encounters a stressful situation beyond their current coping skills, they might develop a situational meaning that suggests they seek help. However, this contradicts their global meaning, which becomes a source of additional stress (Fitzke et al., 2021; Park, 2010), and increased psychological distress is negatively correlated with help-seeking behavior (Grupe, 2023).

Related Literature

The public's confidence in law enforcement is waning, and people demand significant change. Some are also calling for de-funding the police. Even areas that were traditionally supportive of law enforcement are under fiscal pressure. On top of that, police officers are physically and mentally struggling. Today's law enforcement leaders need to find solutions to meet the needs of their officers and the public without exceeding their diminishing resources.

Mental health and sleep deprivation have a drastic impact on an officer's well-being and performance. Sleep deprivation is relevant to this topic for two reasons. First, there is a bi-directional relationship between mental health and sleep. Second, mental health interventions can resolve some sleep disorders (Jansson-Fröjmark & Norell-Clarke, 2018; Shatkin et al., 2022). Therefore, increasing help-seeking behavior may resolve mental health issues and sleep disorders. However, little is known about the factors that facilitate police officers' help-seeking behavior independent of stigma reduction. Much of this area's research focused on reducing stigma. However, some recent research suggested that reductions in stigma increase intentions to seek help, but this does not equate to an increase in actual behavior. Other studies found that some officers seek help despite retaining high levels of stigma. What has not been covered in the research are the factors that facilitate help-seeking by mitigating the impact of stigma without

reducing it. Uncovering why some officers seek help despite the stigma against doing so represents the fundamental gap in the current research.

Stress in Police Work

Police work is stressful (Kurtz & Hughes, 2021; Police Executive Research Forum, 2019). Some studies suggest police officers are more resilient than their civilian counterparts (Regehr et al., 2021). However, police officers are subject to significantly more stress than their civilian counterparts. Almost all police officers experience a critical incident within their first two years (Porter & Lee, 2023; Wagner et al., 2019). According to Chopko et al. (2015), the average police officer will witness over 188 critical incidents in their career (see also DeVylder et al., 2019). This stress has a cumulative effect on police officers and other first responders (Milliard, 2021; Syed et al., 2020) and can have adverse effects on an officer's physical and mental health (Acquadro Maran et al., 2018; Land & Guan, 2019). The cumulative effect of these critical incidents can reduce the effect and shorten the duration of mental health interventions (Alden et al., 2021).

Police officers have high rates of physical and mental disorders (Syed et al., 2020), and almost half of police officers have a diagnosable sleep disorder (FOP Wellness Committee, 2018; James, 2018). Sleep disorders are critical for two reasons. The first is that sleep and mental health have a bi-directional relationship (Angehrn et al., 2020). Therefore, a problem in one area can lead to problems in another, and problems in both areas can form a negative feedback loop, which may quickly cause a debilitating condition. The second issue is that sleep deprivation can serve as a barrier to seeking mental health services (Copenhaver & Tewksbury, 2018).

The Impact of Critical Incidents on Law Enforcement Officers

Police work involves frequent and often prolonged exposure to critical incidents, which can negatively impact the police officers' physical, emotional, and mental wellbeing (Craddock & Telesco, 2022; Velazquez & Hernandez, 2019). Craddock and Telesco (2022) noted that these critical incidents do not need to be experienced directly; instead, they can result from the vicarious trauma of seeing or hearing about critical incidents through the victims the officers encounter during their shifts. Some studies suggest that the frequency of these traumas may be more critical than the severity (Drew & Martin, 2021) and that the signs and symptoms of vicarious trauma are indistinguishable from personally experienced critical incidents (Daniel & Treece, 2022). In addition, police officers are human and bring any unresolved trauma from their family life with them (Ricciardelli et al., 2021). The combination of personal stress and vicarious stress can overwhelm even the most resilient officers.

Social support through family and friends can bolster an officer's mental health (Karaffa & Koch, 2016). However, police work can increase family stress because law enforcement schedules often limit officers' time with their families, increasing work-family conflict and weakening their social support structure. For example, one-third of law enforcement officers stated that they had family problems due to stress (Craddock & Telesco, 2022). In addition to exposure to critical incidents through police work, officers also experience organizational stress through their agencies and supervisors (Chan & Andersen, 2020; Craddock & Telesco, 2022; Edwards, 2023). As a result, it is estimated that over one-third of law enforcement officers have PTSD or at least some of the symptoms thereof (Craddock & Telesco, 2022; Drew & Martin, 2021).

Police officers are more likely to commit suicide due to the stressors inherent in law enforcement than the general population, and they are more likely to die by suicide than to be killed in the line of duty (Craddock & Telesco, 2022). The rate of suicide among police officers in the United States is 69% higher than the general population (Richards et al., 2021; Violanti et al., 2013). Stress-induced disorders can negatively impact family life and work performance (Geronazzo-Alman et al., 2017). In addition, unresolved mental health issues can increase the propensity of engaging in risky behavior and can lead to gambling, substance abuse, or other addictions (Denney et al., 2020; Drew & Martin, 2021). Drug abuse and mental health are interrelated and can cause a negative feedback loop where both conditions have a synergistic effect, causing detriment (Corrigan et al., 2014).

Impact of Sleep and Officer Mental Health on Law Enforcement Operations

Stress and mental health disorders are negatively correlated with productivity in law enforcement officers, which reduces the effectiveness of these officers in the implementation of criminal justice policy (Boatright et al., 2021; Fox et al., 2012; Hofer & Savell, 2021). Furthermore, both conditions negatively impact an officer's decision-making cycle and may increase the propensity of using force (Gutshall et al., 2017; Hofer & Savell, 2021) and engagement in delinquent behavior (Barnes et al., 2011; Bishopp et al., 2020). Stress may not affect an officer's judgment and accuracy. An officer with a stress-related disorder is not only more likely to shoot at a suspect who is trying to surrender, but they are also more likely to miss (Verhage et al., 2018). Post-traumatic stress and exposure to critical incidents can impact the quantity and quality of sleep (Angehrn et al., 2020; Craddock & Telesco, 2022). The reduction in sleep, in turn, exacerbates the mental health disorder's effects on decision-making and judgment (Angehrn et al., 2020; Scullin et al., 2020; Verhage et al., 2018; Yoo et al., 2007), including

overt displays of racial bias (James, 2018; Zhang et al., 2020). Sleep deprivation can also amplify the effect of PTSD on increasing violent behavior (Barnes et al., 2011). Officers with mental conditions cost their agencies approximately $4,000 per year (Fox et al., 2012).

Impact of Officer Mental Health on Police-Community Outcomes

Law enforcement officers' unresolved mental health issues can significantly degrade police-community relations. For example, Drew and Martin (2021) noted that untreated mental health conditions could negatively impact an officer's interpersonal skills, affecting the ability to de-escalate situations. Also, officers suffering from stress-related disorders are likely to act aggressively (Bell et al., 2022; Craddock & Telesco, 2022; Drew & Martin, 2021). Mental health disorders correlate with officer misconduct (Bishopp et al., 2020; Velazquez & Hernandez, 2019) and civilian complaints (Rahn, 2019; Rajaratnam et al., 2011). PTSD is associated with abusive policing practices, such as excessive or unnecessary force, threats or intimidation, or inappropriate sexual conduct (DeVylder et al., 2019). Mental illness is likely to amplify risk-taking behavior, increasing the likelihood of officers injuring themselves, their partners, or a member of the community (Drew & Martin, 2021; Soomro & Yanos, 2019).

Research on Mental Health Stigma

Law enforcement officers are at high risk for mental health disorders because of the increased prevalence of stress and chronic exposure to traumatic incidents, including depression, PTSD, anxiety, and substance abuse (Carleton et al., 2020; Denney et al., 2020; Lane et al., 2022; Velazquez & Hernandez, 2019). However, the profession also has a significant stigma (Drew & Martin, 2021; Soomro & Yanos, 2019; Wheeler et al., 2021). There is considerable research on stigma, including literature on stigma in police officers. However, the factors that help overcome stigma, especially in law enforcement officers, remain relatively unknown.

Stigma

Defining stigma can be problematic. There are different types of stigmas. If this were the only issue, it would be easily corrected by properly using the appropriate adjective. However, even the root word is prone to various definitions. Dobson and Stuart (2021) posited that more than seven acceptable definitions of the word exist. The authors noted that the Greek origin of the word refers to a mark or brand and, in some contexts, is not necessarily negative.

The effects of stigma can be significant and may include lower quality of life, impeded social relationships, lowered health and resilience, and reduced help-seeking behavior (Drew & Martin, 2021; Soomro & Yanos, 2019; Stangl et al., 2019). Self-stigma, also known as internalized stigma, is positively correlated with psychological distress, which can exacerbate existing mental health conditions or create new ones (Fox et al., 2018). While there are many barriers to help-seeking, mental health stigma is recognized as a significant barrier (Drew & Martin, 2021; Komlenac et al., 2022; Levin et al., 2018), particularly in law enforcement populations (Burns & Buchanan, 2020; Lane et al., 2022; Newell et al., 2022; Richards et al., 2021; Wheeler et al., 2021) and other first responders (Haugen et al., 2017; Klimley et al., 2018; McCall et al., 2021). Many officers are reluctant to seek help because they view this step as an admission of weakness (Auth et al., 2022), while others worry about being declared unfit for duty (Craddock & Telesco, 2022).

Stigma can lead to negative stereotypes. For example, in a study of Canadian public safety officers, Ricciardelli et al. (2020) found that many officers felt some were abusing the system for their own benefit, believing that officers feigned a mental health condition to extend their vacation, while others suggested that some employees were claiming personal stress as a

work-related condition. Others felt that officers who took time off for a mental condition were weak or were possibly trying to get back at management.

Types of Stigmas

While some researchers use the term stigma generically, several types of stigmas exist. Drew and Martin (2021) noted three types of stigma relevant to the issue of police officers and help-seeking: public, self, and peer (see also Karaffa & Koch, 2016). Structural stigma has also been identified as a significant factor in help-seeking behavior (Dobson & Stuart, 2021; Ungar & Knaak, 2021).

Public Stigma. Public mental health stigma includes the public's stereotypes, beliefs, perceptions, assumptions, and other attitudes regarding mental health issues or disorders (Drew & Martin, 2021). Public or social stigma involves labeling or creating some differentiation between the public and those with a mental health condition (Dobson & Stuart, 2021). This type of stigma involves the perpetuation of stereotypes and prejudices by members of the public projected onto individuals with a mental health issue (Chen & Stuart, 2021). Public stigma affects one's treatment of others more than one's own help-seeking behavior (Burzee et al., 2022).

Self-Stigma. Self-stigma or internalized stigma refers to an internalization of the perceived public beliefs regarding mental illness (Drew & Martin, 2021; Milliard, 2021). Public stigma, or at least the perception of public stigma, is a prerequisite to self-stigma. According to Wester et al. (2010), self-stigma can significantly impact one's self-esteem. Self-stigma also correlates with increased feelings of devaluation and mistrust (Sukhera et al., 2022). Velazquez and Hernandez (2019) noted that self-stigma reduces help-seeking behavior through label avoidance. Milliard (2021) posited that self-stigma is a more significant factor than public

stigma, particularly in first-responder populations. Self-stigma can also lead to self-isolation, withdrawal, reduction in the pursuit of training or promotion opportunities, and other adverse work effects (Dobson & Szeto, 2021). It can also make people feel less connected to their organization, leading to higher costs and turnover, reduced morale and productivity, and increased absenteeism.

Peer Stigma. Peer stigma refers to the attitudes and beliefs regarding the help-seeking of a group that one identifies with. The effect of peer stigma depends on the strength of identification with the group (Drew & Martin, 2021). Members of the group may fear being ostracized or be thought of as weak if they seek care for a mental health condition (Drew & Martin, 2021; Wheeler et al., 2021; Worrall et al., 2018). Drew and Martin (2021) suggested that there may be considerable differences between perceived and actual beliefs. For example, many officers perceive that issues with mental health would not be supported, but surveys of officers suggest that this is not necessarily true. In other words, perceived peer stigma may be more of an issue than actual peer stigma.

Structural Stigma. Structural stigma refers to the rules, norms, policies, and procedures of an organization or society (Hofer & Savell, 2021; Sukhera et al., 2022). Hofer and Savell (2021) suggested that police culture can be a part of the structural stigma (see also Edwards & Kotera, 2021). Accessibility and availability are also considered factors of structural stigma (Staiger et al., 2017). Sukhera et al. (2022) noted that some providers consider substance abuse, physical health, and mental health as separate issues. They suggested that this should be considered a component of structural stigma as it means that individuals may receive treatment for their symptoms but not comprehensive care for their overall condition.

Pluralistic Ignorance

Karaffa and Koch (2016) stated that pluralistic ignorance is critical to understanding stigma, particularly in law enforcement populations. Pluralistic ignorance is a condition where an individual incorrectly believes that the group's attitudes and beliefs drastically differ from their own. Given these incorrect assumptions, individuals are reluctant to discuss related matters with the group for fear of being ostracized, ridiculed, or otherwise treated differently. For example, the majority of officers stated that they would be supportive of peers with a mental health condition but felt that most officers did not share this attitude. The result is that officers conform to the perceived norms of the group, even though these norms do not exist (Sargent & Newman, 2021).

Mental Health Stigma in Specific Populations

While much can be learned from research on stigma in general populations since there are statistically significant differences in stigma in law enforcement (Burns & Buchanan, 2020; Lane et al., 2022; Newell et al., 2022; Richards et al., 2021; Wheeler et al., 2021) and other first-responder populations (Haugen et al., 2017; Klimley et al., 2018; McCall et al., 2021), it is essential to study these separately as well. Literature from similar populations, such as the military (Drew & Martin, 2021; Haugen et al., 2017), was also considered because of the limited research in this area.

Mental Health Stigma in Law Enforcement. According to Drew and Martin (2021), the rate of mental health stigma in the general population is approximately 25%, while in law enforcement, it is about 33%. Velazquez and Hernandez (2019) posited that this is due, at least in part, to the unrealistic expectations of society; officers are expected to handle critical incidents and move on to the next call. This expectation contributes to a higher stigma among police

officers. Officers are expected to be there when others need help; they are not expected to need help themselves. Another factor is the inherent distrust of others within the policing profession, which creates a barrier against trusting mental health professionals and clinicians (Lane et al., 2022). As a result, less than half of law enforcement officers with mental conditions seek professional help (Fox et al., 2012; Police Executive Research Forum, 2018); of those with anxiety and depression, the rates of help-seeking are less than 10% (Drew & Martin, 2021). Another issue is that police officer encounters with the mentally ill distort their perceptions. Most police contacts are with those with severe conditions who are not taking medication (Richards et al., 2021). While these cases are not typical of people with mental health disorders, they are perceived to be typical in a police officer's mind due to the disproportionate police contact with this population. Having a mental illness is equated to having an extreme disorder. Officers do not see the outcomes of moderate conditions managed by medication and other therapeutic interventions. Consequently, the officers' views regarding the mentally ill are significantly more negative than those of the general population (Soomro & Yanos, 2019). Hence, the stereotype of mental disorders being severe and untreatable serves as a significant barrier to care.

Another difference between law enforcement and the general population is the effect of having a mental health disorder. While having a mental illness is correlated with lower levels of stigma in the general population (Couture & Penn, 2003; Drew & Martin, 2021; Parcesepe & Cabassa, 2013), the opposite effect has been noted in law enforcement populations (Drew & Martin, 2021; Soomro & Yanos, 2019). In addition, the consequences of police officers being diagnosed with a mental disorder are more significant than for civilians. For example, a police officer with a mental health condition may be stripped of their weapon, miss out on a promotion,

or lose their job (Milliard, 2021). In addition, many officers are concerned that a mental health diagnosis may cause their coworkers to lose trust in them (Watson & Andrews, 2018).

While increased stigma is associated with lower help-seeking behavior in police officers (Wheeler et al., 2021), reductions in stigma did not equate to increases in help-seeking behavior (Drew & Martin, 2021; Wester et al., 2010). Furthermore, Drew and Martin (2021) found that some officers sought help despite retaining high levels of stigma, which suggests that more research is needed on how stigma impacts help-seeking behavior in law enforcement populations. Either the relationship is not as direct as previously thought, or other factors mediate or attenuate the effects of stigma on help-seeking behavior. It should be noted that this disconnect between stigma and help-seeking behavior is not exclusive to law enforcement but is present in other emergency responders. For example, Krakauer et al. (2020) found that paramedics had low levels of stigma but also had lower levels of help-seeking when compared to other first responders with higher levels of stigma.

Gender and Mental Health Stigma in Police Officers. According to Lane et al. (2022), the research on gender differences in law enforcement populations is mixed. Some studies suggest that female officers have a lower level of stigma, but other studies find no difference. The lack of difference may be because law enforcement is male-dominated, and females are likely to adapt to fit in. Interestingly, in the military, which is also a male-dominated profession, most studies show that females are more likely to seek help (Hom et al., 2017). Further research is needed to clarify what role, if any, gender plays in mitigating help-seeking behavior in law enforcement populations.

Regarding gender differences, Violanti et al. (2016) noted that some studies suggest that female officers had high levels of perceived stress, while other studies did not find significant

differences. However, the authors did find that female police officers have unique stressors, including bias, sexual harassment, perceived lower levels of support from the administration than male officers, and "feeling the need to prove themselves" (p. 2). Despite the increased stressors in female officers, male officers are still more likely to die by suicide.

Mental Health Stigma in the Military. The literature on mental health stigma in the military can be valuable because of the similarities between military and law enforcement populations. Military and law enforcement populations have similar levels of stigma (Drew & Martin, 2021; Haugen et al., 2017). Another similarity is that both professions have a strict ethical code and a hierarchal chain of command (Cuyler & Guerrero, 2019). The two professions also value self-reliance (Bein et al., 2019; Britt et al., 2020). Like law enforcement officers, service members tend to avoid mental health interventions (Frank et al., 2018). In the rare cases where treatment is sought, military populations tend to delay seeking treatment until after conditions become particularly severe, which has also been noted in law enforcement officers (Rikkers & Lawrence, 2021).

Cuyler and Guerrero (2019) noted that reductions in stigma are not correlated with increases in help-seeking behavior, which is consistent with Drew and Martin's (2021) findings in police officers. Cuyler and Guerrero posited that other factors play a significant role in affecting help-seeking behavior. For example, they noted the trend of military personnel distrusting those outside their profession. Other barriers included not knowing where to get help or what help was available. These factors are similar to the findings in law enforcement populations. Potential career consequences negatively impacted help-seeking behavior among service members, similar to research on police officers (Auth et al., 2022; Bell et al., 2022; Hom et al., 2017; Hofer et al., 2021; Richards et al., 2021). Hom et al. (2017) found that military

service members often delay treatment until they reach a debilitating state, which has been called reaching a crisis threshold. Bell et al. (2022) reported similar findings in English and Welsh police officers.

Other Barriers to Help-Seeking

Some studies identified police culture as a barrier to help-seeking (Edwards & Kotera, 2021; Ricciardelli et al., 2021; Velazquez & Hernandez, 2019). For example, Edwards and Kotera (2021) noted that officers are not expected to discuss their emotions or seek help. However, other authors do not consider police culture a separate barrier; instead, they deem it a component of structural stigma (Hofer & Savell, 2021; Staiger et al., 2017; Sukhera et al., 2022). Another barrier is the police officers' priority on self-reliance. In police culture, officers see themselves as helpers of others, not the ones needing help (Edwards & Kotera, 2021; McCall et al., 2021). As one police officer put it: "It's not appropriate; it's the vulnerableness of it that I don't like. My role is always to help the vulnerable, not be the vulnerable person" (Burns & Buchanan, 2020, p. 18).

Dockstader (2019) noted a lack of mental health literacy in the profession. Due to this issue, many officers do not seek care because they are unaware that they have a mental health condition. In some cases, officers recognize that they have a mental health issue but avoid seeking help because they are unaware of the resources available (Spence, 2017). Sleep deprivation can be a barrier. Copenhaver and Tewksbury (2018) found that sleep was positively correlated with help-seeking behavior.

Ricciardellli et al. (2021) found that groupthink can be a significant barrier to help-seeking in law enforcement populations. The authors noted that groupthink is prevalent in police organizations due to the combination of high stress, group cohesion, and a structured hierarchy.

Unsupportive families or organizations could also hinder help-seeking (Richards et al., 2021). For other officers, the fear of the effects of an intervention on their families created a significant barrier to seeking help (Wheeler et al., 2021).

Other barriers include provider-level issues, such as lack of access or availability, treatment not being covered by insurance, and a lack of cultural competence with the mental health community (Corrigan et al., 2014). One survey found that over half of the officers queried believed that mental health professionals would not understand law enforcement populations' unique concerns and factors (FOP Wellness Committee, 2018). Culturally competent providers are familiar with the peculiarities of law enforcement, but some officers do not have access to them or may not know where to find them (Hofer & Savell, 2021). Another issue is the level of care. Treatment with positive results is likely to facilitate repeated help-seeking behavior, but adverse treatment would have the opposite effect. Corrigan et al. (2014) found that less than half of those seeking help for a mental health condition receive adequate care. One issue the authors noted is that many initially seek help in a general care facility where the personnel lack the required training to diagnose mental health conditions effectively and are unlikely to make the appropriate referrals.

Help-Seeking Behavior

Rickwood and Thomas (2012) found that the definition of help-seeking varies across different studies, with some focusing on the intention to seek help while others consider help-seeking as initiating a process. The authors suggested a new definition for future research to address this issue. They defined help-seeking in the mental health context as an adaptive coping process that involves seeking external assistance to deal with a mental health concern. This definition is scalable and flexible, but researchers must clarify how they apply it. For instance,

the process can refer to an attitude, intention, or observable action. The authors emphasized that attitudes have limited utility, and studies should focus on the latter two categories. Moreover, the support can be either formal interventions from qualified mental health professionals or social support, with sub-categories, such as informational and affiliative support.

According to Rafferty et al. (2019), help-seeking is not a single event but a process. The authors identified three steps to help-seeking. The steps involve recognition by the subject, a decision, and an action. Understanding all three steps is critical for facilitating help-seeking behavior. Although this study was conducted on military personnel, the results should be valuable due to the similarities between the two populations.

In step one, subjects recognize they have the signs and symptoms of a mental disorder (Rafferty et al., 2019). Unfortunately, in many cases, the subjects do not recognize the signs until they reach the point of debilitation, where they can no longer manage their symptoms, and the body can no longer compensate for their condition, which is a critical threshold, also known as hitting rock bottom. The authors posited that intervention by a trusted third party could help facilitate recognition (see also Daniel & Treece, 2022). However, they noted that much of contemporary literature focused on transitioning from recognition to intention, leaving a gap in the research on achieving step one and moving from intention to action.

In the second step, individuals consciously decide to seek help (Rafferty et al., 2019). However, the authors noted that the intention to seek help does not always lead to action. In military populations, individuals frequently believed their condition was not severe enough to justify seeking treatment. Others thought that relying on their own skills and abilities was more appropriate. Since Ricciardelli et al. (2021) found similar beliefs in police officers, it makes sense that this would also be a separate and distinct step in law enforcement populations.

Rafferty et al. (2019) found that reaching a crisis threshold and having a supportive chain of command facilitated this step.

The final step is initiating and continuing mental health treatment (Rafferty et al., 2019). Since much of the literature stops at the decision to seek care, analysis of this step is critical. There are several significant barriers at this stage, including prior adverse experiences with mental health practitioners, lack of accessibility and availability, and a lack of understanding of services and how to access them. Having positive post experiences and current positive beliefs about the effectiveness of treatment served to facilitate this step.

The SMHM is similar, except that the first step identified by Rafferty et al. (2019) is divided into two steps: sensing the symptoms and self-identification (McLaren et al., 2021). While this division may initially appear superfluous, it may be an essential distinction. Many of those who have mental illness identify as having a physical condition (Horsfield et al., 2020) because some mental health disorders can manifest physical symptoms (Klimley et al., 2018). Unfortunately, these individuals often do not receive appropriate care (Corrigan et al., 2014).

Facilitators of Help-Seeking Behavior

According to Drew and Martin (2021), lowering the stigma has not significantly increased treatment-seeking behavior in law enforcement populations (see also Wester et al., 2010). The authors found that most officers sought private therapy without connection to their agency, even though employer-sponsored resources were often more appropriate and readily available, suggesting a lack of connection to the employer may facilitate help-seeking behavior, although it may be maladaptive. Alleviating fears about the anonymity and confidentiality of employer-sponsored resources should help officers utilize appropriate interventions.

Drew and Martin (2021) noted that no empirical evidence exists on whether mental health awareness training and other education-based interventions increase help-seeking behavior. Furthermore, in police populations, reductions in stigma are not correlated with increases in seeking treatment. However, Copple et al. (2019) suggested that crisis intervention training (CIT) may increase help-seeking behavior. CIT is not designed as an officer mental health intervention; instead, it focuses on helping officers improve their interaction with citizens suffering from mental health disorders. However, the authors posited that this course might help police officers recognize their own signs and symptoms of mental health disorders. In addition, they suggested that the course material might normalize mental illness, thereby making the stigma less of a barrier to seeking help.

While this area is understudied, some evidence points to positive factors facilitating help-seeking behavior. For example, peer support programs serve as a gateway to mental health care (Horan et al., 2021; Milliard, 2020). Another facilitator is the influence of a trusted third party (Burns & Buchanan, 2020; Daniel & Treece, 2022). The relationship between the third party and the subject varied greatly. In some cases, it was a supervisor or peer; in others, it was a friend or family member.

Other facilitators include a sense of control over the situation and the perception of confidentiality or anonymity (Lanza et al., 2018). As a result, public safety officers often choose internet-based interventions (McCall et al., 2021). Soomro and Yanos (2019) found that non-white officers had lower hope of recovery but higher positive perceptions about seeking help, suggesting that there is a facilitator stronger than the hope of recovery. However, the study did not identify this factor. Copenhaver and Tewksbury (2018) found that sleep and a sense of control over one's job could be facilitating factors. Specifically, they noted that an additional

hour of sleep increased help-seeking behavior by 28.4%, while a sense of control over their job could more than double seeking mental health services.

Prevalence of the Stigma Against Seeking Mental Health Services

While the mental health stigma exists in the general population, it is more pronounced in law enforcement (Drew & Martin, 2021). One reason for this phenomenon is the belief that being diagnosed with a mental health condition would result in the officer being declared unfit for duty (Craddock & Telesco, 2022; Daniel & Treece, 2022). Officers may think that their peers will consider them unfit to serve as backup and that a mental health diagnosis may impact their opportunities for promotion or special assignments (Drew & Martin, 2021; Wheeler et al., 2021). There is also a general distrust of mental health practitioners among law enforcement officers (Drew & Martin, 2021) and the general population (Corrigan et al., 2014). A perceived lack of support for those with mental health conditions exists, with only one-third of officers believing that officers with mental disorders receive sufficient support (Daniel & Treece, 2022). Consequently, some studies suggest that only 10% of officers with mental disorders seek professional help, which leaves a considerable number of undiagnosed and untreated officers patrolling the streets (Drew & Martin, 2021).

The Effect of the Mental Health Stigma on Preventing Help-Seeking

Several aspects of mental health stigmas impede help-seeking behaviors. For example, according to Stangl et al. (2019), people with mental health disorders are often believed to be responsible for and should be ashamed of their condition. The authors noted that many think that there is no cure or hope for improvement from mental illness. Craddock and Telesco (2022) noted that many officers eschew seeking treatment to avoid being considered weak or unfit for duty. Instead, officers may attempt to resolve the issue themselves, often through maladaptive

coping mechanisms or self-medication (see also Velazquez & Hernandez, 2019). Many officers are concerned about effectiveness, accessibility, and anonymity (Wheeler et al., 2021). In addition, some suggest that encounters with mentally ill people on the street may contribute to the mental health stigma in the law enforcement profession (Newell et al., 2022).

Drew and Martin (2021) estimated that 40% of officers require but do not actively seek mental health treatment. They found that over 80% of officers cited being considered weak or unfit for duty, over 75% were concerned about advancement opportunities, and about 50% felt that mental health practitioners would not understand the unique nature of the law enforcement profession. Some officers expressed concern about how a mental health diagnosis would affect their ability to provide for their families. The authors discovered that prior interaction with mental health services increased the perception of stigma as a barrier, although the increase was moderate. Some of these officers accessed the mental health system up to four times despite having a significant perception of stigma as a barrier to such services. Therefore, it is apparent that some factors attenuate the stigma enough to encourage help-seeking behavior. Identifying these factors is the key to encouraging these behaviors in the future.

Pluralistic Ignorance

Karaffa and Koch (2016) suggested that pluralistic ignorance might be a critical factor in mental health stigma in the law enforcement profession. Pluralistic ignorance is a condition where individuals incorrectly assume that their attitudes and beliefs drastically differ from the group. As a result, they are disinclined to share their thoughts for fear of being considered different. The authors found that many officers stated that they would support their peers if they were diagnosed with a mental illness but felt that most officers would not be supportive (see also Carlan & Nored, 2008). According to Sargent and Newman (2021):

> Pluralistic ignorance can lead to important and intriguing social influence dynamics; it can result in conformity to group norms that do not actually exist. A person's conformity to such misperceptions can in turn contribute to the power of those illusory norms. (p. 163)

In essence, the mental health stigma amongst law enforcement officers exists more in perception than reality.

Stigma Reduction

Stigma reduction can occur at the personal, public, and societal levels (Stuart, 2021). Unfortunately, stigma reduction has not been the subject of rigorous empirical testing, so it is unclear how effective these programs are. Several prominent methods of stigma reduction include reform, advocacy, protest, education, stigma self-management, and peer support.

Reform, Advocacy, and Protests. Laws can be discriminatory toward mentally ill persons, even if that was not the intention of the legislation (Stuart, 2021). Changing these laws can provide equal access to resources for those with mental disorders. While laws can provide equal access, they cannot change attitudes and behaviors, which is where advocacy matters. Laws and advocacy can form a synergistic effect mitigating exclusion and marginalization. Protests can be used to reduce or eliminate policies, procedures, or representations that are harmful to those with mental health conditions.

Education. Education-based stigma reduction aims to affect attitudes by countering myths and misinformation (Stuart, 2021). Educational solutions can be classroom-based, public information campaigns, or individual sessions. Mental health first aid is an excellent example of these programs. However, the stigma reduction effect of these programs only lasts for a few months (Morgan et al., 2018). There is a wide range of education-based programs, from 15-

second infomercials to formal training, that last several weeks. According to Stuart (2021), it is essential to note the difference between misconceptions and prejudices. Misconceptions are caused by inaccurate or misleading knowledge, while prejudices are emotionally based. Therefore, prejudices are unlikely to be impacted by educational programs. Another critical factor is that education programs can change attitudes and beliefs, but changes in behavior do not always accompany this. Evidence suggests that education programs targeted to specific populations (Stuart & Dobson, 2021), such as police officers (Henderson, 2020), are more effective than those aimed at the general public (Luong & Kirsh, 2021).

Peer Support. Stuart (2021) suggested that peer support programs can mediate stigma by changing organizational culture, although they may not be designed as a stigma reduction intervention. Peer support benefits police officers (Milliard, 2020) and other first responders (Milliard, 2021), who are often reluctant to participate in formal mental health interventions but are more willing to discuss issues with those with whom they share a common bond. Milliard (2020) argued that these programs improve mental health literacy, reduce stigma, and positively affect police culture regarding mental illness and mental health interventions. In addition, they can serve as a gateway to formal mental health interventions (Horan et al., 2021; Milliard, 2020).

Overcoming Stigma

Haugen et al. (2017) stated that the mental health stigma inhibits help-seeking behavior through label avoidance. When those afflicted with a mental health condition encounter a high level of stigma, they eschew treatment rather than accept the labels attached to having a mental health disorder. Even in cases where treatment is started, the stigma may cause individuals to cancel treatment before the condition is resolved.

Drew and Martin (2021) found that over 90% of police officers in the United States believed that mental health stigma was a significant barrier to help-seeking behavior. However, Morgan et al. (2021 and Wester et al. (2010) found that stigma reduction does not increase help-seeking behavior. Unfortunately, many officers wait until conditions deteriorate significantly before seeking help, even though seeking help at an earlier time would have led to more timely and more significant results (Daniel & Treece, 2022; Hofer et al., 2021).

The research on American police officers overcoming stigma is severely limited. However, there are a few notable studies. For example, Karaffa and Koch (2016) found that having personal knowledge of someone who received mental health treatment facilitated help-seeking. Richards et al. (2021) conducted a meta-analysis of U.S. and Canadian officers, finding that family and organizational support was an essential factor. Specifically, they noted that the perception of support was the critical component. Copenhaver and Tewksbury (2018) discovered that greater control over one's life correlated with increased help-seeking behavior. However, the authors noted that causation could not be established.

Non-U.S. Law Enforcement Populations Overcoming Stigma. There are considerable gaps in the research on improving help-seeking behavior in general and in American law enforcement officers. Therefore, it is essential to consider research in other areas. Studies in law enforcement outside the United States provide valuable additions to the literature.

***Australian Officers*.** According to Reavley et al. (2018), Australian officers were less likely than the general population to believe in the effectiveness of evidence-based interventions, including the benefits of antidepressant medication and the utility of positive coping skills. Like their American counterparts, Australian officers are less likely than the general public to seek help. When they did, they chose treatment avenues unrelated to their employer, presumably due

to confidentiality issues. Unfortunately, the authors could not identify issues and factors that increased help-seeking in officers. In addition, Rikkers and Lawrence (2021) found that delaying treatment led to worse outcomes for Australian police officers.

European Officers. A study in the United Kingdom found that those who participated in a peer support program had lower levels of stigma and reduced perceived barriers to treatment (Watson & Andrews, 2018). Similar to American officers, the prevalence of mental health is higher in English and Welsh officers than in the general public (Bell et al., 2022). Many officers stated that they delayed seeking help until they could no longer manage their symptoms and were unable to conceal their conditions.

In a study of German officers, the actual effectiveness of mental health treatment was correlated with their peers' perceptions of those particular interventions. However, the authors noted that the effect was modest (Krick & Felfe, 2020). Berg et al. (2006) studied Norwegian officers and found that the majority of officers did not seek help for mental health conditions. For those who did, they often sought help for physical symptoms rather than describing the matter as a mental health concern. Unfortunately, one is not likely to get adequate care for a mental health condition from a general practitioner (Corrigan et al., 2014).

Canadian Officers. Lane et al. (2022) found that mental health first aid training correlated with increased help-seeking intentions for Canadian law enforcement officers. However, they noted that their study was small and focused on intention rather than actual behavior. They also noted that mental health first aid training results are mixed. The authors found that attendance at a critical incident stress debriefing (CISD) was not correlated with increased intention to seek help. However, this could be due to poor debriefing (Burns & Buchanan, 2020). A poorly run CISD session can be detrimental to officers, stifling responses,

providing a poor view of mental health professionals, and inhibiting the likelihood of participants seeking help from clinicians. Lane et al. did not find any differences in age and gender, but they did note that senior officers were more likely to indicate that they intended to seek help for a mental health issue than their junior counterparts. The authors found that the perceived level of resilience was correlated with the intention to seek help for a mental health condition.

In a recent study, many Canadian officers chose to seek mental health services, including cognitive behavioral therapy, online rather than in person with varied reasoning, including "wanting to give it a try" to convenience (McCall et al., 2021, p. 6). Others specifically sought information on how to resolve their conditions on their own. Approximately one-third of those who selected internet-based interventions had never tried therapeutic services in a face-to-face setting.

Non-Law Enforcement Populations Overcoming Stigma. Even when researching officers outside the United States, significant gaps remain. In order to fill these gaps, it is essential also to consider non-law enforcement populations. Studies on the general population can be informative, as can populations with similar characteristics, such as the military.

General Population. Police officers are not alone in delaying mental health treatment. For example, Lane et al. (2022) noted that people with PTSD wait an average of 12 years before actively seeking treatment for their condition. Wallin et al. (2018) found that individuals with high levels of stigma were likely to seek internet-based intervention rather than in-person treatment, suggesting that embarrassment and privacy issues are critical concerns for this population. The authors also found that some sought help despite retaining high levels of stigma; however, they were unable to uncover the factors that facilitated this behavior.

***Adult Populations*.** Henderson et al. (2017) studied adults in the United Kingdom based on the Time to Change awareness campaign. The authors noted a slight reduction in stigma and an increased intention to seek help. However, this study was limited to intentions and did not measure deliberate actions of help-seeking behavior. In a meta-analysis of mental health first aid studies, Morgan et al. (2018) found slight reductions in stigma after the training; however, these effects peaked at six months, and the results at the one-year mark were less clear.

***Military Populations*.** Military populations are very similar to law enforcement, particularly considering the prevalence of mental health issues and stigma in both groups and the concerns about the career consequences of a mental health diagnosis (Hom et al., 2017). Like police officers, service members often seek mental health interventions unassociated with the military (Waitzkin et al., 2018). In addition, they tended to prefer interventions with immediate results (Rafferty et al., 2019).

In military populations, reductions in stigma do not necessarily equate to increases in help-seeking behavior (Coleman et al., 2017; Rafferty et al., 2019). The key leaders' attitudes could serve as a barrier or facilitator, depending on whether the affected service members perceived these attitudes as positive or negative (Coleman et al., 2017; McGuffin et al., 2021). Positive leadership support and perceived benefits of treatment are help-seeking facilitators (Bogaers et al., 2021; Rafferty et al., 2019).

Another facilitator in help-seeking for military populations was reaching a crisis threshold or hitting rock bottom (Coleman et al., 2017; Rafferty et al., 2019). Observing peers seeking help or intervention by a peer or loved one was also found to affect help-seeking behavior positively (Rafferty et al., 2019). Positive support from peers or loved ones can facilitate help-seeking behavior (Hom et al., 2017). Rafferty et al. (2019) suggested that mental

health awareness training for family and friends should help them understand the signs and symptoms to support their loved ones in the military better.

***Lesbian, Gay, Bi-Sexual, Transgender, and Queer Populations*.** Zay Hta et al. (2021) conducted a study of facilitators for lesbian, gay, bisexual, transgender, and queer youth. Although this population drastically differs from law enforcement officers, some facilitators have potential, especially those repeated in other populations. For example, the authors noted that the provider's trustworthiness was important. In addition, they found that reaching a crisis threshold, their clinical definition of rock bottom, had a facilitatory effect, similar to Coleman et al.'s (2017) findings on military service members. These factors have potentially significant effects on other populations, including police officers.

***Suicidal Populations*.** Considering the high level of suicide and suicide ideation among law enforcement officers, studies of suicidal populations may provide some insight relatable to police officers (FOP Wellness Committee, 2018). Alonzo et al. (2017) found numerous facilitators for treatment in suicidal patients, including establishing a sense of hope, normalizing a client's thoughts and feelings, and supporting the patient's self-determination. They also noted some factors that are not likely relatable to law enforcement populations, such as addressing housing stability issues or homelessness.

Gaps in the Research

Reavley et al. (2018) found a general lack of research on police officers' help-seeking behavior. According to Richards et al. (2021), more work is needed in identifying informal facilitators for seeking care for mental health conditions. Craddock and Telesco (2022) found that a significant number of officers reported never losing their faith despite facing traumatic stress. Therefore, they argued, further research on the role of faith as a coping mechanism is

warranted. Soomro and Yanos (2019) noted that for some police populations, there was a lower hope of recovery but higher positive perceptions of help-seeking. However, the factors responsible for this phenomenon are not yet understood.

In law enforcement research, help-seeking is generally defined in two steps: forming the intention and taking action (Daniel & Treece, 2022). Efforts should be made to expand this to at least three steps, as Rafferty et al. (2019) used in military populations. Furthermore, Daniel and Treece (2022) noted that the factors facilitating the transition between steps are unknown. However, recent research does suggest that reducing the stigma does not always lead to help-seeking in law enforcement populations (Drew & Martin, 2021; Szeto et al., 2019; Wester et al., 2010). Some seek help despite retaining significant mental health stigma. The reasons for this phenomenon are uncertain (Drew & Martin, 2021; Newell et al., 2022). As Drew and Martin (2021) noted, “it is unknown why those who held stigma concerns still reached out for help” (p. 305). Future research should explore this issue. Rafferty et al. noted that many studies focused on improving facilitation between recognition and intention to seek help, leaving two research gaps. The first facilitates recognition and the second transitions from a decision to action. The authors noted that there might be differences in the decision to initiate care and the decision to continue treatment, suggesting that the third step could be split, creating a four-stage process.

There is insufficient literature regarding the effects of mandatory interventions on help-seeking behaviors (Hofer & Savell, 2021; Richards et al., 2021). Some suggest that making interventions mandatory would normalize treatment and reduce the stigma. However, there is concern that the mandatory nature of these interventions could be seen as coercion, leading to resistance (Auth et al., 2022; Hofer et al., 2021).

Christian Worldview

Efforts to improve officer wellness are consistent with the teachings of the *English Standard Bible* (2016). For example, Galatians 6:2 commanded: “Bear one another's burdens, and so fulfill the law of Christ,” Philippians 2:4 taught: “Let each of you look not only to his own interests but also to the interests of others,” Hebrews 13:16 stated: “Do not neglect to do good and to share what you have, for such sacrifices are pleasing to God,” and 1 John 3:17 detailed: “But if anyone has the world’s goods and sees his brother in need, yet closes his heart against him, how does God’s love abide in him?” These verses direct the faithful to help others overcome their issues and problems.

Because of these Biblical teachings, Solomon (1999) and Tan (2022) suggested that the Christian community can be an integral part of a holistic approach to healing from mental health conditions. There is also some scientific data to support this. For instance, Chen and VanderWeele (2018) found a correlation between positive mental health and participation in religious activities, suggesting that connection to a religious community can benefit one’s mental state. In addition, Phelps et al. (2023) found that officers in Australia and New Zealand who received support from a police chaplain were more likely to have reported that their needs were met than their counterparts who went to a mental health practitioner.

The *English Standard Bible* (2016) is direct with administrators and policymakers regarding their responsibility to care for employees in their charge. For example, Colossians 4:1 stated: “Masters, treat your bondservants justly and fairly, knowing that you also have a Master in heaven.” However, the Bible does not absolve individuals from actively seeking help. For example, Matthew 7:7 indicated: “Ask, and it will be given to you; seek, and you will find; knock, and it will be opened to you,” and Philippians 4:6 taught: “Do not be anxious about

anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God."

For those afflicted with mental disorders or overcome by trauma, the *English Standard Bible* (2016) offered solace: "The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all" (Psalm 34:18-19) and "God gave us a spirit not of fear but of power and love and self-control" (2 Timothy 1:7).

Regarding stigma, the *English Standard Bible* (2016) teaches that there should be no concern over differences. For instance, Galatians 3:28 stated: "There is neither Jew nor Greek, there is neither slave nor free, there is no male and female, for you are all one in Christ Jesus," and Galatians 5:14 taught, "For the whole law is fulfilled in one word: "You shall love your neighbor as yourself." The Bible advised that "God shows no partiality" (Romans 2:11). Together, these verses inform that those with mental health issues or disorders should be accepted and should not be treated differently.

Summary

The research suggested that stress-related issues and mental health disorders negatively impact the ability of officers to effectively implement criminal justice policy and decrease the likelihood of positive police-community encounters. The literature also noted that the prevalent stigma in the profession serves as a barrier to seeking mental health services. Previous research focused on lowering the stigma on law enforcement officers, but recent research suggested that this does not lead to increased help-seeking behavior. However, while the stigma does prevent many from seeking help, some engage in mental health interventions despite the presence of stigma. Not enough is known about the facilitators that help officers overcome the stigma and

seek treatment. The key to improved implementation of criminal justice policy and police-community relations is to increase early intervention for mental health disorders, and the key to early interventions is to understand the factors that facilitate voluntary help-seeking behaviors despite the presence of a stigma.

CHAPTER THREE: METHODS

Overview

Recent studies found that some law enforcement officers seek help for mental health conditions despite retaining high levels of stigma. Since much of the past literature was dedicated to examining the stigma in the law enforcement profession and ways to reduce it, the factors that help overcome the stigma without reducing it are a gap in the research. Uncovering these factors could be vital to reducing mental health issues in police officers. This chapter aimed to outline a research design to examine this phenomenon.

Design

Rickwood and Thomas (2012) noted that help-seeking for mental health issues is complex. They stated that it is an essential topic for continued research. The authors also found a lack of consensus on the definition of help-seeking. A complex, difficult-to-define concept does not lend itself easily to quantitative research (Hofer & Savell, 2021; Maxfield & Babbie, 2018).

This study aimed to uncover factors and facilitators that assist law enforcement officers in overcoming the mental health stigma of seeking help. Exploratory studies work well for uncovering unknown variables (Glesne, 2016). Mental health recovery is a multi-dimensional, complex construct that is not easy to conceptualize (Rickwood & Thomas, 2012; Tuffour et al., 2019). One must analyze the issue from the participant's point of view since their decisions are based primarily on their interpretation and perception of events and factors. For example, some individuals with a mental health condition may not realize it and, therefore, are unlikely to get help (Rafferty et al., 2019; Richardson et al., 2021). Since recognition is a crucial step in recovery, the participant's perception or realization of their condition was more important to the researcher than the actual condition. This type of research requires an approach designed to

analyze deep psychological issues, such as phenomenology (Alase, 2017; Tuffour, 2017). As a result, this research was designed as a qualitative study using an IPA approach.

Qualitative Study

An exploratory study was necessary since the factors that help overcome stigma were unknown. If potential factors had already been identified, quantitative research could be used to test their effect. However, coming up with a list of variables at this stage would be purely speculative. Quantitative studies are not best suited for answering what, how, and why questions, which are better solved through a qualitative method (Maxfield & Babbie, 2018; Tuffour, 2017). In order to avoid cognitive biases, the researcher needed to approach this study with an open mind and allow those who have sought help from a mental health professional to describe their journeys in their own words. Therefore, the researcher must put aside preconceived notions or ideas, a method known as bracketing (Alase, 2017; Bevan, 2014; Sorsa et al., 2015).

While much of the previous literature was focused on stigma reduction, Drew and Martin (2021) found that stigma reduction was not correlated with increased help-seeking behavior, and some officers sought help despite retaining high levels of stigma. Since this was an unexpected result, their study was not designed to identify these factors. No existing theory explains factors or variables that help overcome stigma in a law enforcement population. Situations that lack a developed theory are suitable for qualitative research (Creswell & Creswell, 2018), where participants can explain the phenomenon in their own words (Levitt et al., 2018). Qualitative studies help understand complex concepts, such as mental health stigma (Coleman et al., 2017) and help-seeking behavior (Eigenhuis et al., 2021; Walker et al., 2020).

In qualitative studies, researchers utilize an inductive approach, “building patterns, categories, and themes from the bottom up” (Creswell & Creswell, 2018, p. 257). Deductive

approaches are helpful when established theories have already been developed. When the researcher is at the exploratory stage, however, using inductive logic makes it less likely that the researcher will fall prey to confirmation bias, trying to shoehorn the data into a preconceived notion. In inductive research, the investigator employs an emergent design, follows the data wherever it leads, and is not heavily vested in any particular theory. The researcher collects data objectively and then looks for common themes. The researcher focuses on the issues and factors of the studied phenomena from the participant's point of view rather than focusing on their own beliefs and biases.

Phenomenological Approach

According to Bevan (2014), the phenomenological approach is based on Edmund Husserl's work, which posited that people interact with the lifeworld or their perceived view of the world around them. An individual's conscious perception of the world, rather than the actual physical reality of the world, guides their decisions. Consequently, the same thing can have a different meaning and significance for various people. The IPA process is a "double hermeneutic" in that the researcher makes sense of the participants' sensemaking (Tuffour, 2017, p. 4). This process requires two-way communication between the participant and the researcher. While the interview is participant-centered, it is incumbent upon the researcher to clarify any ambiguous statements or understanding where words have multiple possible definitions. In addition, the researcher will acknowledge that no one comes into an interview with a truly empty mind. Therefore, he will engage in the time-honored practice of bracketing. Bracketing is when researchers acknowledge but set aside their preconceived notions (Olekanma et al., 2022; Sorsa et al., 2015).

Maxfield and Babbie (2018) noted that closed-ended questions could suggest an answer and, therefore, taint the results of an interview. In order to avoid this problem, this study consisted primarily of open-ended questions, except for demographic data, making it less likely for the researcher to influence the interview through biased language. In addition, the researcher made every effort to ensure that he understood the meaning of the participants' chosen words through clarifying questions.

After completing the demographic portion, the interview progressed into a semi-structured, conversational-style discussion. Every effort was made to avoid biased language and allow the participants to discuss their stories in their own words, which Bevan (2014) referred to as "deliberate naivete" (p. 138). IPA requires the researcher to give participants maximum leeway to tell their story in their own words without the constraints of predetermined categories, codes, and specific words (Alase, 2017).

Seeking help for a mental health condition is a personal experience (Rickwood & Thomas, 2012; Tuffour et al., 2019). As such, a phenomenological approach was well suited to study this issue. A phenomenological study is a participant-centered approach to uncovering the deep meaning behind a participant's lived experience and then making sense of the combination of several interviews with various participants. This method provides significant leeway for the participants to explain their stories without the constraints of other methodologies, particularly researcher-centered ones (Alase, 2017).

Past practice supports using IPA. For example, Tuffour et al. (2019) utilized IPA to develop an understanding of mental health recovery for Blacks in the United Kingdom. Similarly, this approach was used to identify key support factors in youth concerning self-harm (Wadman et al., 2018). Sher et al. (2022) employed this approach to understand the stigma

factors. IPA has been extensively used to understand help-seeking behavior in various populations, such as athletes (Wood et al., 2018), family members of substance abusers (McCann & Lubman, 2018), and suicidal males (Richardson et al., 2021).

Glesne (2016) posited that a phenomenological approach is suited to participants' significant events or major transitions in life. Developing a mental illness, recognizing the signs, and seeking help certainly fit those criteria. Furthermore, while phenomenology is based on an inductive approach, it delves deeper into the participants' meanings for a particular topic, allowing for more extensive detail and thorough analysis (Alase, 2017). IPA considers the meaning of an event or issue to not only the participant but also the significance that it holds (Richardson et al., 2021).

The decision to seek help is personal (Rickwood & Thomas, 2012; Tuffour et al., 2019). From the participant's point of view, the interpretative phenomenological approach's focus on the participant helps determine the meaning and significance of events and factors (Bevan, 2014). Therefore, the line of questioning may differ for each participant as the researcher attempts to understand each individual's perception of the factors and their significance. However, this does not mean that phenomenology is without structure. In this context, structure determines the management of the questioning process, not the specific questions asked. The focus is on obtaining the same information: the factors involved in the participants' help-seeking journeys and the meaning those factors had for each participant. The exact wording or order of questions is subservient to this goal. For example, when allowing the participants significant leeway, they may have answered the next question during a previous question. To ask a question that has already been answered, merely because it is on the list, might interrupt the flow of the discussion or make the participant feel that the researcher was not paying attention. In addition,

the latitude allowed by phenomenological interviewing might mean that two interviews follow different paths. In these cases, it might be practical to ask questions in a different order to maintain the proper flow of the discussion.

The IPA method recognizes that the human experience cannot be separated from culture (Tuffour, 2017). Since police culture has a significant role in the prevalence of mental health stigma and help-seeking behavior in the profession, it is a component that should not be ignored (Drew & Martin, 2021; Velazquez & Hernandez, 2019). As a result, police officers are likely to place different meanings on the factors that mediate the relationship between stigma and help-seeking behavior than the general population. Fortunately, IPA significantly focuses on culture and how it affects the participant's perceptions (Bevan, 2014; Tuffour, 2017).

Additional Methods

In order to gain an understanding of the complex phenomena of help-seeking behavior in law enforcement populations, the researcher augmented this study with two additional methods: expert opinions and case studies. Both methods had great potential to add to the body of knowledge in this area. According to Darnell et al. (2022), wisdom is a function of factors, one of which is critical experience. Therefore, experts, such as clinicians and peer support personnel, should have credible insight into help-seeking behavior. Sandelowski (1998) noted that expert information can provide knowledge different from personal experience (see also Barbazza et al., 2021). In addition, case studies were utilized to enhance the information gathered from the phenomenological interviews, as some participants may have more detailed information to provide. For these instances, case studies are a proven method to gain additional knowledge (Creswell & Poth, 2018).

Study Population

Since the factors facilitating help-seeking behavior are unknown, the researcher had to collect them. There was no known collection of data on this topic. Even if there were, it may have violated privacy laws to release it. Furthermore, to increase help-seeking behavior, the researcher had to learn how the factors affected individual officers personally. Therefore, the meaning that officers attach to these factors through their lived experience was crucial, so the data had to be collected at the source. In order to preserve privacy, the confidentiality of each participant was strictly maintained. The demographic portion of the interview was not recorded; the researcher had sole access to the participant's identity. Records containing personally identifiable information (PII) were only kept in the researcher's handwritten notes. These notes are kept in a locked safe. The researcher did not maintain an electronic copy of anything containing PII.

Research Questions

This study addressed the following research questions:

RQ 1: What factors facilitate help-seeking behavior for law enforcement officers?

RQ 2: What specific factors facilitate the transition from denial or other maladaptive coping mechanisms to accepting that the utilization of mental help resources is necessary to improve the present condition?

RQ 3: What factors convert help-seeking intention into action?

Setting

According to Smith et al. (2022), as a participant-centered approach, IPA interviews should be conducted in a comfortable setting for the subject. The authors suggested asking the participants where they would like the interview. For participants in the researcher's commuting

distance, a mutually agreeable time and location were chosen, with priority given to locations that were comfortable for the participant and offered a sufficient degree of privacy. The researcher utilized video conferencing software for those outside the immediate area at a mutually agreed-upon time.

In order to maintain confidentiality, the initial portion of the interview, where the participants provided demographic information and other PII, was not recorded. The researcher only documented this information in handwritten notes. Therefore, this information is only accessible to the researcher. The remainder of the interview was recorded and transcribed via Microsoft Teams. In all subsequent reports and notes, the participants were indicated by a pseudonym.

Participants

The recruitment process for participants was not easy. Many agencies do not keep lists of officers who have sought help for mental health conditions, and even if they did, these lists would be inaccessible due to confidentiality rules. In addition, a significant number of officers may be reluctant to speak up about their mental health treatment. Probability sampling is impractical in these situations (Maxfield & Babbie, 2018).

As a career law enforcement officer, the researcher is a member of several national and international networks. In addition, the researcher has instructed officers around the country on mental health. The researcher recruited officers known to him who fit the selection criteria. This type of recruitment is known as purposive (Campbell et al., 2020) or purposeful sampling (Glesne, 2016). These participants were recruited through email (see Appendix A), in person, or over the phone (see Appendix B). In addition, recruitment material was distributed through the researcher's professional networks, such as the FBI National Academy Associates, the Fraternal

Order of Police, the International Association of Chiefs of Police, and the International Public Safety Association, as well as through law enforcement groups via social media (see Appendices C and D), in order to achieve an initial convenience sample. All participants were asked to pass the recruitment material to fellow law enforcement officers.

Recruitment Criteria

According to Rajasinghe (2020), in qualitative studies, selecting participants is often more important than the sample size (see also Aguboshim, 2021; Levitt et al., 2018; Maxfield & Babbie, 2018). In research, as in life, there are often tradeoffs. At the exploratory research stage, depth is more important than breadth, and a smaller sample size allows the researcher to delve deeply into each participant's story. As in many other qualitative studies, this means there will be some limitations in generalizability, so the researcher must ensure these limitations are apparent in the findings.

The researcher's recruitment effort focused on active or retired, sworn law enforcement officers who voluntarily sought help for a mental health condition. For this study, a sworn law enforcement officer is an employee who has or had at the time of employment the power of arrest bestowed by some federal, state, or municipal law. As the name implies, active employees still work in a law enforcement capacity. For purposes of the selection criteria, a retired law enforcement officer is an officer who served as a sworn officer for at least 15 years, left the position in good standing, and is collecting or eligible to collect a pension, or an officer who completed probation and retired for medical reasons. Alase (2017) recommended a sample size of two to 25 participants for IPA studies. Cohen et al. (2000) cautioned against sample sizes larger than 10 for intense, thorough interviews (see also Gentles et al., 2015; Sandelowski, 1998). Furthermore, as Boddy (2016) noted, in qualitative research, large sample sizes can

actually “inhibit meaningful, timely, qualitative analysis” (p. 429). Therefore, for this study, a target sample size of six to 10 participants was selected for the initial IPA interviews.

Sampling Method

The researcher drew upon his 24 years of law enforcement experience. In this capacity, the researcher worked for three police departments on several task forces, encountered officers from over 50 different departments, and taught at several police academies nationwide. Recruitment selection can begin with a convenience sampling of officers who fit the criteria and were already known to the researcher (Maxfield & Babbie, 2018). In addition, the researcher is a member of numerous law enforcement networks, including the FBI National Academy Associates, the Fraternal Order of Police, and the International Association of Chiefs of Police. The researcher utilized these networks to recruit additional participants from the United States. The participants can be asked to refer additional participants, a technique known as snowball sampling (Alase, 2017; Maxfield & Babbie, 2018). Snowball sampling is advantageous when the members of the research population are unknown.

Procedures

As a phenomenological study, this research involved in-depth interviews with participants. As such, Institutional Review Board (IRB) approval was required. The researcher completed all necessary prerequisite training for conducting studies with human participants. Prior to the research phase of the study, the researcher applied for IRB approval through Liberty University, which included submitting the proposed consent form (see Appendix E) and the interview guide (see Appendix F). IRB approval was received on December 20th, 2023 (see Appendix G). Each potential participant received a copy of the consent form and the interview guide.

The researcher was familiar with several potential participants because of his law enforcement profession for over 20 years, including 10 years focusing on officer wellness. The researcher directly contacted these individuals as part of a convenience sample (see Appendices A and B). The researcher is also a member of several national and international organizations, such as the International Association of Chiefs of Police, the FBI National Academy, the Fraternal Order of Police, and the International Public Safety Association. The researcher utilized these networks to recruit additional participants through e-mail, social media, or the organizations' networking sites or applications (see Appendices C and D). The researcher utilized snowball sampling by asking all participants to suggest additional participants.

Participants took part in a semi-structured interview with the researcher, where they were asked about their help-seeking journeys (See Appendix F). The interviews were recorded, except for the initial discussion, in which the participant provided identifying information. Only the researcher has access to this information. The remainder of the interview was recorded. Microsoft Teams transcribed the interviews. Upon completion, the researcher analyzed the data. Trends and themes were coded and documented. Coding was accomplished by following Alase's (2017) guidance regarding prolonged engagement with the subjects, reading the transcripts, taking notes, referring to the literature, and identifying themes and relationships. The results of this analysis were indicated in the findings section of this study.

The Researcher's Role

As Thomas (2021) noted, the researcher is the instrument in phenomenological studies. As such, the researcher must be impartial and objective. Everyone has preconceived notions, biases, and prejudices. The researchers must assume the role of an impartial instrument by bracketing off any personal beliefs while conducting interviews and analyzing the data (Alase,

2017; Sorsa et al., 2015; Thomas, 2021). Leaving any personal judgments behind helped the researcher establish and maintain a rapport with the subjects. As the primary recruiter, the researcher had to gain the interest of potential participants, ensure privacy, and select a time and setting that was agreeable to the participant.

Data Collection

The data collection process can be conducted through one-on-one, participant-centered interviews (Alase, 2017). Before the interviews, each participant was given an informed consent form (see Appendix E) advising them that their identity would only be known to the researcher. Anyone else involved in the process will only see a pseudonym or code. Since the consent form contains PII, it is maintained in a locked safe in the researcher's possession.

Select participants can be asked to participate in a case study to provide further insight into the phenomenon of police officers' help-seeking behavior (Creswell & Poth, 2018). During this subsequent interview, the researcher asked clarifying questions to understand the help-seeking journey from the participants' point of view.

In order to view the phenomenon from an alternate point of view, the researcher also solicited expert opinions from clinicians and paraprofessionals. Expert opinion can help augment the information gained from personal experience (Barbazza et al., 2021; Sandelowski, 1998).

Interviews

According to Alase (2017), each participant should be notified of the purpose of the study and be granted the maximum discretion in determining how to tell their story (Alase, 2017). In order to accomplish this, the researchers can ask broad, open-ended questions (Creswell & Creswell, 2018). In addition, the researchers must be cognizant of the fact that the recounting of the story may not necessarily be in chronological order (Thomas, 2021). The initial demographic

portion of the interview was only recounted in the researcher's handwritten notes. The remainder of the discussion was recorded and transcribed.

Researchers should establish a positive rapport with each participant, putting aside preconceived notions or beliefs (Alase, 2017), a technique known as bracketing (Sorsa et al., 2015; Wood et al., 2017). However, care must be taken as bracketing does not eliminate all risks. The researcher used non-judgmental language. As Thomas (2021) suggested, the researcher maintained proper self-care and utilized resilience skills because interviewing participants about trauma can be mentally and emotionally exhausting. In addition, the researcher remembered his role and did not attempt to exceed it, as acting as a therapist could cause re-traumatization to the participants.

According to Alase (2017), IPA interviews should last between 60 to 90 minutes. Every effort was made to ensure the interview could be conducted in a 60-minute session. However, the researcher respected the feelings of each participant. They were allowed to stop the interview at any time. If they wanted to continue at a later date or time, the researcher made every effort to accommodate them.

The following open-ended interview questions were used as a guide:

1. Please introduce yourself as if we just met.
2. Are you an active or retired law enforcement officer?
    a. How long were [have you been] a police officer?
    b. What is your present [highest held] rank?
3. In your own words, please discuss your help-seeking journey. (Participants will not be asked to share traumatic experiences but may talk about them if inclined).
4. Which of the experiences you discussed was the most significant

   a. for recognizing that you had a mental health issue?
   b. for developing an intention to seek help?
   c. for turning intention into action in contacting a mental health professional or resource?
   d. for initiating the treatment or intervention journey?
5. Were there any other significant factors?
6. What, specifically, made them significant?
7. Prior to seeking help, did you utilize any other coping strategies?
   a. If so, what were they?
   b. Were they effective?
8. Were there any other factors that helped facilitate the acknowledgment
   a. of your condition?
   b. that the condition was beyond your own skills or resources to resolve?
9. Were there any barriers that kept you from
   a. admitting that you had a mental health issue?
   b. acknowledging that you needed help?
   c. seeking help?
   d. If so, what helped you overcome these barriers?
10. What other concerns did you have about seeking help?
11. What steps of the process were the most difficult or challenging for you?
12. What are your thoughts about stigma in the law enforcement profession?
13. Has your view of stigma changed since you began treatment?
14. Is there anything that you would like to add?

Questions one and two were warm-up questions. Warm-up questions are designed to establish a rapport, gain trust, reduce tensions, and prepare the participants to answer more sensitive questions (Pietkiewicz & Smith, 2014). These questions prepare the participants for further discussion.

Question three allowed the participants to discuss their help-seeking journeys in their own words without interruption or judgment. This type of question is also known as a tour question, as it allows the subject to take the researcher on a journey of the topic through the former's perspective (Roberts, 2020). Participants should be free to discuss their help-seeking journeys in any way they desire, which may not be chronological (Thomas, 2021). The participants must be allowed to discuss their experiences without interruption (Creswell & Creswell, 2018).

Questions four to six were designed to elicit deeper information. Questions should remain open-ended and not suggest a particular topic for the discussion (Tuffour, 2017). Broad, open-ended questions reduce the interviewer's impact on the direction of the conversation and provide more control to the interviewee (Roberts, 2020).

Questions seven to 13 get more specific, introducing topics like stigma. These are left near the end to avoid influencing questions three to six. During these latter questions, the researcher asked follow-up or probing questions. Probing questions help researchers understand relevant factors from the discussion, particularly their meaning to the participants (Richardson et al., 2021). Questions seven to 13 were a guide to ensure the researcher covered all the information. Researchers may change the wording of questions to fit the context and not always ask questions in the order listed (Roberts, 2020; Thomas, 2021). In addition, questions were

skipped if they were answered as part of another question. Finally, question 14 allowed the participants to add anything they missed.

Case Studies

If participants were willing and had more information, the researcher scheduled additional interviews to develop two to four case studies. Keeping the number of cases manageable allowed the researcher to delve deeply into each case (Aguboshim, 2021; Crouch & McKenzie, 2006; Yin, 2018). A single case can provide significant insight (Gentles et al., 2015; Maxfield & Babbie, 2018; Sandelowski, 1995; Yin, 2018). Furthermore, it is essential to remember that some case studies are not designed to find typical cases (Sandelowski, 1995). Finding unique or rare cases is often essential, as these will likely yield new information. While many case studies involve failure and diagnosis or negative cases, Ellet (2018) noted that success cases can discover new insights. Rarer cases often yield more helpful information because they can discover why these few cases were so successful while many were not. This researcher aimed to uncover why a few officers could seek help while many of their peers could not.

The main difference between data collection in the case study and the IPA interview is that, in the former, the questioning is more interviewer-centered (Yin, 2018). However, it is still crucial for the conversation to flow freely (Crouch & McKenzie, 2006). The interviewer must also remember that it is the interviewee's story, a collective or multiple case study where several cases are selected to research a single issue or concern (Creswell & Poth, 2018). This process involved a detailed narrative of each case, known as a within-case analysis. Then, all selected cases were reviewed and analyzed for common themes in a cross-case analysis. These discussions were relatively unstructured, allowing the participants maximum leeway to tell their stories.

Expert Opinion

In order to increase understanding of the phenomenon of help-seeking behavior in law enforcement populations, the researcher solicited expert opinions from professionals, including psychologists, psychiatrists, therapists, and clinicians, and para-professionals, such as peer-support personnel. The researcher solicited these experts based on their knowledge and experience. Having spent considerable time working in officer wellness, the researcher was familiar with several potential candidates. In addition, the researcher solicited expert opinions from prominent researchers and authors of books and journal articles on help-seeking behavior in law enforcement populations.

Expert practitioners are a well-established source of critical information for qualitative studies (Barbazza et al., 2021), particularly in areas with gaps in the research (Darnell et al., 2022; Hanea et al., 2010; Skulmoski et al., 2007). According to Becker (1992), “experience is the source of all knowing” (p. 11). While the help-seeker experiences this phenomenon from their experience, they only experience it once. Professionals and para-professionals experience the phenomenon of help-seeking from another perspective, and they experience it many times. The former can provide clinical expertise, while the latter can provide substantive area expertise (Sandelowski, 1998). Research participants achieve expertise based on their personal experiences. Therefore, these experts could provide insight to augment the individual interviews and case studies. The professionals were asked their opinions on many topics, such as the factors that facilitate help-seeking behavior in law enforcement officers independent of stigma reduction, the relevance and validity of the interview questions, and any recommendations for additional questions.

Many experts have published their opinions in academic and professional journals, blogs, newsletters, and social media accounts. Therefore, it is likely that most, if not all, of them are willing to be identified by name in the study. However, each expert was provided with the option to remain anonymous. If this option were selected, the expert would only be identified by title and a pseudonym.

Data Analysis

In order to analyze the data, it must be coded, which is a process where meaning is attached to the data (Maxfield & Babbie, 2018; Thomas, 2021). Since IPA requires the researcher to approach the study with an open mind, predetermined codes cannot be used (Creswell & Creswell, 2018), and the analysis utilizes a verbatim transcript (Smith & Nizza, 2022). Instead of predetermined codes, the researcher examined and re-examined the data to find common themes. After each reading of the data, the researcher engaged in reflexive writing, repeating the process as often as necessary. This cycle is known as a hermeneutic circle (Levitt et al., 2018).

After several iterations, the researcher looked for common themes, which translated into codes. During this process, the researcher continually referred to the research questions to ensure that the data was answering the right questions. For example, the factors that move someone from denial to help-seeking intention may differ from those that move from intention to behavior. It was important for the researcher to ensure that the correct theme was applied to the appropriate research question. Themes were tracked on a Microsoft Excel spreadsheet and were delineated by research questions. The end product of this endeavor was a narrative that translated the participants' lived experiences into meaningful words (Alase, 2017). The researcher continually examined the data to distill it into codes and themes. At each iteration, the

researchers should engage in reflexive thinking to ensure that the assigned meaning comes from the participants' words, not the researcher's beliefs and biases (Thomas, 2021).

After thoroughly reviewing the IPA interviews, the researcher examined the case studies and expert interviews for common themes and potential additional codes. If any new themes or codes were found, the researcher reviewed the IPA interviews again. Themes for all three sources were cross-referenced and analyzed. Codes and themes were tracked on a Microsoft Excel spreadsheet (see Table 1).

Table 1

Theme Cross-Tracking Template

Research Question	Themes from Interview	Themes from Case Studies	Themes from Expert Opinion	Master Themes	Sub-Themes
RQ 1	Theme A	Theme B	Theme C	Theme 1	Theme 1.1
					Theme 1.2
					Theme 1.3
RQ 2	Theme D	Theme E	Theme F	Theme 2	Theme 2.1
					Theme 2.2
RQ 3	Theme G	Theme H	Theme I	Theme 3	Theme 3.1
					Theme 3.2
					Theme 3.3

The exploratory nature of this study required an open mind. Pre-established codes and preferred theories are inconsistent with this approach. The researcher must ensure that the participants were carefully selected and provided the maximum discretion in telling their stories. In order to accomplish this task, the researcher followed the best practices of qualitative interviewing and IPA. While this took great effort, the significance of this study justified the work.

Trustworthiness

Trustworthiness is an overarching term for credibility, dependability, confirmability, and transferability (Adler, 2022). Trustworthiness is also called validity and reliability (Peoples,

2021), although these terms generally apply more to quantitative research (Adler, 2022). Others have used the term rigor (Cypress, 2017). Regardless of the name used, these factors are intended to serve as an objective measure of the quality of a particular study. Since the goal of this study was to effect significant change in the law enforcement profession and to inform future research, trustworthiness was critical.

Adler (2022) recommended transparency as an addition to trustworthiness. Specifically, the author argued that researchers must be transparent when referring to facts and invoking theory. For this study, the researcher ensured that clear distinctions were made. Confirmation bias is another threat to trustworthiness (McSweeney, 2021). The researcher approached the literature review with an open mind, not taking anything for granted. Also, IPA was selected because it reduces the temptation to force the data into a theory (Alase, 2017). During the analysis phase, the researcher should bracket off preconceived notions and other personal biases (Sorsa et al., 2015; Thomas, 2021).

While the study included a small sample size, a small sample size may not significantly threaten the validity of qualitative research because the richness of the data is more important than the number of cases (Aguboshim, 2021; Crouch & McKenzie, 2006). Small sample sizes allow researchers to select quality cases and delve deeply into each case (Maxfield & Babbie, 2018). Furthermore, using multiple methods strengthened the validity of the research. For example, interviewing police officers and clinicians allowed the researcher to examine the same phenomenon from two points of view.

Credibility

According to Adler (2022), a study's credibility primarily depends on the researcher. A researcher can increase credibility by being transparent and following established best practices

(Peoples, 2021). The researcher followed the appropriate qualitative and phenomenological research guidelines within this study. In addition, the researcher solicited and followed guidance from his committee chair, reader, and other experts in the field. The researcher extracted rich data from each case by focusing on a few cases. In a qualitative study, the data quality adds credibility, not the number of cases. Using an iterative process, reviewing each interview and case multiple times, allowed the researcher to draw meaningful information from the study.

Dependability and Confirmability

According to Forero et al. (2018), dependability and credibility have similar functions to reliability in a quantitative study. A dependable and confirmable study is likely to be replicated under similar conditions. Accordingly, this research followed the authors' guidance by making detailed notes of the data collection process, maintaining transparency throughout the study, and using reflexive journaling. Furthermore, adding expert interviews strengthened the study's dependability and confirmability.

Transferability

Individuals make decisions based on their perceptions of factors rather than on the factors themselves (Bevan, 2014; Cassidy, 2022). Analyzing the participants' lived experiences through their own words helped the researcher understand how these factors influenced the participants (Peoples, 2021) and how they made sense of these factors (Smith et al., 2022). Smith et al. (2022) noted that the transferability of a phenomenological study is not the same as the generalizability of quantitative research. In a phenomenological approach, transferability is generally limited to similar situations. Therefore, transparency is essential. The researcher made every effort to be transparent regarding the particular factors for each participant within the limits of anonymity and confidentiality.

Ethical Considerations

The study's participants were asked to share personal and intimate information, including details about their mental health. This sharing of information placed significant ethical obligations on the researcher. First, the researcher had to obtain informed consent (see Appendix E). For this purpose, the researchers must be open and honest about the purpose of the study (Smith & Nizza, 2022). The researchers must protect the information and not harm the participants (Smith et al., 2022). This duty was fulfilled by following established best practices regarding data collection and storage. The researcher was the only one who knew the participants' personal information. All references to the participants utilized pseudonyms. Electronic data was password protected, and physical notes were stored in a locked safe. The researcher respected the privacy and autonomy of the participants. The participants were free to discontinue participation at any point during the interview process until data analysis began (Smith & Nizza, 2022).

Another ethical concern is the potential for re-traumatization when a participant recounts their story. In order to mitigate this situation, the researcher maintained a list of free, culturally competent resources. For example, the researcher maintained a list of nationwide clinicians and peer support groups that specialize in serving law enforcement populations and those who served in the area where the participant resides.

Summary

The purpose of this study was to fill a critical gap in the literature regarding law enforcement officers' help-seeking behavior. Since this study was exploratory, the researcher selected a qualitative method, IPA. The strengths and weaknesses of previous research informed this study. For example, while some studies used help-seeking intention as a proxy for help-

seeking behavior, there appear to be significant differences between the two. As a result, the researcher carefully differentiated the two, considering them two distinct steps in the help-seeking journey.

A phenomenological study requires participants to share personal, private, and intimate information. In order to fulfill his duties and obligations, the researcher utilized accepted best practices for phenomenological studies, including obtaining informed consent (see Appendix E), protecting participant confidentiality, respecting boundaries, and allowing participants to discontinue participation if requested. The researcher assumed the role of an impartial instrument through bracketing and reflexive thinking. The researcher ensured that the entire process was transparent and well-documented.

In order to increase the value of the information, the researcher used two additional methods: case studies and expert opinion input. Specific cases were selected for follow-up interviews. The researcher solicited expert opinions from researchers, clinicians, and paraprofessionals. The final step of the help-seeking journey involves contacting a psychologist, psychologist, clinician, peer supporter, or other professional. These individuals observe the help-seeking journeys objectively and, therefore, could add valuable insight.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this research was to examine the factors that facilitated law enforcement officers' help-seeking behavior. The primary method for this endeavor was IPA of the help-seeking journeys of 12 active and retired police officers. For further analysis, two participants were selected for an in-depth case study. The results were augmented by expert opinion from four clinicians and researchers. After data collection, the researcher reviewed his notes, transcripts, and recordings in an iterative process. During each iteration, the researcher identified potential themes and sub-themes to develop deeper meaning during each subsequent iteration. This process yielded several themes and factors that facilitated help-seeking behavior.

Participants

All of the participants in the study were active or retired law enforcement officers who voluntarily sought help for a mental health condition caused or exacerbated by work in law enforcement. Participants were recruited from the researcher's friends and associates, through various law enforcement networks where the researcher is a member, and through social media. Initially, 25 potential participants contacted the researcher, expressing interest in the study. Two potential participants did not meet the study's criteria, and eleven failed to return the consent form or disengaged during the recruiting and screening process. Twelve participants met the criteria, returned the consent form, and completed the interview. Two participants were selected to be included in a case study.

All participants were males between the ages of 35 and 63. Ten of the participants were Caucasian, and two were Hispanic. Six participants were active law enforcement officers, and the remaining six were retired. Seven participants served in the northeast, three in the west, one

in the mid-west, and two in the South. Nine had served in mid-sized agencies with between 100 and 1,000 sworn officers, four in large departments with over 1,000 sworn officers, and one in a small department with less than 100 sworn officers. The location and agency size numbers add up to more than eleven because some participants have served in more than one agency, with one serving in different size agencies and locations.

Tony

Tony is a 40-year-old active police sergeant. He has been in law enforcement for 17 years and works in a mid-sized agency with approximately 100 sworn officers on the west coast. He considers himself lucky to have realized he needed help before hitting rock bottom, as he noticed that many other officers wait until it is too late before seeking help. Like many officers, there was not one big traumatic event that Tony could point to; instead, it was the result of numerous cumulative stressors, most of them organizational. Although most of the stress was work-related, Tony first noticed problems in his personal and social life. Although he felt a strong stigma against seeking help, Tony overcame this after obtaining a recommendation from a trusted friend and mentor. This mentor did not just recommend therapy but also recommended a specific therapist.

Tony identified this recommendation as the most significant factor in his help-seeking journey. This recommendation was significant because it covered many of his concerns and issues. First, hearing that someone he respected had sought help normalized the help-seeking journey for him. Second, it saved him much time. He would not know where to look if he decided to seek help alone. Without guidance, he might have sought help from a clinician without experience dealing with law enforcement officers. He believed that if his first contact was with a therapist who did not understand the unique problems of law enforcement officers, he

might have been dissuaded from seeking help in the future. Tony noted that saving time was more than just a convenience. If finding a therapist took too long, it would be more time for him to make excuses or doubt the whole process. Since a trusted friend specifically recommended the therapist, it helped Tony establish a trusting relationship with her.

While Tony acknowledged that having a culturally competent clinician was important, he felt that a clinician he could trust and personally connect with was necessary. He suggested that organizational support was an essential factor as well. If his chain of command had been more supportive of mental health, he might have sought help sooner. He recommended that the message of mental health and self-care should be initiated in the academy and followed up by solid support from all levels of the organization, including having prominent members of the administration show support for the program, such as discussing their help-seeking journey or dedicating significance to wellness and resilience programs.

Sal

Sal is a 44-year-old active police officer with over 21 years of experience in law enforcement, including four years in corrections. After working in corrections, he became a police officer in a small agency with approximately 30 sworn officers. A more prominent agency with about 300 sworn officers eventually took over this agency. He is divorced but remarried with five children. Sal participated in the initial interview and volunteered for follow-up questioning for the case study.

Initial Interview

The biggest obstacle in Sal's help-seeking journey was overcoming the denial stage. His life stressors were small but cumulative, allowing him to remain in denial for some time. His struggles eventually led to divorce. Soon after, he met his current wife, and things got better.

Unfortunately, his father passed away, leading to increased stress and the beginning of a downward spiral.

Sal credits family support for helping him overcome the denial stage. Support from his wife and mother helped him realize that he was not on a good path and that something needed to change. However, Sal felt he did not know where to find help. He knew that his agency had an employee assistance program (EAP), but the stigma was too strong for him to seek help within his agency. He was also concerned about confidentiality. Even in a mid-sized department, everyone knows everyone else, and it is difficult to maintain confidentiality and anonymity. Fortunately, Sal's wife worked in the medical field and used her knowledge and connections to find a reputable therapist. A recommendation from a trusted and knowledgeable person helped him overcome his concerns.

Sal also credits the mental health training that he received with helping him overcome his denial and the other barriers that he faced in his help-seeking journey. While he did receive some mental health training specifically related to law enforcement officers, much of his training was not specific to this population. Sal was initially assigned as a school resource officer (SRO) and later became a community resource officer (CRO). In the SRO and CRO positions, he received crisis intervention training, which entailed recognizing signs of trauma and other mental health issues and learning about available resources. In addition, he worked closely with mental health professionals in both roles. Sal credits this knowledge and experience with helping him overcome his concerns, including lowering some of the stigma to seeking help. However, the stigma was still strong enough to avoid any employee-sponsored resources.

Sal developed a solid relationship with his therapist. He credits his wife's recommendation with helping him open up to a therapist. In addition, while not a specialist in

law enforcement populations, his therapist did have some experience working with police officers and did have close family members in the law enforcement profession. Sal believes that this knowledge and experience helped build a solid rapport.

Sal believes that help-seeking needs to be normalized within the policing culture to increase help-seeking within the profession. Officers who have benefited from a mental health intervention should recommend it to other officers. In addition, the profession needs to normalize just checking in on fellow officers. Sal believes there is a stigma about asking another cop if he is okay.

Case Study

Sal believes that his condition was based on numerous cumulative stressors. He quickly went from being single to the head of a large family. In a short time, he adopted his wife's niece, they had their own child, and his mother-in-law needed to move in. All of this happened when he was 24. In addition, the stress of his law enforcement career, including the vicarious trauma of witnessing critical incidents each shift, began to accumulate. Eventually, Sal and his first wife divorced, adding custody issues and financial problems to his surmounting stressors.

When Sal met his current wife, some things positively changed. However, she brought a child from her first marriage, and Sal had custody of all the children from his first marriage, which added additional financial and emotional stressors to his life. In addition, Sal is a devout Roman Catholic. While he credits his faith with getting him through some tough times, he also felt some guilt and shame for getting divorced. Throughout this time, Sal balanced the positives and negatives of life until his father passed away. With that additional stress, things started slowly spiraling out of control. While he did not hit what he would call rock bottom, he was

headed in that direction. He credits family support, especially from his mother and wife, in helping him avoid reaching a crisis threshold.

While the recommendation from Sal's wife strongly influenced his decision to seek help, it was necessary to him that it was his overall decision, so he felt like he was in control. Sal believes that if he had been forced into therapy, it would not have been as effective. Another vital factor was Sal's work as both an SRO and CRO. In both positions, he interacted with individuals who had experienced trauma and often referred them to mental health services or resources. He felt that it was necessary to practice what he preached.

After a year of therapy, Sal is doing much better. He overcame the stigma regarding mental health to the point where he openly discussed his help-seeking journey with others. He has accepted his past issues and traumas and is in the process of becoming stronger through them. After retirement, he hopes to teach officer wellness among other things. He realized that he could let his past trauma define him, or he could take action and decide who he wanted to be, and he chose the latter. Sal appears to be on the path to post-traumatic growth. He credits much of this success to his therapist, who helps him reframe his problems and issues so that he can respond with comprehensive solutions rather than react to them. Although he has largely overcome the stigma, he is reluctant to recommend agency-sponsored resources, such as EAP.

Mike

Mike retired from policing about 10 years ago. He served for 30 years, retiring at the rank of captain. During his tenure, he served in several specialized units, including Specialized Weapons and Tactics, sexual assault investigations, and homicide investigations. He also led his agency's wellness and peer support team. He says that his exposure to traumatic incidents began very early in his career, but most incidents were not individually significant. The cumulative

effect of these traumas impacted his quality of life. After a delay, Mike eventually sought eye movement desensitization and reprocessing (EMDR) therapy and found it very beneficial.

For about three years prior to seeking help, Mike often taught officers about the availability of mental health interventions, including EMDR. However, he was reluctant to get help for his own condition. He believes that there were two primary reasons for this. First, his behavior and attitude changes were subtle and occurred over time. The second was that he did not realize the problem's significance because it did not always impact him. However, he would have episodes where he "went into a very dark place" for up to two days. In the interim, he often felt numb and disinterested. Looking back, he says he was not himself most of the time.

During a birthday party for one of his children, Mike realized the impact that trauma had on his life. He was surrounded by friends, family, and loved ones at what should have been a joyous occasion. However, he just felt disconnected. He was not sad or depressed. Instead, he did not feel anything at all. It was almost as if he was watching the scene as a disinterested observer, even though the party was full of the people he cared about.

Mike did not report engaging in any maladaptive coping mechanisms. He did participate in some positive coping mechanisms, such as meditation. He had a positive experience with meditation, suggesting that it mitigated some of the symptoms of his condition. However, it did not address the underlying issues. Mike suggested that spiritual wellness, especially those factors related to purpose and meaning and being part of something bigger than oneself, was critical in keeping him from hitting rock bottom during this period. Mike tried to use mechanisms, such as positive thinking and gratitude, to help him in this dark time.

If asked about it, then Mike would not have identified himself as someone with a high level of stigma. However, in hindsight, he believes that he must have had some, if only at the

subconscious level, because he had delayed seeking help for so long. When Mike finally decided to seek help, the primary factor in his decision was a recommendation from his wife. He stated that his wife noticed the changes in his behavior and attitude. She discussed how troubling this was for him and his family and asked if he wanted to continue to live this way or if he wanted to get help. Eventually, he realized that seeking help would benefit him and his family. He reached out to an EMDR therapist with whom he was familiar and stated that he was better within two or three sessions.

Mike believes that normalization is an essential factor in increasing help-seeking behavior in the future. He noted that even though he oversaw the peer support unit, he was reluctant to use that resource because he believed that "it was a strike against you." He stated that if he had heard an officer who had sought help and was able to get promoted or selected for a specialized assignment, he might have been more likely to seek help earlier in his career. He continues to meditate while practicing positive thinking and gratitude. Mike continues teaching officer wellness, openly discussing his help-seeking journey. He believes that talking about this is cathartic. Living a purposeful and meaningful life also helps support his spiritual wellness.

Greg

Greg is a 37-year-old active police officer with 14 years of police service. He works in a mid-sized agency with approximately 200 sworn officers in the northeast. Greg sought therapy twice, so he had two separate help-seeking journeys. He is currently married but was not married during his first experience with therapy. He also participated in Alcoholics Anonymous.

Early in his career, Greg was in a horrible relationship. While he admits that work stress might have contributed to his condition, the primary source of his stress was a manipulative girlfriend. Greg stated that he eventually went to seek help because she had convinced him that

he was the problem. However, prior to seeing the therapist, he started drinking heavily. Self-medicating made the condition worse, and Greg got to the point where he needed to do something about it. Unfortunately, he did not know where to begin his search, and due to stigma, he was reluctant to utilize a resource affiliated with his agency. He searched online and called about a dozen therapists before finding one with time in her schedule.

Each time he called a therapist and was told the therapist could not help him or he left a message that was not returned, he felt a sense of rejection. Each time he made another call, he faced the stigma again. It was very frustrating. He recalled that the last therapist he called did not initially have any openings, but she could tell he was in a bad place, so she agreed to meet him on a Saturday, even though she usually did not work on weekends.

Greg's therapist helped him recognize the signs of an abusive and manipulative relationship. He developed a great rapport with his therapist. He was still drinking, but not as much as before. He eventually ended the relationship, and shortly after, his therapist moved away. Since the primary cause of his stress was gone, Greg did not believe there was a need to find another therapist. He did not recognize the signs and symptoms of work-related stress. In the interim, Greg attended a few Alcoholics Anonymous meetings and got his drinking under control.

Greg enters into a relationship with a new girlfriend and eventually marries her. After a few years, Greg started experiencing more organizational stress from his department and stress from other sources, such as responding to emergency calls, shiftwork, and financial issues. During this time, his drinking increased to previous levels. He began having periodic panic attacks and crying episodes. Despite having a positive experience with therapy, he still maintained a high level of stigma. He had heard that his agency could find out who was going to

therapy by analyzing insurance codes. He also knew of a fellow officer who reported taking medication for a mental health condition as required by agency policy. This officer was subsequently placed on modified duty, meaning he had to surrender his badge and firearm.

Eventually, Greg's wife recognized the drastic change in his demeanor and suggested that he get help. Unlike the first time, when he did not know where to begin his search, his wife recommended a specific therapist. For Greg, this helped avoid the previous problem of calling random therapists, hoping for one to make some time in their schedule. Having a recommendation from someone he trusted was a facilitating factor.

Greg's new therapist helped him recognize that one does not need to experience one big stressful event or significant stress from one source. Instead, she helped him understand that stress is cumulative, so several minor sources of stress can have a significant impact. She helped him identify the sources of stress in his life and develop a plan to adjust those within his control and mitigate the impact of those outside his control.

For example, some of Greg's stress was self-inflicted. In a desire to serve, he took on too many additional duties and volunteer positions at his agency and with other law enforcement support groups. His therapist helped him prioritize the ones that added meaning and purpose to his life and aligned with his goals and values. While these positions did have some stress, he viewed them as challenging and rewarding, so they were a "good source of stress." His therapist also helped him to recognize that some of the other positions did not align with his values and goals and were a negative source of stress. He was initially drawn to these assignments due to a strong sense of duty. However, his therapist helped him understand that he did not have a duty to overwhelm himself and was worthy of a good life.

Joe

Joe is a 60-year-old retired police officer. He retired as a lieutenant from a mid-sized agency with approximately 200 sworn in Texas after 35 years of service. Joe is also a U.S. Army veteran, serving on active duty before becoming a police officer, and has continued to serve in the Army Reserve throughout his law enforcement career. Therefore, he had a combination of \ the military and law enforcement stress. Looking back, he believes that a significant portion of his stress was from his military deployments, but going back to policing after each deployment deprived him of any downtime to recover.

Joe suffered a traumatic brain injury during his first deployment, but he resumed policing duties immediately upon his return. Looking back at it now, he recognizes that the traumatic brain injury combined with military and law enforcement stressors had a significant impact on him and drastically affected his relationship with his wife and children. However, he was not able to admit it at the time. He began to self-medicate with alcohol to combat the nightmares and help him get sleep.

Despite his wife telling him that he had changed, he still could not accept that his condition had changed him. He believed accepting that he had changed would be the equivalent of admitting weakness. In addition, he felt that others had it worse than he did, so he did not deserve treatment or therapy. In his mind, accepting therapy would elevate his status equal to those who went through significantly more trauma than he was exposed to, and he did not deserve this elevation.

After his second deployment, Joe saw a therapist who specialized in first responders and was trained in EMDR. According to Joe, he did not develop a great relationship with this therapist, and he found the EMDR to be ineffective. Part of the problem could have been his

mindset going into therapy. His municipality's human resources department had sent a note to his entire chain of command advising them that he was in counseling. This breach of confidentiality might have prevented him from fully engaging with the therapist. He stated that, as a police officer, he was often guarded and reluctant to share his feelings, and this carried over into his therapy.

Joe continued to go on periodic military deployments. The subtle changes occurred slowly for Joe, so he still did not recognize them. For his wife, however, the change was more drastic. The person who left on the deployment was not the same one who returned. In fact, after his last deployment, she remarked that they were on Joe "version 6.0." Eventually, he realized that if his wife kept saying he changed, there must be something to her concerns.

One day, Joe was on social media and came across a post from a trusted friend about a program specializing in military and first responders. Unlike his first experience, which he felt was just a cookie-cutter solution, his recovery was tailor-made for him in this program. The program was not exclusive to mental health. Instead, it was a comprehensive solution covering mental, emotional, and physical health. Joe recalled that he had a physical exam that was more intense than anything he had ever experienced before, even his pre- and post-deployment physicals. He was given a tailor-made fitness and dietary plan and cognitive and emotional tools.

There were several differences between this program and his first attempt at recovery. This time, he had the full support of his chain-of-command. In addition, the program was designed for him, but they also considered his input, allowing him to retain some control over the process. Joe noted that finding the proper help is essential. He also suggested that for police officers, having some perception of control over the outcome is very important, as police officers are used to being in charge of a situation.

Joe credits his willingness to get help to a few factors. First, the persistence of his wife was crucial in getting him to realize the severity of the situation. The next factor was recommendations from trusted friends and mentors, which provided him with the knowledge of where to go to get help and served as a verification of the program. He also suggested that his wanting to get better was an essential element. He made a substantial distinction between wanting to get help and wanting to get better. He knew of several officers and veterans who wanted help but quickly accepted the victim role and never really improved. He believes that mindset is the critical difference between those who accept the victim role and those who rise above their circumstances. It is the difference between viewing a problem as a barrier or a challenge to overcome. It is easy to feel sorry for oneself when viewed as a barrier and wallow in self-pity. Viewing a situation as a challenge, on the other hand, inspires one to take action. However, he believes that the most crucial factor was the support from his chain of command and peers in his agency.

Eric

Eric is a 59-year-old retired law enforcement officer. He retired as a sergeant after 21 years in law enforcement. Eric served in a mid-sized agency with about 200 sworn officers in the northeast. He is married and has three children. He accessed a private clinician through his agency's EAP.

Early in Eric's career, he was involved in a case involving the sexual assault of a child. The offender was a police officer in a neighboring jurisdiction. The incident had a severe impact on him. He started ruminating about the incident, second-guessing his actions and wondering if things would have been different. He also had difficulty sleeping. However, he was concerned

about the possible consequences of seeking help, such as being placed on desk duty or “on the rubber gun squad.”

A few weeks later, Eric was having a conversation with a civilian employee of the department, and during the discussion, he had some thoughts that he would not have had before the incident. At that moment, he knew something was wrong, and this incident had impacted his worldview. Eric decided to contact the department’s EAP program. He felt comfortable accessing EAP because he knew and trusted the members of the department in charge of the program. He also believed that they would maintain his anonymity. EAP gave him the names of three clinicians specializing in first responder populations.

Eric waited for about a week before contacting one of the therapists. He was still worried about what the consequences would be if the department found out, and he also wondered if he needed therapy. Eventually, Eric chose the therapist closest to him. He recalled making the call was stressful, but he quickly realized it was the right decision. His therapist worked with him to develop a plan that included therapy and positive coping skills, such as meditation and relaxation techniques. The therapy sessions lasted for about three months for approximately 10 sessions.

Looking back, Eric believes that the plan's inclusion of positive coping skills that he could employ helped him feel that he was part of the process, contributing to his overall sense of control. While he worked with the first therapist he called, Eric felt it was good to be given a list of three therapists. First, this added to his sense of control, increasing his perception of control over the process. Second, if he was unable to get an appointment with the first therapist or if he was unable to establish a rapport, having other options would have prevented him from having to contact EAP again. Eric stated that whenever he had to contact someone as part of the process,

he had to confront his personal stigma, at least at that point. Therefore, anything that shortens the steps or avoids making additional calls would make the process easier.

Eric now believes that he is in good shape. The coping mechanisms and tools that his therapist gave him helped him deal with his trauma and overcome challenges for the rest of his career. Eric now has no problem talking about his issues and help-seeking journey. He believes talking about it is therapeutic and hopes to encourage others to seek help. After retirement, Eric took an emergency management job with issues similar to police work. He helped them start a crisis intervention program because he now believes in the benefit of mental health programs.

Eric regretted not talking to his family about his help-seeking journey. He did not discuss his issues or most of the details of his law enforcement career with them to shield them from the stress of policework. He realized this was futile when they went to dinner to celebrate his retirement, and his family seemed relieved that they no longer had to worry about him, which shocked Eric because, at the time, he thought that he had done an excellent job of shielding them from the realities of a law enforcement career.

George

George is a 36-year-old active law enforcement officer with about 10 years of policing experience. He works for a large agency with about 6,000 sworn officers and is stationed in the northeast. George is in a relationship, and his girlfriend is also in law enforcement at another agency. He is also a soldier in the U.S. Army Reserve.

Recently, George was in a motorcycle accident on his way to work. According to his agency's policy, this was considered an on-duty accident. A vehicle traveling in the opposite direction turned left into him. He was thrown off the motorcycle, and his weapon broke free from the retention holster. He vividly remembers it flying in front of him. He ended up fracturing his

wrist and had numerous bruises and contusions. He also had numerous symptoms of acute stress, such as difficulty sleeping and reliving the incident. In addition, he had elevated stress every time he was operating a vehicle. He feared anyone in oncoming traffic would turn left into him or anyone stopped at a side road or parking lot would pull out in front of him.

George knew that something was wrong but did not know where to turn. He did not know of any culturally competent resources and was worried about the possible impact of seeking help from his job. However, George was also worried about losing his law enforcement and military careers due to his injuries. Eventually, he went to his primary care physician, a doctor in the Army National Guard.

George's doctor recognized that his symptoms were stress-related and turned the discussion toward mental health. George credits the doctor's choice of words with helping him make the right decision. He believed that if the doctor asked if he wanted to speak to a mental health professional, he would have reflexively said no. However, the doctor asked George if he thought there would be any benefit in speaking with a mental health provider, making him think about the question. He conceded that there would likely be some benefit. George also believed that the doctor's wording made it look like George was making an actual decision rather than just following the doctor's order, which George believed was critical. With all of the stress he was under, he felt like his life was spinning out of control, and having real decisions to make helped him feel like he was regaining some of that control. While this is important for anyone, George believes this is especially critical for law enforcement officers, who are used to being in charge of the situation.

George's doctor recommended a therapist with experience treating first responders. The facts that the therapist was experienced with first responders and that the recommendation came

from a fellow soldier were critical factors in his decision-making process. George called the therapist, and they developed a plan for his recovery. The therapist provided him with numerous coping mechanisms, such as reframing intrusive thoughts and journaling. She also informed him of the cumulative nature of stress and helped him understand the stressful nature of his police duties. After a few sessions, George felt he was on a good recovery plan. Having coping mechanisms and other tools he could use contributed to George's sense of control over his life. He felt this was much better than just going to seemingly endless therapy sessions.

Fred

Fred is a 48-year-old retired law enforcement officer. He retired as a sergeant from a large agency with about 10,000 sworn officers on the west coast after 22 years of service. He has been retired for about two and a half years. Near the end of his career, Fred sought help from a psychologist employed by his agency.

As Fred recalled, most of his career was uneventful regarding his mental health. He enjoyed his career, and things were generally going well. He also believed that his agency had a culture that promoted help-seeking behavior. The agency had about a dozen psychologists whom employees could see. Officers were even allowed to use these services on duty. For Fred, this was significant and demonstrated that the department encouraged people to use the program.

Unfortunately, Fred's luck did not last. Less than a year before his retirement, he had several critical incidents that all happened at once. First, there was the stress of retirement. For police officers, retirement often means the loss of identity. Second, his department determined he had been in his present assignment too long. He was a supervisor in an undercover unit and was transferred to an administrative position, which he said caused significant culture shock. In addition, he had several other personal critical incidents, all of which occurred in a few weeks.

After realizing that all of these incidents were affecting him, Fred decided to speak to one of the psychologists employed by his agency. He credits choosing a department-sponsored resource rather than an independent one to several factors. The first was the ease of access. He knew how to access the program and was allowed to do so on duty. He stated that he would not know where to find an outside resource. The second was trust and confidentiality. As a supervisor, he knew that the psychologists took confidentiality seriously. Even when someone was mandated to see the psychologists by the agency, the psychologists would only give the chain of command limited information, as required by law. The third factor was reputation. He knew several of his employees had seen department psychologists for mandatory debriefings, such as for officer-involved shootings, and he had only heard positive comments about the service.

At one point, Fred questioned whether he needed this service. He felt like he was whining. However, his therapist validated his coming into the office, explaining the cumulative nature of critical incidents. While Fred initially felt some personal stigma, he is now very comfortable discussing his help-seeking journey. He does not necessarily feel that this discussion has a therapeutic value, but he hopes that discussing his journey will help others seek help when needed.

Ed

Ed is a 56-year-old retired law enforcement officer. He retired after 31 years of service. During his career, he worked for three different departments, covering large to small agencies with over 30,000, 1,400, and 25 sworn officers. His highest rank was detective sergeant. Ed sought help through a non-profit organization dedicated to police officers' mental health.

Ed was working in the New York City area during the 9/11 World Trade Center attack. During this period, he worked extensive hours, which strained him physically, mentally, and emotionally. Just prior to the attack, his wife had given birth to their second child and subsequently started having her own mental health issues. Caring for two children and his wife's needs while meeting the increasing demands at work began to affect him. In addition, he had several critical incidents prior to 9/11, such as an officer-involved shooting and several gruesome homicide investigations. Ed began having panic attacks, including a few where he felt like he could not breathe.

Ed had several concerns about reaching out for help. He feared being placed on the "rubber gun squad," where officers have their guns and sometimes badges taken away. Ed considered the gun and badge part of his identity, like many officers. In addition, he was concerned about losing his specialized assignment. He was concerned about financial loss. Without a gun, he would be ineligible for overtime, and if he were taken out of his assignment, he would lose his stipend.

While Ed had numerous legitimate concerns about seeking help, the panic attacks kept getting worse. He felt like he had no choice but to get help. Having experience in background investigations, Ed knew how the department could gain access to records, especially insurance paperwork, so he wanted a solution that had a limited paper trail and minimal contact with the department. Anonymity and confidentiality were two significant factors. Because of his concerns, he was not interested in any employer-sponsored resources.

Ed remembered hearing about a non-profit organization that assisted police officers in accessing mental health resources. They promised to protect the anonymity and confidentiality of their clients. Although he did not know anyone who had used these resources, he remembered

hearing their representative speak at the police academy and had seen their flyers at work. While he was skeptical, he felt as if he had no choice but to try it.

Ed called the organization about two weeks after his symptoms began. They were able to connect him with private mental health resources. The organization paid for these services through grants, so there was no need to go through insurance. Medications were hand delivered at the service location, so there was no need to use a pharmacy, further limiting any paper trail. The service location was flexible, allowing Ed to go in during his lunch break so no one at work would have to know, which enabled Ed to remain in his assignment without consequences for his career, identity, or finances.

Rich

Rich is a 53-year-old active law enforcement officer in the northeast. He is currently a captain for a mid-sized agency with about 100 sworn officers. Rich has been in law enforcement for over 27 years. He utilized therapy and EMDR, which were accessed through his department's EAP.

Rich was a police officer for about four years when he and his first wife began having problems. He reached out to his agency's EAP to get the name of a family counselor. Rich said that his department contracts EAP services to a private company. He was contacting the EAP because, at the time, it was a small company that consisted of retired police officers who transitioned to psychological careers. Rich was confident they would maintain his confidentiality because former police officers ran it.

The department's EAP provided Rich with a therapist who specialized as a marriage counselor. After a few sessions, all parties agreed that the marriage was over. However, the

counselor let Rich know that he would like to continue to see him individually, which surprised Rich because he did not think anything was wrong.

After a few sessions, the counselor explained to Rich that he showed signs of unresolved trauma and unmitigated stress from police work. Before this, Rich did not recognize any of the signs and symptoms of stress. However, after talking to the counselor, he started to understand that he was not correctly processing the critical incidents that he experienced through his job.

Rich does not think that he has any stigma against seeking help. His failure to seek help for his underlying issues was because he did not recognize any signs or symptoms. However, Rich now recognizes that he had severe, unresolved trauma and considers himself lucky to have had these signs brought to light before they manifested themselves in behavior that could have had career-impacting consequences. He doubts he would have had a successful career if these issues remained unresolved.

Several years later, Rich remarried. He was in a much better place mentally but saw some concerns and checked in with another psychologist connected to the department. During this discussion, Rich realized he unconsciously kept work-related details from his family. While this was undoubtedly an attempt to protect them, the psychologist advised him to include his family in his work issues. Rich began making conscious attempts to include his family in what was going on in his life, and he felt that his home life was improved as a result.

Rich credits his successful career to several factors. The first factor was a trustworthy and "user-friendly" EAP. Rich noted that a new company is handling EAP services for his agency. It is a much larger company with much red tape to get services. He is concerned that this may cause officers to avoid using this service. The second factor was an astute therapist who recognized that the problems that brought Rich into the office were not the real problem. Finally,

Rich was willing to try therapy and EMDR. He was initially skeptical of EMDR. However, after researching, he found it to be a credible technique.

Ken

Ken is a 53-year-old retired law enforcement officer. He served for 15 years before retiring as a detective due to a disability caused by an on-duty shooting. He has been retired for 14 years. Ken accessed therapy shortly after he retired. Ken volunteered for the initial and follow-up interviews for the case study.

Initial Interview

Ken was injured in an officer-involved shooting. He was out on disability for several years. Initially, Ken was not sure if he would be able to come back to work. Eventually, he realized he could not return to work and filed for a disability retirement. During retirement, Ken began to get angry and frustrated often. However, during this time, he was in denial about his role in his issues, and he assumed that everyone else had changed, causing him to be frustrated.

Ken's wife noticed the changes and confronted him several times. However, each time, Ken dismissed her. He continued to remain in denial about the whole issue. Finally, Ken saw the truth. During one conversation, Ken's wife looked at him and told Ken that their son was scared of him, which hit Ken hard. Ken recalled that his son would always go to his mom when sick, but he would seek out his dad when he was scared. Ken felt that his role was to protect the people he loved from the things that scared them, but now he became the thing that his son feared.

Even though he knew there was a problem, Ken was still reluctant to get help. He tried to use coping mechanisms and other skills that he had learned in various classes and training sessions he attended in the past. However, these were not working. Eventually, he reached out to

a therapist with whom he was familiar and who had some experience with law enforcement officers.

When Ken started therapy, he was reluctant to open up to his therapist fully. Eventually, he came to trust the therapist. After becoming committed to therapy, he noticed that his condition improved. He developed a better relationship with his wife and son and started progressing towards recovery.

Ken suggested that part of his struggle to recognize the symptoms of his condition was two-fold. First, there was much cumulative trauma, and he felt that it was harder to understand the impact of cumulative trauma than a single incident. Second was that although he did have a significant incident, an on-duty shooting, he did not experience issues right away. Initially, after the incident, he was in physical therapy and did other things to try to get back to work. He poured himself into his physical recovery, which he believes left him little time to ruminate about the incident. Once getting back to full duty was no longer an option, his unresolved trauma had time to occupy his mind.

Case Study

Ken had planned to work in law enforcement for 20 years and then find a post-retirement career. His injury made that plan unworkable. Ken noted that circumstances outside his control arbitrarily changing his plans can be very frustrating, particularly for cops, who "are very used to being in charge." This change added to Ken's stress. In addition, the police officers who did stop by were a mixed blessing. While he appreciated their support, they were a constant reminder of all the things that he could no longer do and that he would never be a cop again. He also recalled that most people who stopped by were his peers. No one from his chain of command contacted him to see how he was doing. Worse yet, when he went in to work to retrieve some of his

personal belongings, he found out that the department had given away his locker, and his personal effects were placed in a black garbage bag and left unattended in a closet, which made him feel that the department used him like a piece of equipment only to discard him when he was no longer useful.

Shortly after his injury, Ken had some extra free time, so he began to work with other officers to start a group dedicated to helping officers in crisis or with other emergency needs. He attended training in critical incident stress management (CISM) and assisting officers in crisis. He also worked closely with therapists and recommended them to officers who approached him for help. So, for Ken, lack of knowledge was not an issue. He was aware of the value and availability of therapy, and he recommended it to others. “I believed that it worked…but it wouldn’t work for me.”

It took almost reaching rock-bottom for Ken to seek therapy. He broke down when he learned his son was scared of him. “I wanted to just die right there.” So, when he went to seek help, he did it more for his family than for himself. Now that he has participated in therapy, he is a better proponent for others and can provide first-hand knowledge of its effectiveness.

After a few years of steadily participating in therapy, Ken noticed that there was not much going on during the sessions anymore. He felt that he was cured and did not want to take a slot that another officer could use, so he canceled the rest of his sessions. After a while, he started noticing some of the issues arising again. He intends on going back to therapy as part of what he referred to as “maintenance.” He made an analogy between therapy and changing a car’s oil, suggesting that “it is better if you do it before there is a problem.”

Ken suggests that all officers see a mental health provider to establish a baseline. He noted that cops are so focused on helping others that they often neglect themselves. However, he

said, “you can’t help others if you’re carrying around your own unresolved issues.” Ken continues to manage his support group service as an advocate for officers in need.

Steve

Steve is a 35-year-old active law enforcement officer. He works in the Midwest in a large agency with approximately 1,500 sworn officers. He has been a law enforcement officer for over nine years and currently holds the rank of detective. Steve tried counseling, which gave him some positive coping mechanisms. Counseling did not appear to improve Steve’s long-term recovery plan. Eventually, he found a peer support group that catered to veterans and first responders.

Steve had a difficult childhood, including poverty and multiple adverse childhood events. His father left when he was young, and he had four stepfathers. Steve felt that joining the Marine Corps would allow him to rebuild his life. During his service, he experienced at least one critical incident. After completing his term of service, Steve began a career in law enforcement.

Early in his career, Steve was selected for covert operations. While this was rewarding work, the stressful nature of the job began to impact him. For example, he began having difficulty sleeping and stopped having fun with some activities he used to enjoy. He felt that he had to force himself to have fun. In addition, he began self-medicating with alcohol to help him get to sleep.

Steve was reluctant to utilize any resources connected with the department due to the stigma against seeking help. He eventually decided to try counseling. Steve attempted to find a culturally competent therapist who understood police officers or first responders but had difficulty finding anyone. He found three counselors that looked like they might be able to help. He interviewed all three and selected one.

While the therapist was able to give him some short-term coping mechanisms, such as introspection, Steve did not feel that this was leading to long-term recovery. He reported that he was skeptical whether the therapist understood what he had been through as a law enforcement officer. Steve also expressed concerns that the therapist was not meeting his needs. He eventually stopped going. Steve was also reluctant to accept the label of PTSD. He felt that PTSD was for people who had survived much worse conditions, and he did not deserve to be in the same category as them.

After a while, a co-worker recommended a resource that catered to veterans and first responders. Steve felt that this program put him on a good plan. It connected him with individuals who would listen to him and be there when he needed to vent, but they would also hold him accountable and help him hold himself accountable.

Reflecting, Steve believes that the agency was not overly supportive, but he also acknowledges that some of the stigma was his own perception. He feels the culture is changing as some leaders encourage him to discuss his journey to help others. In addition, the department is allowing him to go to a conference on police mental health. Steve continues to keep in contact with the peer support group and has participated in brain stimulation therapy clinical trials.

Expert Opinion

Officers who have sought help can provide a unique insight into help-seeking behavior. However, this information all comes from their personal perspectives. The experts were offered anonymity, but all agreed to be identified by their real names.

Nicholas Greco

Nicholas Greco, M.S., B.C.E.T.S., C.A.T.S.M., F.A.A.E.T.S, has over 25 years of experience in the mental health of first responders. For the past 10 years, he has focused on law

enforcement populations. He is a clinician who is a Board-Certified Expert in Traumatic Stress and is certified in Acute Traumatic Stress Management. He also earned a Fellowship in the Advanced Academy of Experts in Traumatic Stress, the highest honor that the academy bestows. In addition, he is the president and founder of C3 Education and Research. He noted that, due to the strong stigma in the profession, many officers wait until they reach rock bottom, known in much of the literature as a crisis threshold, or until they retire. Unfortunately, waiting can have negative consequences. First, the condition worsens, affecting sleep, physical health, and social connections. Second, officers develop maladaptive coping mechanisms that exacerbate their current condition.

Based on his extensive experience, Nicholas suggested that genuine organizational support was essential in facilitating help-seeking behavior. This support must be more than paying lip service to officer mental health or checking the proverbial box. Leaders at all organizational levels must be consistent with their messaging, and those messages must be backed up by action. For example, he mentioned that some departments have imbedded psychologists at the precinct or division level and have normalized utilizing this resource. The appointment of a wellness coordinator can send a strong message, provided this person is given sufficient authority and resources to carry out the program.

Nicholas also noted other vital essential factors. For example, he suggested that a recommendation from a trusted peer, friend, or supervisor can have a substantial effect on promoting help-seeking behavior because this tends to normalize seeking mental health services. Access to culturally competent clinicians is also essential. He noted that trust and confidentiality were crucial. Once lost, trust and confidentiality would be difficult or impossible to regain.

Rosemary Ricciardelli

Dr. Ricciardelli, Ph.D., is a professor and research chair at the Memorial University of Newfoundland. She is also the co-chair of the Academic, Researcher, Clinician Network Advisory Council of the Canadian Institute for Public Safety Research and Treatment. She has published over 200 journal articles and authored several books. Dr. Ricciardelli has studied mental health in law enforcement officers and other public safety professions for over 14 years.

Dr. Ricciardelli suggested that knowledge is a primary factor. First, officers need to understand the signs and symptoms of stress-related illness. Recognition, she noted, is a critical step in an officer's help-seeking journey. Second, officers need to be aware of the availability and effectiveness of mental health resources. Finally, officers need to know how to find and access these resources.

Dr. Ricciardelli suggested that foundational wellness and officer mental health training should occur at the police academy and be reinforced with additional training throughout an officer's career. One never knows when an officer will need or be ready to accept mental health resources. Planting seeds periodically throughout an officer's career is an excellent way to ensure officers have the information they need to make decisions in their help-seeking journeys.

While providing officers with choices is essential, Dr. Ricciardelli cautioned that balance is needed. While having a lack of choices can prevent an officer from finding appropriate care for their condition, too many choices can be overwhelming. Officers need enough choices to find resources suitable for their situation, but not so many that filtering through all alternatives becomes a burden.

Dr. Ricciardelli suggested that mandatory briefings, such as those used in CISM, can be beneficial if conducted appropriately. However, if CISM briefings are not performed correctly,

they can waste time. She noted that it is critical to conduct these with trained personnel and ensure that all appropriate personnel are included.

Dr. Ricciardelli described help-seeking as a process, not necessarily a series of steps. Sometimes, it can be an iterative process with individuals returning to earlier stages. Therefore, the journey may look different from one case to the next.

Jacqueline Drew

Dr. Jacqueline Drew, Ph.D., is a psychologist with over 25 years of experience working with the police population as a researcher and practitioner. Her experience includes employment as a psychologist with the Queensland Police Service in Australia and a lecturer with the University of Queensland. She is currently an associate professor at Griffith University in Queensland, Australia. She has conducted numerous studies on officer mental health and wellbeing in Australia and New Zealand. In addition, for the past three years, she has been collaborating with the Fraternal Order of Police Officers, researching law enforcement officers in the United States.

Dr. Drew noted that normalization is a significant facilitator in help-seeking. While the policing profession has made significant progress in acknowledging the impact of traumatic events while performing police duties, she suggested that more work needs to be done on recognizing the impact of other sources of stress, such as organizational stress. She stated that stress from policies, toxic leaders, unfair promotional practices, and other organizational sources can significantly impact more than from critical incidents. She recommended that every leadership course include some component of officer wellness so that leaders can understand the impact their decisions and policies have on their personnel and inform them of the resources available to address these issues.

Dr. Drew noted that the messaging must be genuine to reduce stigma and normalize help-seeking behavior. For example, she noted that in the past, some officers who sought help were penalized through various means, such as being denied promotion, taken off patrol, or having their weapons confiscated. These actions counteract any communication or policies suggesting that it is acceptable for officers to seek help and significantly reduce the likelihood of other officers seeking help in the future.

Since every officer and case is different, Dr. Drew suggested that agencies need various options and interventions available to their officers. Interventions that appeal to one officer may not be palatable to another. A wide range of options includes options that are unconnected with the agency, which is essential because some officers may not trust the confidentiality and anonymity of programs affiliated with the agency. In addition, if an officer's primary source of stress is the organization, they may prefer an independent solution. Once these programs are established, officers must know their existence and how to access them. In addition, part of the messaging should include how effective these programs are and what conditions they are designed to treat. Officers who perceive the propensity for a positive outcome are more likely to try an intervention.

Dr. Drew identified another important facilitator as family support. Support of loved ones is critical for several reasons. First, families may initially recognize changes in an officer's attitude or behavior. Second, stress from policing can often spill over to the family, increasing conflict and negatively impacting quality of life. In some cases, officers who are unready to seek help for themselves may reach out to benefit their families. Therefore, she suggested that police agencies should include families in conversations about mental health, such as recognizing signs and symptoms and educating them about available resources. However, Dr. Drew cautioned that

the agencies should not put an undue burden on these families. Ultimately, the organization is responsible for the situation, but they must recognize that families can be a significant resource in addressing these issues.

Regarding mandatory interventions, such as CISD, Dr. Drew stated that agencies must carefully maintain a balance. Each person's help-seeking journey is different. The point where one needs and is willing to accept help varies. Forcing a mental health solution at the wrong time could backfire. Therefore, reminding officers of available solutions at various times is a good practice.

Konstantinos Papazoglou

Dr. Konstantinos Papazoglou, Ph.D., has over 15 years of experience focused on officer mental health as a researcher and a clinician. He is also the founder of ProWellness, a mental health service specializing in first responders. He has authored several books and numerous articles on officer wellness and resilience.

Based on his experience and research, Dr. Papazoglou suggested that leadership was one of the most critical factors in facilitating help-seeking behavior. Leaders can inspire their personnel and encourage the use of services. In addition, leaders write policies and develop organizational culture. When managing the agency's culture, leaders should normalize help-seeking behavior and ensure that officers are not penalized for seeking help. Policies should reinforce culture by ensuring anonymity and confidentiality in the use of services. In addition, policies can expand the limits of resources, such as allowing family members to access mental health resources and peer support.

Leaders are also responsible for the allocation of resources. They can demonstrate their genuine dedication to officer wellness and resilience by allotting adequate resources to this

endeavor. For example, they can support officer wellness through police academy and in-service training. In addition, this information can also be presented to family members so that they are aware of the signs and symptoms of stress and the availability of resources. Officers must also understand that they are generally more resilient than the general population but are exposed to significantly more critical incidents.

Dr. Papazoglou also noted that a sense of control is essential for police officers, especially in a crisis, because they already feel out of control. Anything that can help them regain this control will benefit them in their help-seeking journeys. Leaders can help through several means. First, they can offer a full range of resources with multiple options. In addition, while a lack of knowledge often induces panic, increasing knowledge helps increase the feeling of control. For example, understanding which mental health resources are effective and how to access them helps officers make informed decisions. Also, knowing the signs and symptoms of stress can help officers understand that there is nothing wrong with them. Instead, they will know that they are undergoing a normal reaction to a critical situation.

Another critical component that Dr. Papazoglou discussed was the normalization of help-seeking behavior. Officers should be encouraged to see mental health professionals even when nothing is wrong, like seeing a doctor or dentist for an annual checkup. Not only would this help normalize contact with mental health professionals, but it would also create a baseline for an officer's normal condition, helping with future diagnosis and treatment should something go wrong.

Results

All of the interviews were recorded and transcribed by Microsoft Teams. In addition, the researcher took notes during the interviews, ensuring that the notetaking did not interfere with

the interview. The researcher reviewed the transcripts, notes, and recordings iteratively. During each iteration, the researcher identified and noted themes in a spreadsheet. In addition, the researcher utilized NVivo 14 to assist with the coding process. Numerous themes were developed (see Table 2), and some were further developed into sub-themes.

Themes

Several themes were identified during the data analysis process (see Table 2). While many of these themes were consistent with the research, using the IPA method allowed the researcher to explore these factors from the individual police officers' perspectives. The IPA method involves an iterative process where the researcher reviews and re-reviews notes, transcripts, and recordings, trying to distill deeper meaning in each iteration (Smith et al., 2022; Smith & Nizza, 2022).

Table 2

Theme Cross-Tracking Matrix

RQ	Themes from Interview	Themes from Case Studies	Themes from Expert Opinion	Master Themes	Sub-Themes
RQ1	Knowledge	Knowledge	Mental Health Literacy	Knowledge	Understanding the Impact
					Knowing the Signs
					Understanding Treatments
					Understanding How to Get Help
RQ1	Support from others	Support	Support	Support	Support from Leaders
					Support from Family
					Support From Peers
RQ1	Focus on Helping Others		Duty	Sense of Duty	Putting Other First
					Protect Family
					Get Therapy to Help Others
RQ2	Shortening Time/Steps to Contact		Removing Unnecessary Steps	Convenience/Ease of access	None
RQ2	Do I Need/Deserve This		Recognition	Recognition	Recognizing Signs
					Acceptance/ Denial
					Others Had It Worse
RQ3	Specific Recommendation		Getting the right solution	Specific Recommendation	None

RQ3	Anonymity/ Confidentiality	Anonymity/ Confidentiality	Anonymity/ Confidentiality	Anonymity/ Confidentiality	Trust Limited paper trail
RQ3	Control	Perceived Control	Perceived Control	Control	None

Theme 1: Knowledge

Knowledge was identified as a critical help-seeking factor by several of the participants and experts. As with many choices, knowledge helps individuals understand issues and underlying causes, allowing informed decisions. As an example, Tony noted that one of the reasons that he was hesitant to seek help was that he did not know much about therapy. “It was not something that was ever talked about or taught.” On the other hand, Sal’s mental health literacy was a facilitating factor. He credits his close working relationship with his jurisdiction’s mental health crisis team with providing the knowledge that helped him decide to get help.

Four sub-themes were identified within the knowledge theme: understanding the impacts of police-related stress, knowing the signs and symptoms of excess stress and unresolved trauma, understanding the effectiveness of treatments, and knowing what help is available and how to access it.

Theme 1.1: Understanding the Impacts of Police-Related Stress. While many officers understood the impact of a significant critical incident, they did not comprehend the cumulative effect of repeated exposure to minor and moderate critical incidents. As such, they often dismissed any signs and symptoms because they did not feel that anything had happened to cause them to have a mental illness or condition. Tony suggested that the fact that he did not have one major incident was partly why he initially failed to recognize the symptoms. It was not as easy to recognize the impact of cumulative stress. Some officers even felt that there was some status to

having PTSD, and someone needed to go through something significant to earn that status. For example, Joe believed that he “didn’t deserve to have PTSD.” Steve echoed this sentiment as well.

In addition, there is a significant amount of stress in law enforcement unrelated to any trauma. For example, Tony suggested that most of his stress was related to his organization and leadership. Organizational and leadership causes of stress are well documented in the literature (Craddock & Telesco, 2022; Edwards, 2023). Dr. Drew suggested that these factors can have a more significant impact on officer mental health than trauma issues. However, this is not common knowledge throughout the profession. Without knowing that leadership and organizational issues can cause mental health issues, officers without any trauma are likely to ignore the symptoms or misidentify the problem as a physical health issue.

Theme 1.2: Knowing the Signs and Symptoms of Excess Stress and Unresolved Trauma. Several officers indicated they did not recognize the signs and symptoms of stress from police work. It is essential to distinguish this from denial. In denial, an officer recognizes the signs or is confronted with them by another person and refuses to believe them. When officers do not know the signs and symptoms, they will either not get help or seek help for a tertiary symptom and not deal with the underlying cause. For example, Rich was not seeking help for his unresolved trauma from work and had no plans to. He went for another issue, and the therapist was able to identify his work-related issues. Similarly, George knew that something was wrong, but lacking any understanding of complex trauma, he went to a medical provider. Again, this provider was able to determine the underlying issue and point him towards help. Both officers were fortunate. Most officers who fail to recognize symptoms and select the appropriate resources fail to get the proper help (Corrigan et al., 2014).

Theme 1.3: Understanding the Effectiveness of Treatments. Knowledge is power. As Sal noted, "we fear the unknown." Officers are hesitant to engage in mental health interventions because they do not understand them. When officers know about interventions through contact with mental health providers, training, or recommendations, they are less likely to be worried about the next steps in the process. If officers understand that there are effective and efficient treatments for mental health conditions, then they are more likely to get help. For example, Rich was initially skeptical of EMDR. However, he later did some research and found it reliable and effective. Unfortunately, not every officer will do their research, so getting this information to them is essential before they need it. In addition, understanding which treatments work in various conditions can help officers select the correct resource. For instance, there is a significant amount of research on the effectiveness of various techniques that might not readily come to mind, such as mindfulness (Grupe, 2023; Krick & Felfe, 2020).

Theme 1.4: Understanding How to Access Help. Greg noted that he had to reconfront his personal stigma against help-seeking before every phone call. Greg did not know where to get help, so he just started calling random numbers from an internet search. He ended up making 12 calls. Each additional call allowed him to disengage from the help-seeking process. Ed and Fred were familiar with how to get help from their chosen resources through department notifications and training. They were able to get the services they needed after one phone call. Steve had difficulty finding a culturally competent clinician and asked:

> Does this dude really understand? I mean, this guy has been doing this his entire career. It's all he's ever done. I try to give credit to his knowledge, but could he? I didn't trust that he could understand exactly what it was that I was going through. And then in addition to that, I didn't necessarily feel comfortable talking to him about everything.

For Tony, trust in the therapist was more important than experience with law enforcement populations. His therapist did not have extensive experience with law enforcement populations but "was willing to understand that law enforcement officers were different, and she was willing to put in the time to learn that."

Theme 2: Support

Theme 2.1: Support from Leaders. Support from the chain of command is critical in facilitating law enforcement officers' help-seeking behavior. Policies and procedures are essential, but these can often be check-the-box efforts. The support demonstrated by key leaders sends important messages about how genuine the organization is about these programs. For example, Fred noted that it was important that his department allowed officers to use mental health resources while on duty by sharing: "You can tell a lot about what the department considers important by what they allow you to do on duty."

Mike, who retired as a captain, believes leaders must examine how the job affects their officers. He noted that the profession is improving in this area. In the past, he suggested that if an officer were stressed, he would be told to ignore it because there "are calls that have to be answered." He suggested that many leaders are willing to look at policies, procedures, working conditions, and other factors affecting police officers and their quality of life. He stated that when leaders check in on their officers after a critical incident, they normalize talking about stress and mental health.

While a supportive organization can facilitate help-seeking behavior, an unsupportive one could be a barrier (Richards et al., 2021). Steve experienced this when he felt his agency did not support help-seeking efforts. In addition, organizational and leadership factors can be a source of

stress for an officer (Can et al., 2018; Chan & Andersen, 2020; Craddock & Telesco, 2022; Edwards, 2023).

Theme 2.2: Support from Family. Several participants and experts identified family support as a critical component. Families are often the first to recognize the signs and symptoms of police-related stress. Officers are often reluctant or unable to recognize their own symptoms. Ken, Mike, and Sal noted that their spouses encouraged them to seek help and supported them throughout the process. Mike noted that discussing the issue with his wife made him more receptive to treatment prospects.

Eric inadvertently deprived themselves of family support by keeping his family out of the process. Eric acknowledged that this was a mistake. He thought he was protecting his family by isolating himself. He later learned that his family saw the effects of excessive stress, but by not being part of the conversation, they did not have any context regarding these signs and symptoms. If he had to do it all over again, Eric suggested that he would have included his family in some of the details of his work life.

Theme 2.3*:* Support from Peers and Others. Some participants noted that support from peers, friends, and others was integral to their recovery. Support from these individuals can normalize discussions about mental health. For example, Ken noted that he appreciated his coworkers' support during his time of need. Some officers suggested that they would be more comfortable being candid with their peers than with their supervisors. In addition, peers can be an essential source of recommendations and testimonials for mental health interventions in general or specific therapists or agencies.

Steve found that peer support was a critical component of his recovery plan. He has a core group of supporters who will listen to him vent and hold him accountable when needed. Essentially, this group will tell Steve what he needs to hear, not necessarily what he wants.

Theme 3: Sense of Duty

Based on the interviews, officers tend to have a strong sense of duty, which often causes them to focus on the needs of others to the exclusion of their own needs. This factor could be a barrier or facilitator, depending on the conditions.

Theme 3.1*:* Putting Others First. Officers tend to believe that they do not need to call for help because they are the ones who respond when others need help. Focusing on others can provide temporary relief. For example, Ken noted that while he was focusing on his duty, he did not have time to ruminate over his unresolved trauma, which made him feel better in the short term but delayed him from seeking therapy, so it served as a barrier to his help-seeking. However, once he was no longer able to perform police work, he had time, allowing past trauma to affect his mental health. By focusing on his work and helping others, he only delayed the issue, not resolving it. Joe similarly delayed treatment by attempting to focus on his work only. Joe stated: "I just kept trying to power through…because I was, you know, I'm not weak."

Theme 3.2*:* Protecting the Family. Officers are used to protecting others and generally prioritize their families. To protect their loved ones, some participants noted that they did not involve their families in discussions about work. Steve felt his role was to protect his wife, not burden her with his problems. While this is a noble goal, it can be counterproductive. As Eric found out, not discussing essential events does not prevent family members from observing the signs and symptoms of unresolved trauma and excessive stress. They still see that something is

wrong, but without knowing the details, they are deprived of any context. Sometimes, hiding details from family members can be unintentional. For instance, Rich found that he unconsciously neglected to inform his family about things that happened at work.

Theme 3.3: Getting Therapy to Help Others. The need to help others can facilitate help-seeking behavior if officers realize these resources can help them be better spouses, partners, parents, friends, and cops. Ken noted that even when he was forced to confront the signs and symptoms of his condition, he still was not going to therapy for himself; he was doing it for his family. He stated, “you can’t help others if you’re carrying around your own unresolved issues.”

Theme 4: Convenience and Ease of Access

Convenience was a critical factor for some of the participants. The importance of this factor was the reduction of steps or delays between steps. Some participants suggested that every delay was an opportunity to procrastinate or to make an excuse to disengage from the help-seeking process. Greg stated that every additional call required him to reconfront his personal stigma. Fred credits the ease of access to choosing a department-affiliated resource. He could even access this resource while on duty.

Theme 5. Recognition

The participants and experts noted the importance of recognition. Without recognizing a problem, the individual will not go any further in the help-seeking process. In addition, there needs to be recognition of the correct problem or the proper resources might not be sought. Recognition has three sub-themes: recognizing the signs, accepting or denying, and overcoming the belief that therapy is unnecessary because others have had it worse.

Theme 5.1*:* Recognizing the Signs. Officers must understand the signs and symptoms of their condition in order to continue their help-seeking journeys. Part of this theme is recognizing the problem, and the second is recognizing it as a mental health condition. For example, Rich had no idea that he had unresolved trauma and stress from work. The problem did not become apparent until he saw a therapist about an unrelated relationship issue. The therapist was able to diagnose his work-related stress. George, on the other hand, did recognize that he had a problem. However, he thought his symptoms, such as panic attacks, were physical. As such, he went to his physician instead of seeking a mental health provider.

Theme 5.2: Acceptance or Denial. Once the signs and symptoms are acknowledged, the person must accept them as being representative of a mental health condition. Rich and George quickly moved to acceptance once the facts were presented. Ken, on the other hand, had difficulty moving to acceptance. He was stuck in denial for some time. Ken recognized that he was constantly getting angry and frustrated. However, he was not ready to accept that he might have some unresolved stress and trauma, so he continued to blame others for his conflicts. Ken had been working with others in crisis, so he was undoubtedly aware of these signs and symptoms. He had helped other officers see the signs and symptoms but could not recognize those same factors in his own life. He stated, “it’s easy to see clearly when it doesn’t involve you.” He later added, “for me, acceptance is the hardest word in the English language.”

Theme 5.3: Others Had it Worse. Some officers noted that they did not feel they deserved treatment because they knew those who had been through much worse situations. In many cases, the officer had experienced cumulative trauma and was trying to compare himself to someone who had a single but severe critical incident. For example, compared to other officers who had been in officer-involved shootings and other deadly force incidents, Fred thought that

he did not deserve to be placed in the same category. At one point, he thought he was whining. After finally attending therapy for some time, his therapist was able to explain the impact of critical incidents. Similarly, when a therapist suggested to Steve that he might have PTSD, Steve said:

> I knew that something was wrong, but I didn't necessarily think that I deserved it, considering that I hadn't gone through what many other men had gone through, and I hadn't even considered the formative trauma for my youth at that point.

Joe similarly pointed out, "The other guys deserve it more. I didn't have it that bad." He shared, "I want to give my place to somebody else."

Theme 6: Recommendation

A recommendation from a trusted source, such as a family member or respected peer, appeared to be a valuable factor in help-seeking behavior, mainly when the recommendation includes a specific therapist or agency. The combination of a suggestion to get help and where to get it seemed to help officers integrate the help-seeking intention and help-seeking behavior phases. Officers who reported that they had this type of recommendation also reported that going from intention to behavior appeared to be seamless.

In addition, a recommendation can save time and steps, resulting in less time for officers to develop excuses to disengage from the help-seeking process. Tony doubts that he would have tried to find a therapist without a recommendation from a trusted source. Tony noted:

> I was less willing to take the…ten other steps that would have been necessary through maybe a different process or trying to figure out who would be a suitable fit, like, let me read their bio online or…talk to somebody for five minutes on the phone, and you can't really gauge how that's going to play out.

The recommendation was essential. Tony continued: “But from a close personal friend who is also in law enforcement but in a different agency, giving that recommendation, that was very helpful, and it really took away any excuses.” He added, “I would have found excuses, probably, knowing myself to avoid that.”

Theme 7: Anonymity and Confidentiality

Officers were more likely to choose a resource if they believed their anonymity and confidentiality would be protected. If they felt that no one would find out they were getting help, it would make it easier to choose that particular source. For most officers, this was limited to the first sub-theme, trusting that particular resource. Other officers were also concerned that the department might have found out through alternative means even if the resource was trustworthy. It was also crucial for these officers to have a limited paper trail.

Theme 7.1*:* Trust. Trusting the resource was critical for the officers to engage in therapy. For example, as a supervisor, Mike knew that his agency’s EAP respected confidentiality. He had several officers utilize EAP resources, and the EAP would never provide any information besides what was legally required, such as if the officer was a danger to themselves or others.

Theme 7.2: Limited Paper Trail. Some officers either knew of ways that their agency or municipality could circumvent the anonymity and confidentiality rules or heard anecdotal stories about this being done. For example, as a former background investigator, Ed knew that the information from health insurance billing codes could be used to circumvent HIPAA regulations. Therefore, he selected a resource unaffiliated with his agency that would not go through his medical insurance. Similarly, Greg heard some stories about the department finding out that people were on medication due to insurance billing and knew of someone who had their

assignment changed after going on anxiety medication. Therefore, he specifically avoided any interventions involving prescription medication.

Theme 8. Control

The final theme identified was control. Officers were more likely to choose and remain engaged in therapy if they felt they had some level of control over the process. Conversely, if they did not perceive any level of control, they might reject the therapy or not fully engage with the therapist.

Research Questions

Once the themes were identified and coded, the researcher analyzed them to find any relationship with the research questions. This process required the researcher to return to the notes, transcripts, and recordings to find applicable quotes. There was some difficulty in assigning themes to RQ 2 and RQ 3 because many of the participants did not view these as two separate steps. However, this fact was helpful because it extended the understanding of the help-seeking process from the participant's point of view; some of the themes applied to more than one research question. For example, if one were stuck between intention and help-seeking behavior, a recommendation from a trusted source could help overcome the stigma and facilitate help-seeking action. However, if this recommendation were given prior to the person arriving at help-seeking intention, that recommendation might resolve the obstacles at both steps and make help-seeking intention and help-seeking behavior appear as one step. Therefore, some of the themes will appear under multiple research questions.

RQ 1

Many themes applied to RQ 1: What factors facilitate help-seeking behavior in law enforcement officers? Knowledge, as a broad theme, stood out as a significant factor. In order to get help, officers must go through a process that includes understanding that they have an issue, deciding to get help, and taking steps to seek help.

Without understanding the impact of the various sources of stress and recognizing the signs and symptoms, officers will have trouble determining that there is an issue. Even if they realize something is wrong, without understanding the signs and symptoms of unresolved stress, officers might misdiagnose the problem and not seek help from an appropriate source. Most of the participants were aware of the impact of severe critical incidents, but many did not fully comprehend the impact of cumulative trauma or organizational issues. In addition, some mistook the signs and symptoms of traumatic stress. For instance, Rich failed to recognize his work-related issues and only sought counseling for a relationship problem, and George mistook his symptoms for a physical ailment. Both were directed toward the appropriate help by astute providers who recognized the underlying issue.

A sense of duty served as a facilitator and a barrier. When officers focus on helping others to exclude self-care, a sense of duty becomes a barrier. In addition, when officers leave their families out of discussions about work due to an overly developed sense of duty, they deprive themselves of much-needed family support. However, when officers recognize that mental health interventions can help them become better at helping others, it can facilitate help-seeking. Ken, for instance, sought help primarily to benefit his family. Mike went for help for himself and because “it would benefit others as well.”

RQ 2

Research question two was: What specific factors facilitate the transition from denial or other maladaptive coping mechanisms to accepting that the utilization of mental help resources is necessary to improve the present condition? Assigning themes applicable to this question was complex because not all participants considered this a distinct step. However, after continued detailed analysis, some common themes did emerge.

The officers who viewed this as a distinct step also felt this could be an iterative process. They felt that every action or step they had to take presented opportunities to procrastinate, make excuses to delay, or disengage from the help-seeking process. For instance, Greg reported reconfronting his personal stigma about a dozen times until he finally found a therapist who was available to see him.

Recognition was also an essential factor in getting past this stage. Recognition required several things to happen. First, the officer had to be aware of the signs and symptoms. Some officers did not recognize them, while others misdiagnosed them as related to another problem, such as relationship problems or physical ailments. Some officers acknowledged knowing that something was going on but did not recognize it as a mental health issue. For example, Steve stated, “I knew there was something different about me, but I didn’t necessarily think that something was wrong. I was reluctant to admit that until I started having nightmares.”

Some officers remained in denial even when all the knowledge and facts were available. Support from others seemed to help, but often, it took reaching some crisis threshold to break out of denial. For example, Joe refused to recognize the changes in his life due to repeated cumulative critical incidents at work, compounded by multiple military deployments. Joe shared: “I refused, initially, to believe that I was impacted in any way, shape or form…but my life was crashing down around me, personally and professionally.” Similarly, Ken refused to confront his

condition until he learned that his son was scared of him, the pivotal point in his help-seeking journey. Ken stated, “I was supposed to be the one to protect him, and now he’s scared of me. I felt like dying right there and then.”

Some officers seemed to be progressing towards acceptance, but when comparing themselves to other officers with severe critical incidents, they felt they did not deserve the available resources because these resources were for officers who had gone through an extreme crisis and had not earned that status. In many cases, these officers had cumulative trauma or cumulative organizational stress, and it is not easy to compare the impact of these various sources.

RQ 3

The third research question was: What factors convert help-seeking intention into action? This step was defined as the stage when participants began therapy or other mental health interventions. Again, it was difficult to categorize some of the themes as part of this category as some participants viewed this stage and the previous one as a seamless step. However, those who perceived help-seeking intention and help-seeking behavior as two distinct steps suggested that making the call was a stressor. As Eric suggested, “you second guess yourself: do I really need this?”

A significant factor at this stage is a trusted friend or loved one recommending a specific therapist or contacting a specific agency. This recommendation served as a testimonial for therapy in general and provided the participant with the knowledge of who to contact, which reduced the need to do research and look up potential therapists. Several participants stated that this was time-consuming and provided opportunities to make additional excuses not to go to therapy. In addition, this provided validation of the specific therapist or agency and increased the

level of trust, hastening the development of rapport building. Some of the participants who did not have a specific recommendation, such as Ken, stated that it took a while before they fully trusted and were ready to open up to their therapist. Ken noted, "in the beginning…I was being intentionally vague. I didn't know if I could trust him." Later, when he finally developed a rapport and decided that he could tell the therapist everything, Ken stated, "I felt that an enormous amount of pressure had been released. Walking to my car, I felt so light that I could almost float."

According to some experts, the key factor is that it must be the correct resource for the individual. If the person making the recommendation had a different issue or condition, the intervention that helped them might not be correct for the officer. In addition, there are some individual preferences. Joe stated, "just because that therapist is right for you, doesn't mean that they're right for me…It doesn't mean that therapy doesn't work…it just means that he's not the right fit."

After developing an intention to seek help, some participants still had a fear of consequences if their department or municipality found out that they were in therapy or on any medications for a mental health condition. Other participants were worried about what their friends and co-workers would think. There was a concern over whether they would still be trusted or respected if others learned that they needed help for a mental health condition. Some were concerned that they would be considered weak. The belief that a resource would protect their anonymity or confidentiality was a key facilitator. Two sub-themes were identified at this stage: trust and a limited paper trail.

Trust in this context is that the specific resource would protect the participant's confidentiality or anonymity. Several participants had heard either first-hand or anecdotal stories

about people suffering consequences when the department found out about someone else being in therapy or taking psychiatric medication. Interestingly, of the participants who had strong concerns about anonymity and confidentiality, some chose a department resource, while others opted for an independent therapist. The participants who selected the department resource knew the department resource's protection of anonymity and confidentiality. For example, as a supervisor, Rich had several employees who had attended department resources for mandatory debriefings of events like an officer-involved shooting. With each employee, the therapist would only give him the information allowed by law: whether the individual was a danger to themselves or others. No other information was disclosed. Therefore, he was confident that they would also protect his information.

Some participants were concerned that even if the resource did make every attempt to protect their confidentiality and anonymity, the department or municipality would have other ways to find out. For example, as a former background investigator, Ed knew that much information about one's therapy could be distilled from insurance codes, including medication information. Therefore, he chose an independent resource that did not go through his employer-sponsored insurance. Greg was also concerned about insurance codes because he had heard stories about the municipality finding out that others were in therapy. However, he was most concerned about the agency finding out if he was on medication, as he knew someone who was taken out of their assignment after disclosing psychiatric medication during a random drug test, which was required by agency policy. As a result, Greg specifically avoided interventions involving medication.

The final theme at this stage was control. Many of the participants described a need to retain some level of control over the process. First, as several participants mentioned, police

officers are used to being in charge. Second, police officers are problem solvers by nature. They are more likely to accept an intervention that helps them develop a recovery plan rather than one that imposes a plan on them. In addition, many of the participants felt a lack of control based on their current mental health condition. Helping to restore that control was a fundamental facilitator. Having options in choosing one's provider helped to provide this sense of control. For example, some agencies provided independent and agency-sponsored services, which is essential because several participants strongly preferred one and had an adamant desire to avoid the other. Having both options gives the officer the perception of control.

Summary

This chapter began with the data collection process. The researcher recruited participants through personal or social media contact. In addition, the recruiting material was distributed through several law enforcement networking pages. Through this process, the researcher could interview 12 participants, including two who participated in follow-up interviews for case study analysis. The researcher also interviewed four experts in the field of officer mental health. Using the IPA model, the researcher conducted an iterative process of examining his notes, the interview transcripts, and the session recordings. Common themes were developed, and the process was repeated. During the process, similar themes were considered for consolidation. The following help-seeking themes were found: knowledge with sub-themes of availability and effectiveness of interventions and how to access them; confidentiality and anonymity; support with the sub-themes of organizational/leadership, family, peers, and friend; a strong sense of duty; ease of access and convenience; recommendations from a trusted person; anonymity and confidentiality; and a sense of control over the process.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this IPA study was to examine police officers' help-seeking journeys from their perspectives to find common themes that facilitated this journey. The researcher's goal was to develop actionable information that can help key stakeholders improve the policies, procedures, and programs and guide research on the topic in the future. The IPA method allowed the researcher to understand the particular factors and what those factors meant to the participants. Understanding their lived experiences was crucial for comprehending their decision-making processes. While the interviews had many similarities, there were also notable individual differences. Common facilitators were knowing what resources are available and where to get help, trusting the commitment to anonymity and confidentiality of the provider, ease of access, a sense of duty, and control. There were some significant differences. For example, some exclusively sought help from a department-sponsored resource, while others only considered help completely independent of the department. This chapter summarizes and discusses the findings and implications for organizations, leaders, training managers, and support groups. It will also provide an overview of delimitations and limitations. Finally, the chapter will provide recommendations for future research.

Summary of Findings

Using the IPA model, the researcher conducted semi-structured interviews with all participants. This data was augmented with follow-up questioning of several participants and interviews with four subject-matter experts in officer mental health. The IPA process allowed the researcher to understand the deep meaning behind various factors in the help-seeking journey

from the perspective of the participant's individual experiences. By examining their lived experiences, the researcher understood the rationale behind many of their decisions.

Officers are often reluctant to seek out mental health resources due to the significant stigma against help-seeking in the profession. Most of the participants discussed some level of stigma even after they decided to seek help. Of those who sought help more than once, Sal, Greg, Eric, and Steve noted that they are still retaining the stigma for their subsequent contacts. The takeaway is that while stigma is a known barrier to help-seeking, it does not entirely block officers from getting resources. Some officers will overcome the effects of stigma without actually eliminating it. The law enforcement profession should continue efforts at stigma reduction.

Officers also have a strong sense of duty. Tony noted: "I think I was very much about getting the job done, doing a good job being successful…preparing to get promoted, all those kinds of things." As such, they are more inclined to take care of the needs of others than themselves. However, an officer's condition affects their family, friends, their organization, and the communities they serve. Several officers noted that they finally chose therapy not for themselves but for loved ones. For example, Mike realized that his choosing therapy would "benefit many others." As a part of this sense of duty, officers often try to protect their families by not discussing work with them. Unfortunately, families often see the signs and symptoms of police-related stress. Not including them in what is going on at work deprives them of any context for these symptoms. For example, Eric went through his entire career thinking that he protected his family from worrying about him by not discussing many aspects of his job, only to discover that his assumption was incorrect at his retirement party. The stress on families may be worse because they know something is wrong but not what is wrong.

An officer's perspective on their help-seeking journeys can vary by individual and differ from the various help-seeking models. For example, many models include help-seeking intention and help-seeking behavior as distinct steps. While some officers agreed with this perception, others did not see a big difference between these steps, observing intention and behavior as one step. In addition, many officers observed the journey as having many more steps. Each contact required the officer to reconfront his stigma and provided an opportunity to make excuses or procrastinate. For example, if an officer needed to contact someone at their agency to get a list of providers and then contact one of the therapists, from the officer's point-of-view, this may be considered two separate steps. If the first therapist were unavailable, each subsequent call would be another step. Greg's help-seeking journey had over a dozen steps because most therapists he called were unavailable.

Knowledge appears to be a significant facilitator of help-seeking behavior. Knowledge includes several aspects: knowing what help is available, understanding the effectiveness of these interventions, and knowing how to access them. Recommendations are a related theme. A generic recommendation for therapy from a trusted friend can provide knowledge of effectiveness and availability. Specific recommendations for a therapist or organization can help answer how to access therapy.

Discussion

This phenomenological study examined law enforcement officers' help-seeking journeys through the lived experiences of those who voluntarily sought help for a mental health illness or condition. Many of the findings corroborated existing research. However, the study highlighted the fact that each participant's mental health journey is unique. While the mental health-seeking models and other theories remain valid when looking at groups, they do not always explain

behavior in individual cases, which does not necessarily invalidate these models; it just warns against overreliance on them. This section will discuss the findings of this research as compared to the SMHM, the MMM, and other research in the field. The section will conclude by discussing extensions to the literature and novel findings.

Comparison of Findings to the Seeking Mental Healthcare Model

The SMHM posits that there are four steps in the help-seeking journey (McLaren et al., 2021, 2023). These steps include recognizing the signs and symptoms, self-identifying, help-seeking intention, and help-seeking behavior. While the SMHM was a guide, it was not the perspective of several participants; some perceived help-seeking intention and behavior as one seamless step. Dr. Ricciardelli suggested that the journey should not be viewed as a series of steps but as a process, and it can often be an iterative process, which was echoed by Tony, who suggested his journey "was not linear."

However, the experience of others was more in line with the model. Eric, for example, had some difficulty making the call, even after developing an intention to seek help. Greg experienced the iterative part as he felt that he had to reconfront his stigma every time he made an additional call. Essentially, he was in a series of loops, going back through help-seeking intention, until he finally found a therapist who could assist him. For him, the process felt like it was more than four steps.

Comparison to the Meaning Making Model

The researcher selected MMM as a tool to understand the participants' lived experiences. Park (2010) postulated that individuals make decisions not based on actual factors and events but on their beliefs and perceptions about them, which was corroborated by research. Upon reflection, some participants admitted that their beliefs about stigma within their departments or

among their peers were more perception than reality. The most significant factor corroborating the use of the MMM was the meaning of the firearm. For officers concerned about losing their firearms, it was always more involved than losing a single tool. For some, the firearm is a part of their identity. Ed said, for cops, “a gun is a part of you; it’s a part of who you are.” For others, it represented the opportunity to work overtime or earn a paycheck. Steve said, “my gun was how I provided for my family.”

As Ed noted, the fear of losing one’s gun and ending up “on the rubber gun squad” created a critical dilemma. “Do I get help and hurt my career, or do I get help and hurt my family economically?” In all cases, from the participants’ perspectives, the loss of the firearm meant more than being deprived of a single, inanimate object, which is wholly consistent with the MMM declaration that individuals make decisions based not on what a thing is but on its meaning.

The MMM was highly informative in understanding that the participants based their decisions not on things or events but on the meaning attached to them, which was critical during the data analysis phase. In hindsight, however, the MMM was limited in that it did not provide a way to translate data analysis into actionable changes for key stakeholders within the profession. Looking back, Agryris and Schön’s ladder of influence (LOI) is a more useful tool as it is more comprehensive and covers a more significant portion of an individual’s mental processes, including opportunities for key stakeholders to improve their decision-making processes (as cited in Fiester, 2024).

The LOI model may explain how individuals turn information into action based on beliefs and inferences (Fiester, 2024). However, D’Eon (2022) noted that these inferences can negatively affect one’s quality of life if based on incorrect assumptions and conclusions.

Fortunately, since the LOI covers the entire process, unlike the MMM, it presents opportunities to impact decision-making positively.

At rung one of the LOI, the individual has access to information, which can come from their senses or the written or spoken words of others (Fiester, 2024). The ladder's second rung is where the individual prioritizes some information, discounts other data, and discards some altogether. Much of this step is unconscious, informed by the individual's values, beliefs, stereotypes, and assumptions. The ladder's third rung is equivalent to the MMM, where the individual assigns meaning to factors, things, and events based on the filtered and prioritized information from rungs one and two. On the fourth rung, assumptions are made to fill in any gaps in the available information. Again, much of this happens subconsciously and is influenced by values and beliefs. The fifth rung is where one develops conclusions connected to and primarily informed by a person's worldview. New beliefs and convictions are adopted at the sixth rung, and on the seventh, the individual takes action based on those beliefs.

The ladder's first and second rungs, occurring before MMM comes in, provide opportunities to influence decision-making (Fiester, 2024). Knowledge can be provided at rung one and changing the profession's culture can positively influence rung two. Tying this into the themes identified in this study, providing knowledge offers new written and spoken words for officers to consider. In addition, other officers' recommendations and testimonials can offer validation and verification of this data, increasing the likelihood of this data being prioritized or at least not discarded.

Comparison to Other Existing Research

There is a lack of research on law enforcement officers' help-seeking behavior (Reavley et al., 2018). However, much of this study's findings were consistent with the information that

exists in the current literature. For example, participants and experts identified organizational support as a critical factor in help-seeking behavior. It has also been identified in the peer-reviewed literature (Richards et al., 2021). Stress can also affect employees' connection with the organization, making them feel less connected (Dobson & Szeto, 2021). Similarly, the factor of perception of control was also noted in this study and prior research to facilitate help-seeking behavior.

Several participants noted that a recommendation from someone who sought help profoundly affected their own decision-making. For example, Joe suggested that, for him, a recommendation for a specific program served as "verification" that "this is a legit deal" and "these are good people." This verification or validation helped the participants prioritize related information about these programs or services at rung two of the LOI. These factors are consistent with the literature, which indicates that the mere knowledge of someone who sought help could be a facilitator (Copenhaver & Tewksbury, 2018).

Several participants noted the effects of organizational stress on their overall wellbeing. For instance, Tony and Greg stated that the majority of their stress was due to organizational and leadership issues, which was echoed by Dr. Drew, who stated that these issues can have a more significant impact than trauma-related stress. Similarly, several participants did not appreciate the impact of cumulative stress, believing that they should not have any issues because, as Fred noted, "I hadn't gone through what many other men had gone through," or, as Joe shared, "others had it worse." They were comparing themselves to others who had a more severe critical incident but were discounting the cumulative impact of their own trauma. However, Drew and Martin (2021) posited that the impact may be related more to frequency than severity.

Regarding stigma, the research confirmed Drew and Martin's (2021) findings regarding some officers seeking help despite retaining high levels of stigma. Many of the participants reported retaining high levels of personal stigma throughout the help-seeking process, and some felt that they would have to reconfront that stigma if they had to find a new therapist. On the other hand, Rich claimed that he did not feel any stigma against seeking help. His delay in seeking the proper treatment was solely due to not recognizing the signs and symptoms of cumulative stress. Others finally shed their stigma but well into their help-seeking journeys. After years of therapy, Tony realized, "so, in retrospect, all of my fears really were insignificant." In other words, Tony admitted to making incorrect assumptions and conclusions at rungs four and five on the LOI.

According to the literature, officers who develop maladaptive coping strategies (Rikkers & Lawrence, 2021) or delay treatment (Di Nota et al., 2021) fare worse than their counterparts who seek treatment promptly. In this study, Greg, Joe, and Steve admitted to self-medicating with alcohol, Ken and Sal delayed treatment due to denial, Rich indicated a failure to recognize the symptoms, and most of the participants delayed treatment due to stigma.

Several participants noted the importance of support as a facilitator for getting help. This support could come from family, friends, co-workers, or leaders. Support is consistent with the research, which indicated that support from others can be a strong facilitator (Rafferty et al., 2019). However, unsupportive families or organizations could be a barrier (Richards et al., 2021). Often, this support came as a recommendation for a particular resource or therapist. This support was a significant factor to many participants, helping them cross several barriers. As Tony noted, "unless you have a recommendation from someone or you happen to know someone, it can become really hard to navigate that entire system, especially when you're

already on like the brink of…things falling apart." He suggested that without this recommendation, he would not have called to seek help. Tony continued, "I would have found excuses, probably, knowing myself, to avoid that."

The participants who received recommendations reported viewing help-seeking intention and help-seeking behavior as a single seamless step, while the officers who did not have that recommendation tended to view these as two distinct steps. In the words of Tony, a recommendation from a trusted source "helps to validate the program." Sal suggested that "when you get information from someone you trust, you tend to lean in that direction." The influence of a trusted third party was also found to be a facilitator (Burns & Buchanan, 2020; Daniel & Treece, 2022).

Sal credited the knowledge he gained to help officers deal with mental illness in the community as a facilitator. He stated that this knowledge helped him understand the effectiveness of various mental health interventions. This knowledge is consistent with research that suggested that CIT training could facilitate police officers' help-seeking (Copple et al., 2019). While not specifically designed to talk about officer mental health, CIT training provides officers with a better understanding of mental health in general and data on some of the effective methods of treatment, which provide information at rung one of the LOI, helping officers to make better decisions down the line.

Many officers wait until they cannot personally manage their symptoms or can no longer conceal their condition before getting help, a phenomenon known as reaching a crisis threshold (Bell et al., 2022; Coleman et al., 2017; Rafferty et al., 2019). This crisis threshold was noted in several of the participants' stories. For instance, Ed and Greg discussed having panic attacks where they could not breathe. For them, this was an unsustainable condition. Ed stated that he

had to pull his car over to the side of the road and wait until he caught his breath several times. He wondered what he would say if an officer on patrol approached him. Ed noted, “if you can’t breathe…you gotta ask someone for help.” Similarly, Ken found himself in a position where his son was scared of him. For him, this was the equivalent of hitting rock bottom. Something had to change.

Extension of Other Research and Novel Contributions to the Field

According to Richards et al. (2021), there is a lack of research on the facilitators of law enforcement officers’ help-seeking behavior. This study was an attempt to fill that gap. Focusing on the help-seeking journey through the police officers’ lived experiences provided a unique perspective. In addition, having this data augmented by interviews with experts in the field provided a clinician’s perspective. Combining these perspectives gave the researcher a complex view of the law enforcement officers’ help-seeking journey.

The fundamental discovery was that everyone’s help-seeking journey was unique. While some noted that their journeys closely followed that of the help-seeking models in the literature, others had a different perspective. For some, help-seeking intention and help-seeking behavior appeared as one seamless step rather than two distinct steps. Others had to repeat steps with each contact, reconfronting their stigma and going back through help-seeking intention with each phone call. While the help-seeking models are useful for researchers, from the perspective of the individual help-seeker, they may not tell the whole story. As Dr. Ricciardelli recommended, the help-seeking journey should be considered an iterative process rather than a series of steps. This discovery was consistent with MMM and LOI. Faced with the same information, officers could come to different conclusions and perceive events differently based on their individual assumptions and the meaning they attached to factors, things, and events.

Since some officers felt that they had to reconfront their stigma at each step or with each additional phone call, ease of access and limiting the number of steps appeared to be a facilitating factor. Tony suggested each step was a barrier: “the less barriers, the easier something is.” He stated that the limited number of steps was a facilitator and that he would have been “less willing to take the…ten other steps that would have been necessary through maybe a different process or trying to figure out who would be a suitable fit.” Eric described similar concerns in his help-seeking journey:

> I pick up the phone, start dialing a number, and then hang up, or I’d make an excuse in my head while I didn’t have time to do it at the time. Even when I actually called them umm to make the appointment, just doing that was it’s a stressor unto itself.

While there were many individual differences, there were some strong common themes. For instance, police officers are unique in carrying weapons, which was a status symbol or even part of the participants’ identities. For others, it represents the ability to earn overtime. In all cases, it represented more than just a firearm. The potential loss of the ability to carry a firearm is not present in many professions, including other first-responder services, which makes anonymity and confidentiality a more critical factor for police officers. Some officers concerned about anonymity and confidentiality specifically chose department resources, while others shied away from them.

Officers wanted to understand how a particular intervention worked and how effective it would be. They also wanted to know how long it would take and needed to see some signs of progress early in the process. Most of the officers were not interested in attending therapy forever. As Steve said:

> I didn't feel like we were going anywhere. It was just talking, and like, I'm here to get better. I'm here to work through stuff. I'm here to prepare myself for what I'm going to have to face moving forward, and I just wasn't getting that.

Similarly, the participants tended to prefer programs that helped them plan their recovery and teach them necessary skills rather than those that just prescribed a specific course of action without any input from the officer. For example, Joe liked his chosen program because it "prides itself on creating a treatment path designed for each specific person."

Agency culture and the genuine commitment of command staff were essential factors in developing agency-sponsored resources for participants. For example, Fred's agency demonstrated a solid commitment to the program, so he felt that the employees in the program were dedicated to his overall wellbeing. Fred stated, "being familiar with them and feeling like they were [fellow] employees, they work for the city. They work for the department…I was a Sergeant, and they're a psychologist." He added, "they just have a different title, and I felt like they were kind of part of the team."

Implications

While the purpose of this exploratory study was to examine factors that facilitated help-seeking behavior, the intentions behind this endeavor extend beyond theoretical and academic purposes. It has often been said that knowledge is power, but knowledge alone is only potential power. Without applying that knowledge, there can be no progress. The overarching goal of this study was not to develop a list of themes that would only be read by academics and researchers; it was to develop actionable information that law enforcement executives, other police leaders and trainers, law enforcement support groups and agencies, and academics could use.

In order to ensure that lessons learned through this research extend beyond this dissertation, the researcher plans to use it to educate and guide members of the profession. First, the researcher teaches officer wellness and resilience classes and plans to add the lessons learned to the curriculum. In addition, the researcher is on several committees, such as the International Association of Chiefs of Police, Officer Safety and Wellness Section. Through these forums, he will disseminate the lessons learned to practitioners in the field. The researcher also intends to present the information learned from this research at professional conferences and symposiums and in academic journals.

Far too many police officers have died early due to police-related stress, and many more have had the quality of their lives and their families' lives negatively impacted due to stress-related physical and mental illnesses. They chose a noble profession, and they deserved better. This work is an effort to rectify this situation for future generations. This section identifies critical implications for law enforcement executives, leaders, police trainers, and support groups.

Implications to Law Enforcement Executives and Command Staff

Since many of the stressors that affect police officers are organizational (Can et al., 2018; Edwards, 2023; Maguen et al., 2009), police departments must help their officers manage and mitigate this stress. Several lessons learned from this study can be applied to organizational policies and procedures. In addition, Dr. Jacqueline Drew noted that while significant efforts have been made to reduce the stigma for help-seeking due to trauma, the same is not true for help-seeking due to organizational issues. Key leaders need to be aware of the impact that their policies and procedures have and understand that officers may need resources specifically for these issues.

During the study, it was noted that officers preferred to have some perception of control over their mental health plan. Ken stated, “we’re used to being in charge.” Being in charge requires officers to have some choices in their help-seeking journeys. Fred and Eric only participated in employer-sponsored resources, while Ed and Greg specifically avoided any program tied to their agency. Therefore, agencies should have a variety of programs, including some that are affiliated with the agency and those that are independent.

Unfortunately, there is no one-size-fits-all program that will satisfy the needs of every agency. Each department will need to look at their own needs and budgets. However, there are certain aspects that each agency should include. For instance, there should be a mix of internal and outside resources because many officers prefer one type. In some jurisdictions, these outside resources may already exist. An agency must only vet these resources and ensure that their officers can access these programs. In other areas, there may be a lack of programs that officers can utilize independently of their employer. Departments in this situation can work with organizations, such as the Fraternal Order of Police (FOP) or International Association of Chiefs of Police (IACP), to find adequate programs for their personnel. In addition, the resources in these programs should be made directly available to the officers as each additional contact causes officers to have to overcome their personal stigma.

Agency resources include an organization’s EAP, peer support program, department psychologists, psychiatrists, therapists, and chaplains. In addition, it is essential to remember that the decision-making process is affected by personal perceptions, so the perceived connection to the agency may have more impact than reality. For example, some officers may consider services paid for through the organization’s health insurance plan employer-sponsored. These officers may worry that the department can find information about their diagnosis and treatment through

insurance codes. Independent resources include national and regional non-profit organizations, such as Cop2Cop and Police Organization Providing Peer Assistance, directly providing services to officers or connecting them with needed resources. Many of these agencies are grant-funded, so they can provide services without going through an officer's health insurance.

It was noted by several participants and experts that families are often the first to see signs and symptoms. While agencies should not put all the responsibility on the families, they can help families by providing information and including them in other activities. For example, agencies can sponsor a family day at the police academy and provide training and resources on the signs of stress. In addition, agencies can sponsor a family day picnic or holiday party, which are great opportunities to continue to provide families with updated information and resources.

Agencies should also work to ensure that they have a robust chaplain program and that their officers know the program and how to access it. A chaplain program represents another choice, which helps an officer feel that they have some control over their mental health recovery. In addition, conversations with a chaplain are protected by confidentiality laws. Finally, in a study conducted on officers in New Zealand and Australia, officers who went to a chaplain for mental health issues were more likely to report that their needs were met than those who saw a mental health clinician (Phelps et al., 2023). In addition, the study found that chaplains were more likely to help an officer develop solutions rather than impose a recovery plan on them, which supports the officer's perception of control over the situation.

Police executives and command staff personnel define agency policy and procedures. Many of these edicts can impact help-seeking behavior. In order to increase the probability of officers seeking help, these efforts must be genuine and not just a check-the-box scheme. If these

efforts are accepted as genuine and are strong enough to change the culture of an agency, the assumptions and conclusions made at rungs four and five of the LOI.

One method to demonstrate support is to show that officers do not face repercussions for seeking help. Encourage officers who have sought help and were subsequently promoted or given a special assignment to tell their stories. Most participants indicated that they are willing to do this to encourage others to get help; some go out of their way to tell their stories. Rich noted, "I have no shame that what I what I did because God knows I wouldn't be as well rounded now probably would never got a shot at the [FBI National Academy]." Several of the participants reported that telling their stories was therapeutic. Providing these officers with a forum is a win-win scenario. Allowing this opportunity influences rung two of the LOI by validating and verifying the effects of utilizing mental health resources, increasing the likelihood of officers placing a higher value on this and related information.

Officers can tell what is important to an agency by where they dedicate resources. One officer mentioned that the previous administration hired a full-time counselor, only for her to be fired by the next administration. Both of these actions demonstrate the priorities of the respective administrations. Similarly, Fred suggested that an agency demonstrates what is important to them by what they allow an officer to do on duty. Fred stated: "I think it kind of gives an endorsement by the agency that says, 'oh, this is important to us. We'll even let you do it on duty.'" He felt that his agency showed a solid commitment to officer mental health and the psychological services program by allowing officers to see a department therapist while working. Police administrators can utilize this information by creating and staffing wellness or behavioral health units and encouraging officers to utilize the program on department time.

Several participants were worried about the consequences of the department finding out about their therapy through a paper trail. Fred and Nicholas Greco mentioned anonymous billing, where the provider uses minimal demographic data to bill an agency but not enough to identify an individual officer. While there are some concerns about this program, it would alleviate many of the officers' concerns. In addition, Ed described a grant-funded private organization, so the cost of therapy and medication could not be linked to him by his department. However, the department allowed this agency to speak to officers in the police academy and advertise on the agency's internal website. Connecting with such agencies will provide officers with anonymous and confidential options.

Changing an organization's culture can profoundly affect the normalization of help-seeking behavior. If an organization's environment encourages officers to discuss topics such as mental health, when these issues are brought to light, officers quickly learn they are not alone in their struggles. For instance, Eric stated that after talking about his concerns with co-workers and officers from other agencies, he:

> Started to realize that a lot of people have the same issues…you start talking [and] you all of a sudden realize that everyone's having the same dreams, like you're pulling a trigger on your gun and the bullets not coming out, or it just falls out of the end, or it won't fire.

Later, he suggested that these discussions "just reinforced that it was important to talk about this stuff."

Agencies should ensure that their mental health and wellness programs are accessible with minimal steps. Tony pointed out, "the less barriers there are, the easier something is." Officers should be able to acquire a list of resources without calling someone. These resources can be posted on an app, the department's intranet, and bulletin boards throughout the work

areas. Each additional step or required contact can increase the officer's propensity to disengage from the help-seeking process.

Implications to Leaders

While support from the executive and command staff levels is essential to establish the proper culture, most officers do not have direct contact with these levels. Their daily interactions may be limited to first and second-line supervisors. Therefore, it is incumbent upon these leaders to conduct periodic checks on their personnel. According to Tony, the support from his immediate chain of command was the most significant factor in his help-seeking journey. Mike suggested that these leaders must serve as a "primary care provided" for an officer's mental health and wellbeing. These leaders are positioned to observe a change in an officer's demeanor, attitude, and behavior.

First- and second-line-level leaders can also observe the impact of policies, procedures, and working conditions. Dr. Drew noted that these factors can impact an officer's wellbeing more than critical incidents. Therefore, it is incumbent on these leaders to make changes where they can to mitigate the issues for their officers. The leaders should recommend changes to their chain of command for those factors they cannot affect.

Within the organization, first and second-line leaders will likely be the first to observe the signs and symptoms or to be approached by officers looking for help. Therefore, these leaders should know the signs and symptoms of stress-related illnesses. In addition, they should keep abreast of the available resources, including independent resources, and know how to access them. Providing officers with several choices will strengthen their perception of control and will likely include a therapeutic intervention palatable to the officer.

For agencies without comprehensive programs, leaders should take the time to familiarize themselves with local, regional, and national resources. Front-line leaders are more likely than agency executives to encounter officers looking for help. These leaders are also likely to recognize the signs and symptoms of officer stress. These leaders can direct their officers to appropriate providers or programs by learning about available resources. They should also be cognizant that some of their personnel might not want to admit to their supervisor that they have a problem. They can solve this problem by providing a list of resources to all officers at roll call. Leaders should also look for opportunities to attend training programs to help them assist officers.

Implications to Police Trainers and Academy Managers

The participants and experts identified knowledge as a facilitator of help-seeking behavior. Conversely, the lack of knowledge served as a significant barrier against getting help, including not understanding the signs and symptoms of stress, ignorance of what help is available and how effective it is, and lack of information on how to access these resources. Law enforcement trainers and police academy managers are in an ideal position to help rectify this lack of knowledge directly related to rung one of the LOI. Ensuring officers have access to relevant and accurate information sets the foundation for decisions about their help-seeking journey.

Several officers, including Rich, did not see the signs and symptoms of stress. Officers should be given information on these signs and symptoms, initially in the academy and throughout their careers. In addition, this training should include the effectiveness of various therapies, such as EMDR, which may help them select the proper solution for their issues. Officers should be reminded that they are not weak for exhibiting signs and symptoms of

excessive stress. Studies suggest officers are more resilient than civilians (Regehr et al., 2021). However, officers tend to witness far more critical incidents then civilians (Chopko et al., 2015; DeVylder et al., 2019; Porter & Lee, 2023).

Some officers preferred agency-sponsored solutions, while others preferred independent resources. During training sessions, officers should be provided with multiple resources and information on how to access them. These resources should include non-profit organizations and faith-based resources. Other officers were not even sure what options were available. Tony said, "I think this was not something I knew very much about." Several of the participants were veterans and experienced complex trauma from their military and law enforcement professions. Therefore, training should include resources that cater to veterans and first responders. If possible, representatives from these organizations should have an opportunity to speak to officers or to provide written information about their services. Allowing these individuals to explain their services and processes can alleviate some of the officers' concerns. As George described, "I think the biggest thing that normally will challenge somebody when they're trying to seek mental health, either as a first responder, military, whatever, is the fear of the unknown because you don't know what to expect."

Training programs should provide information to fill in the knowledge gaps identified in this research. For example, officers should be taught the signs and symptoms of unresolved trauma and critical stress. There are programs for this purpose, such as the FBI National Academy Associates Comprehensive Officer Resilience Course. Alternatively, police academies can develop a curriculum. In addition, officers should be informed that stress does not need to be a major critical incident. Cumulative stress can appear as repeated exposure to mild and moderate stressors. Cumulative stress can also have more of an impact on an officer's wellbeing.

According to Drew and Martin (2021), frequency may be more of a factor than severity. Although it may be more impactful, the signs and symptoms of cumulative stress may be difficult to realize. As Ken suggested, “cumulative stress is more dangerous because each incident is really benign, and you don’t realize it. It just piles up on you.” In addition, critical stress can result from leadership and organizational issues. Providing this information can help officers realize that they might benefit from mental health services even if they have not been involved in a severe incident. For example, officers can be informed of the various effective treatments for PTSD and advised that those who seek treatment fare better than their counterparts who do not seek help (Moini et al., 2024).

Trainers can also leverage an officer’s sense of duty to improve their ability to engage in self-care, which can be accomplished by reminding officers that they can better serve their families, co-workers, and communities when they are in the best possible condition. To this effect, Ken stated, “you can’t help others when you’re carrying around too much of your own baggage.” Officers should realize that they experience far more critical incidents than the general population, so prioritizing self-care is not being selfish. As Joe pointed out, “you cannot do what I did and not have any downtime.” Tony suggested that young officers check in with a mental health professional “just to get a baseline.” Ken added that after therapy seems successful, checking in with a therapist is good. Ken shared that “it’s like maintenance…like changing the oil in your car. You have to do it before there’s a problem.”

Implications to Police Support Groups

Police support groups should recognize the importance of ease of access to officers and reduce the steps to get services. Making information available to officers on a website or an app will eliminate the requirement for an officer to make an additional phone call to get this

information, which is essential because each additional step may increase the likelihood of an officer disengaging from the help-seeking process. For those needing additional information, a 24-hour hotline provides access to information. A chat or text option will help provide the information to officers not ready to make a call. Ed noted that having access to someone to help him navigate the process was a critical facilitator.

While some officers specifically sought independent services, others only engaged with department-sponsored programs. In addition, Rich specifically looked for a therapist who did not have extensive experience with law enforcement populations. He felt that if the therapist had seen a significant number of officers, it would be easy to assume that he was like them and feared that "he would just slap a label on me." Rich stated that he "wanted a therapist that would have to figure me out." Health care providers and mental health clinicians also progress through the LOI (Fiester, 2024). Rich was concerned that a provider who specialized in law enforcement populations would have preconceived notions about police officers.

Members of department-sponsored programs and independent organizations should be aware of each other's programs and how to access them. In addition, they should familiarize themselves with non-traditional services, such as police chaplains. This familiarity will allow them to refer officers to other programs that might be more palatable to the officer. The focus should be on getting the officer help.

Participants tended to prefer options that helped them help themselves rather than those that merely prescribed a specific course of conduct. Tony indicated that "we are problem solvers by nature." In addition, if a specific course of action was required, the officers tended to want to know why. Steve noted, "I like to know how things work and why things are working that way." Similarly, one of the many things that Joe liked about his program was that:

> I was helping in the decision-making. The path that was laid out for me was given to me, and the why was told, and this is this is how it's going to get better, or this is why we're working on what we're working on.

Police support groups and other care providers should note these tendencies and adapt their programs accordingly. Programs that explain the underlying theory behind an intervention and help build resilience and self-help skills are more likely to be utilized by officers than those that leave the officer feeling reliant on the therapist. Officers need to feel that they retain some control. Giving officers some say in their therapy plan can also contribute to their recovery. For example, George noticed that his therapist giving him some control over his recovery plan "helped because it helped me regain control at a time when I didn't have control over the things that I was worrying about."

Tony also suggested that mindset is an essential factor. He noted that there is a significant "distinction between wanting to get help and wanting to get better." He suggested that in the first case, it is easy to accept and play along with the victim's role. In the second case, one actively works to improve their condition. Police support groups can foster wanting to get better by framing issues as challenges to overcome rather than barriers. In addition, Rich suggested that therapy is not just about fixing wrong things but also about ensuring you have a happy life and relationships. Rich stated, "you can do that through counseling." In a similar sentiment, Joe knew that he was ready when he knew he could get better and decided that he wanted to be better. By marketing their programs as a way to thrive and have a happier and healthier life, support groups could encourage more participation in their programs.

Christian Perspective

Based on the study and the literature, police chaplains and other faith-based support groups appear to be underutilized resources, at least in the United States, which is unfortunate because these resources can be a powerful asset. The *English Standard Bible* (2016) taught in Galatians 6:2 that Christians should help carry one another's burdens, consistent with normalizing discussions about struggles and burdens and talking about getting help. Tan (2022) suggested that the Christian church is uniquely qualified to assist in mental health. Solomon (1999) indicated that Christians are taught to foster a "community of love" (p. 232). This holistic approach is fundamental in recovering from mental illness. The benefits of faith likely extend into resilience and positive mental health, as Chen and VanderWeele (2018) found a correlation between these factors and religious activity.

Faith can be a powerful tool in getting one through difficult times, including those situations caused by trauma and stress. Sal mentioned that his faith was a helpful factor in his recovery. The evidence is not just anecdotal. Studies suggest that faith-based resources can help individuals find the support they need. For instance, a study of police officers in Australia and New Zealand found that those who utilized the services of a chaplain had better outcomes than those who sought the help of a mental health practitioner (Phelps et al., 2023). All officers who went to a chaplain for support reported having their needs met. In contrast, 61% of officers who saw an external mental health provider and 27% of those who utilized the services of an internal mental health clinician reported that all of their needs were met. Craddock and Telesco (2022) suggested that faith can be an essential factor during times of crisis and that more research was needed on the role of faith as a facilitator to mental health help-seeking.

While chaplains are undoubtedly trained in the elements of their faith, Phelps et al. (2023) noted that some officers who sought help from chaplains were not religious. Therefore, chaplains should augment their training with generic counseling or peer support training. According to the officers, chaplains were more likely to meet the needs of officers than mental health professionals. Some participants suggested that this was because chaplains were more likely to treat them as individual human beings, not as just another police officer.

Delimitations and Limitations

For this exploratory study, the researcher selected the IPA method to provide deep meaning and gain understanding. However, like many qualitative designs, this technique employs significantly smaller sample sizes than their quantitative counterparts. There are several limitations with sample sizes in these ranges. The researcher attempted to mitigate some of these issues by making purposeful participant recruitment and selection decisions.

Delimitations

In order to get the highest quality data, the researcher intentionally confined the participant pool to active or retired law enforcement officers who voluntarily sought help for a mental health condition. While an argument could be made to include similar populations, such as other first responders or civilian employees of police departments, the researcher felt that there was enough difference to focus exclusively on police officers. Since the study focused on determining factors that facilitate enforcement officers' help-seeking, those who only participated in mandatory interventions were excluded. While studying mandatory mental health programs is undoubtedly of value, it was beyond the scope of this study.

Limitations

As with many qualitative studies, the small sample size limits generalizability. Random selection was not possible because there is no accurate list of law enforcement officers who have sought mental health services, and if there were, it would undoubtedly be a HIPAA violation to access it. In addition, due to the convenience sampling, many participants worked in the northeast portion of the United States. Therefore, while every effort was made to get quality data, the themes identified here should not be considered an exhaustive list, nor should it be inferred that any of the themes have a causal effect on help-seeking.

Similarly, data transferability is limited. The key takeaway is that help-seeking is a personal journey. Even in this study, there were significant disparities. For example, some completely trusted their agency-sponsored programs, while others intentionally avoided them based on their perceptions. While there are common themes that serve as barriers and facilitators, each person examines their journey from their unique perspective.

Recommendations for Future Research

This phenomenological study focused on the factors that facilitated law enforcement officers' help-seeking behavior by examining their lived experiences. As with any study, there were certain limitations inherent in the design. Furthermore, as an exploratory study, many factors were unknown during the design stage. However, the lessons learned in this study can inform future research, which is the nature of exploratory research.

The nature of the study required a relatively limited sample size. While this allowed for a deep dive into each specific participant's story, it does not provide good generalizability. In addition, most participants were from the northeast United States and were all male. Future

research should expand upon this by recruiting females and officers from other areas of the United States. Similar studies could also be conducted internationally.

While the four-step SMHM (McLaren et al., 2021, 2023) was helpful as a guide, it was not representative of the lived experiences of all participants. Some participants did not see a significant difference between step three, help-seeking intention, and step four, help-seeking behavior, and they viewed them as one step rather than two. Others felt the process was much longer and perceived each contact as a separate step. They reported that they did not have to confront their own personal stigma once to go from step three to step four, but they had to reconfront this stigma with every contact. So, having to contact someone to get a list of therapists and then contacting one of the therapists was two separate steps, not one as indicated by the model. If that person was unavailable or unable to assist, each subsequent contact required the participant to reconfront this stigma and provided additional opportunities for excuses and procrastination, increasing the likelihood of discontinuing the help-seeking journey. Future research should explore this phenomenon from the perspective of the help-seeker.

Finally, the role of faith and faith-based services is under-studied, at least in the United States. For example, while many American agencies have a police chaplain, there is a dearth of research on chaplains providing mental health services and interventions. Future research on U.S. populations should include this area. Researchers in the United States can replicate the work of Phelps et al. (2023) on the effects of chaplains in Australia and New Zealand in a mental health support role.

Summary

This study focused on the factors of help-seeking behavior through the lived experiences of active and retired law enforcement officers who voluntarily sought mental health services. A

vigorous literature review and several expert opinion interviews augmented this data. The study revealed that mental health help-seeking journeys are unique to the individual. Some may delay seeking help despite not having high levels of personal stigma, while others with high levels of stigma manage to overcome this barrier and seek help. In addition, the number of perceived steps can vary between individuals, with some conforming to help-seeking models, some viewing two or more stages as one seamless step, and others repeating a step in an iterative process.

Despite all of the differences, some common factors were identified. Knowledge was identified as an important factor, including knowing the signs and symptoms of stress from various sources, such as chronic and cumulative stress and stress from organizational and leadership sources. In addition, officers must understand what help is available and how to access it. Having a multitude of choices was also noted to be of importance. Some officers preferred department-sponsored resources, while others specifically chose independent therapists or agencies. In addition, having choices increases an officer's sense of control over the situation, which is another strong theme.

In addition to actionable changes within the profession, this study identified some critical areas for future research. For instance, while help-seeking models increase understanding of the overall process, some individuals perceive the process differently. More research is needed on the help-seeking journey from the perspective of the help-seeker. Also, the role of police chaplains as a mental health resource needs to be examined more closely. Finally, the results of this study should be expanded to include a larger sample size that covers a larger area and includes females.

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APPENDIX A

Recruitment Email Letter

Dear potential participant,

As a graduate student in the Helms School of Government, Criminal Justice Department at Liberty University, I am researching mental health help-seeking behavior as part of the requirements for a doctoral degree. My research aims to understand the factors that facilitate help-seeking behaviors in law enforcement officers, and I am writing to invite you to join my study.

Participants must be 18 years of age or older, a current or retired law enforcement officer, and have sought mental health services, including, but not limited to, counseling, therapy, employee assistance programs, and peer support. Participants will be asked to participate in a 60-90 one-on-one recorded interview in person or online. The participant's identity will only be known to the researcher. All participants in the study will only be referred to by a pseudonym or code.

To participate, please contact me at xxxxxxxx@liberty.edu. If you meet the participant criteria, I will work with you to schedule a time for an interview.

A consent document will be provided to you prior to the interview. The consent document contains additional information about my research.

If you choose to participate, you must sign the consent document and return it to me before the interview.

Sincerely,

Gerald Steckmeister
Doctoral Student, Liberty University
xxxxxxx@liberty.edu

APPENDIX B

Verbal Recruitment Script

Hello,

As a graduate student in the Helms School of Government at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand the factors that facilitate help-seeking behavior in law enforcement officers, and if you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 18 or older, active or retired law enforcement officers who have participated in voluntary mental health services, such as counseling, therapy, peer support, or employee assistance programs. If willing, participants will be asked to participate in a 60- to 90-minute one-on-one interview. Names and other identifying information will be requested for the study, but the information will remain confidential.

Would you like to participate?

- If yes: Great, can we set up a time for an interview?
- If not, I understand. Thank you for your time.

A consent document will be given to you before the interview. The consent document contains additional information about my research. If you choose to participate, you must sign the consent document and return it to me before the interview.

Thank you for your time. Do you have any questions?

APPENDIX C

Recruitment Flyer

Research Participants Needed

Determining who gets help and why: A phenomenological study into the help-seeking behavior of law enforcement officers.

- Are you a current or retired law enforcement officer who has
- Participated in any mental health services, such as counseling, therapy, employee assistance program, peer support, or EMDR
- Are you willing to discuss your journey to mental health in order to improve help-seeking behavior within the profession?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to determine the factors that facilitate help-seeking behavior in law enforcement officers.

Participants will be asked to participate in a 60–90-minute interview.

There are no direct benefits from this study.

If you would like to participate, please contact Gerald Steckmeister at xxxxx@liberty.edu.

A consent document will be given to participants before the interview.

Gerald Steckmeister, a doctoral candidate in the Criminal Justice Program at Helms School of Government at Liberty University, is conducting this study.

Please contact Gerald Steckmeister at xxxxxxx@liberty.edu for more information.

APPENDIX D

Social Media Recruitment

ATTENTION FACEBOOK/LINKEDIN/INSTAGRAM FRIENDS: I am conducting research as part of the requirements for a doctoral degree at Liberty University. The purpose of my research is to understand the factors that facilitate help-seeking behavior in law enforcement officers. To participate, you must be 18 or older and an active or retired law enforcement officer who has participated in mental health services, such as counseling, therapy, peer support, or an employee assistance program. Participants will be asked to participate in a 60–90-minute interview. If you want to participate and meet the study criteria, please direct message me or email me at xxxxxxxx@liberty.edu. A consent document will be given to you prior to the interview.

APPENDIX E

Consent Form

Title of the Project: Determining who gets help and why: A phenomenological study into help-seeking behavior in law enforcement officers.

Principal Investigator: Gerald Steckmeister, Helms School of Government, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, a current or retired law enforcement officer, and have sought mental health services, including, but not limited to, counseling, therapy, employee assistance program, or peer support. Taking part in this research project is voluntary.

Please read this entire form and ask questions before deciding whether to participate in this research.

What is the study about, and why is it being done?

The purpose of the study is to uncover the factors that facilitate help-seeking behavior in law enforcement officers.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Answer questions to verify your eligibility and demographic questions, which should take two to 10 minutes.
2. Participate in a semi-structured interview, which should last approximately 60 minutes. This portion of the interview will be recorded.
3. Some participants may be asked to participate in a follow-up case study, which may take an additional 60 to 90 minutes. As with the original interview, participation in this stage is voluntary.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study.

Benefits to society include understanding the factors that facilitate help-seeking behavior in law enforcement officers.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. Participants are free to discontinue their involvement at any time and will not be required to disclose details about any traumatic events. To reduce any risks, the researcher will monitor participants, periodically remind them of their right to postpone or stop questioning, and offer a list of culturally competent referral services.

How will personal information be protected?

All records containing personally identifiable information (PII) will be kept private. These records will be stored securely in a locked safe, and only the researcher will have access to the records. There will be no electronic version of records containing PII. After the demographic portion, the remainder of the interview will be recorded. In subsequent reports, the participant will only be referred to by a pseudonym or code. The researcher and his doctoral committee will have access to the recordings and subsequent reports, which will be kept in password-protected files. No information linking the material to any participant will be included in these files.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Gerald Steckmeister. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at xxxxxxx@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Marlana Hancock, at xxxxxxxx@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio and/or video me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

APPENDIX F

Interview Guide

1. Please introduce yourself as if we just met.
2. Are you an active or retired law enforcement officer?
    a. How long were [have you been] a police officer?
    b. What is your present [highest held] rank?
3. In your own words, please discuss your help-seeking journey. (Participants will not be asked to share traumatic experiences but may talk about them if inclined).
4. Which of the experiences you discussed was the most significant
    a. for recognizing that you had a mental health issue?
    b. for developing an intention to seek help?
    c. for turning intention into action in contacting a mental health professional or resource?
    d. for initiating the treatment or intervention journey?
5. Were there any other significant factors?
6. What, specifically, made them significant?
7. Prior to seeking help, did you utilize any other coping strategies?
    a. If so, what were they?
    b. Were they effective?
8. Were there any other factors that helped facilitate the acknowledgment
    a. of your condition?
    b. that the condition was beyond your own skills or resources to resolve?
9. Were there any barriers that kept you from

   a. admitting that you had a mental health issue?
   b. acknowledging that you needed help?
   c. seeking help?
   d. If so, what helped you overcome these barriers?

10. What other concerns did you have about seeking help?
11. What steps of the process were the most difficult or challenging for you?
12. What are your thoughts about stigma in the law enforcement profession?
13. Has your view of stigma changed since you began treatment?
14. Is there anything that you would like to add?

APPENDIX G

IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

December 20, 2023

Gerald Steckmeister
Marlana Hancock

Re: IRB Exemption - IRB-FY23-24-777 DETERMINING WHO GETS HELP AND WHY: A PHENOMENOLOGICAL STUDY INTO HELP-SEEKING BEHAVIOR IN LAW ENFORCEMENT OFFICERS

Dear Gerald Steckmeister, Marlana Hancock,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office